OT & Covid:
How to Navigate a New World with Older Adults
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- [Fawn] Today's course is OT and COVID-19: how to navigate a new world with older adults. Our presenter today is Krista Covell-Pearson. She is an occupational therapist and entrepreneur, and is the founder and owner of Covell Care and Rehabilitation. She created Covell Care and Rehabilitation to improve the quality of services available for clients of all ages living in the community through a one of a kind mobile outpatient practice, which aims to improve the lives of clients and clinicians alike. Krista attended Colorado State University receiving degrees in social worker and Social Work and Occupational Therapy. She has worked in various settings including hospitals, home health rehabilitation centers and skilled nursing. Through her private practice, Krista created a model that she teaches to other therapists looking to start their own business. She has extensive experience as a Fieldwork Educator and received the Fieldwork Educator of the Year award from Colorado State University. She served as the president of The Occupational Therapy Association of Colorado's president for two years. She presents to groups of professionals and community members on a regular basis and has a heart to help others become the best version of themselves. Welcome, Krista, so glad to have you back.

- Thank you Fawn, I appreciate that. Are we ready to go? All right, okay, so we are here to talk about occupational therapy and COVID-19 probably something that all of you have talked quite a bit about over the last several months me included. We have a really unique role right now for older adults amidst the COVID-19 global pandemic, because we address things obviously like ADLs, safety, quality of life, mental health and other areas that are being directly impacted, and we can definitely step in and help. Our contribution to this at-risk population is very important and it's invaluable. And it's been sort of a mad scramble for all of us to learn what to do during this time. And we all work in really different settings. So we have had to move through this situation uniquely, depending on what's going on for us personally and how it's affecting us and then also for our patients and the organizations that we work with.

So we have a lot to talk about today. These are the disclosures. You can review those on your own if you need. And these are our learning outcomes. After this course, I'm hoping that all of you will be able to describe COVID-19 information and resources to be able to implement this into your treatment plans with patients and families. I'm hoping that you'll also be able to list effective infection management strategies within wherever whatever setting that you're working in and comprehensively address occupations directly and indirectly impacted by COVID-19. And lastly, the last learning objective is to identify mental health issues related to COVID-19. I always like to know a little bit about the people that I'm learning from when I take courses. So I'm just gonna tell you a little bit about me and my background and how I interface with older adults on a regular basis. And I know there might be questions that are going to come up throughout the whole presentation. If I can, I'll address those as we go. But I'll likely be leaving your conversations or I'm sorry, your questions till the end. But just don't think that I've forgotten about you. We just have so much information to cover. So we will definitely get to those.

I've spent the last 20 years, nearly 20 years as an occupational therapist, which is hard to believe and my entire career has been spent serving and treating and providing care for older adults. Like Fawn said, I've worked in skilled nursing and home care, outpatient settings. I've worked in inpatient and outpatient psychiatric settings and I've also worked in the role of a rehab manager for multiple skilled nursing facilities before I started my private practice, and I started my private practice almost 14 years ago. It's called Covell Care and Rehabilitation. And it really started because of the love of older adults that I have, especially for people that have some sort of cognitive impairment, dementia, TBI, things like that, because there weren't a lot of resources in my Northern Colorado community to really feel like the clients that I was seeing on the skilled nursing side were getting what they needed after they left rehab. So for a long time, Covell Care was just providing occupational therapy. And we were doing that in people's natural environment. So their home, in the community, we would go to the

bank to the grocery store, all kinds of things, we still do all of that. But we also provide PT and speech which of course, compliment OT so much, and we do things like care management, personal training, massage therapy. I am a pelvic floor therapist, and so we have that whole program going, driving rehabilitation. And we really tried to meet the needs of the older adults in our communities so that they could continue to thrive in their home environment. And it's been a work in progress for sure. And older adults needs change all the time. And so we've just always had to pivot to be able to provide what they need as they go through their aging process. And then of course, all their families and all the things that come along with working with really interesting and complicated families too. Working with older adults is truly one of my greatest loves.

And when COVID-19 hit, I found it to be truly heartbreaking in many ways and found myself in tears, often because I knew that the people that I had been caring for for last several years were extremely high risk for the virus and for complications and death. And I thought about a lot of the patients that I still stay connected to that live in skilled nursing facilities that were no longer allowed to have visitors and it just was heartbreaking all all over the map. I had colleagues, other therapists that were diagnosed with COVID, I had patients that were being diagnosed with COVID. And on ventilators. And it was a really scary time. And all of us have a lot of stories that we could share around the COVID-19 global pandemic and how it's affected the people that we care about. So it was just a very difficult time knowing that there was a lot of older adults out there that have been very much at the mercy of COVID-19. And this is a picture of me on the left, pre COVID with a patient and then this is me just a couple weeks ago on the right, we're doing things differently during the time of COVID-19. And I think all of us miss a lot of the things that we've been able to do in the past and even just smiling at our patients without a mask on. So it's been a big process to really also feel like we could provide good quality care to people while going through this global pandemic.

When Fawn asked me to do this class, I knew that even though my heart was breaking and it was hard as a business owner and everything else that came with that. I knew I wanted to do this class in order to come together with other OTs that are looking to manage this situation to the best that we can. And in developing this course content, it's much more challenging because usually I'm talking about things like pelvic health or cognition, things I've been working around for many, many years, if not over a decade. And now with COVID-19, none of us are experts in this. So we're gonna do the best we can with good quality information. So let's see what we can do here.

We'll go ahead and start with how our world is now. And all of us will remember this time. Earlier in 2020, we started learning about this mysterious virus that many people didn't take seriously and that included me. We heard lots of people saying the flu kills more people, you know this, this can't be that big of a deal. We didn't even consider staying at home or canceling our travel plans or having our borders closed and things like that. We heard stories from China and then Italy. And then things started kind of getting a little bit closer to home and feeling more alarming. And our conversations started to increase with friends, families, co workers, maybe some of our supervisors were starting to bring it up. And then all of a sudden, this big tidal wave of change happened for all of us. And as all of you know, much of the impact of this virus has been made on people across the whole globe, which we've never seen anything like that. Millions of people have lost their jobs, health care workers, we've all been scrambling for personal protective equipment. We've watched the number of people in hospitals around the world just go through the roof, and our own grocery stores. I mean, we can't even get toilet paper on a regular basis. And we all learned what it meant to be an essential or non essential personnel, churches, event centers all closing, and we all started to hunker down in our homes in ways we never have before.

The US government's been sending out stimulus packages at an unprecedented rate and volume to try to support people and businesses like mine. And the changes have

come at us at lightning speed. And each of us, like I said earlier has been impacted very differently. And we each have a story, we could have a whole support group on here about things, how we've managed through this very stressful situation. But we'll never forget the words COVID-19 or Coronavirus, and I don't think our patients will either. And our older adult population has been significantly impacted by COVID-19. And according to the CDC, more people have died from COVID over the age of 65, than any other age and the older people get in age, the more likely that they will die from COVID-19 if they contract it, which is really scary. And we've seen families devastated by the disease, families that we know and love and it makes everything just harder for the patients and their families when someone was sick or hospitalized and patients couldn't have visitors. And this impacted a lot of the families that we work with even if the patient wasn't hospitalized because of COVID.

Other reasons, you know, we I personally have a family member in the hospital right now and he can't have visitors and he's there, he's 89 he has dementia. And we think he has something else going on. So he's, you know, he's sick, but we can't see him. And that's tough, especially at those later years in life when we know that we don't have a lot of time together. Nursing homes are a breeding grounds for the virus and so residents that are living in nursing homes or assisted and independent living facilities, they've been greatly impacted. And we all know what it feels like to be more socially removed from our neighbors and our churches and groups we're involved in and then our older adults are even more impacted because sometimes they're really alone in their, in their apartments or in their homes for days on end. And they don't necessarily have some of the same capabilities that we do all the time with technology. And that's a great place for OT to step in. But and we'll talk about that, but it's just been a really tough situation for everybody.

Adult Day programs are closed. And so I know ours in Northern Colorado isn't planning to open until August. And that means people that have a lot of care needs that

normally would go to an Adult Day program are home with loved ones. And that's hard on people too. So we have all of these things moving all around us. And I'm sure you're like nodding your head. Yep, yep, yep, and you can think of all these other things that have impacted the older adults that you work with. And now we just need to figure out what to do as an OT in this really crazy world that we're living in right now. So as we continue to wave through the pandemic, and its wake, we're gonna bring that focus right in on OT in hopes of providing support, education and ideas about how all of us can do our jobs number one, safely and effectively amidst this turbulent time. And it's a very important time for us in our profession as a whole.

So where does COVID or sorry, where does OT fit in COVID-19? When we step back and look at everything that has happened during this difficult time, it can be really overwhelming. And while many of us live in states and cities that are in the process of reopening, after being completely shut down, the message to older adults and people with compromised immunity continues to be that staying at home is better. And so older adults in our community are still very much experiencing what's being termed as occupational disruption. Due to these changes in the fallout from that has been significant. It's showing up with older adults as more falls, overall diminished quality of activities of daily living, and decreased life satisfaction and declining mental health and cognition. We're seeing an overall breakdown in people's ability to function at their best for multiple reasons right now. And this is where OTs shine. This is our time. This is what we do. We may not be an expert in COVID-19, because let's be honest, nobody really is at this point. But what we are experts in is helping people that are struggling with their occupations. And boy, are our older adults struggling and at risk? Absolutely, so hopefully we all are starting to feel empowered right now because we can help. And no matter what setting we work in with older adults, we can certainly help and we can have a really big impact right now. We are in uncharted waters, as you know, and the information I share today, may not be appropriate for the situation ahead of us, things have changed really quickly, over the last several months,

especially for us since early March. And that impacts our profession OT as the whole. So we have to discern what's appropriate for our unique circumstances and our clientele. And we have to continue using strong clinical judgment, empathy and safety. And sometimes we're gonna have to make decisions quickly and pivot directions depending on what's happening with COVID-19. And not everything that we talk to you about in this webinar is gonna apply to every single person, because we got a lot of folks that registered for this webinar, which is great. But that means we've got people working in all different kinds of settings. So wherever you're at, I'm hoping that you can adapt what we talked about and put it into place in your setting. And I do have confidence in that because OTs are really creative people. And I think you can maneuver some of these ideas that I'm gonna give you.

And though using the words older adults can mean anything from a healthy, vibrant, 90 year old. I was just hiking last week, and met an 84 year old and an 80 year old hiking and they stopped to take our picture for us. And when they told us how old they were, I was just shocked because I don't see older adults that typically are performing at that high level of performance. Because I see people that are more incapacitated in many ways, but so we can talk about the well elderly and then we can talk about somebody that might just be 65 years old, but has had Parkinson's for several years and diabetes and other comorbidities. So we're talking about a big range of people. And as we look at those big ranges and our settings that we work in, we just have to be creative with what we're doing. Some of the seniors that we are working with and some of the things that have come up in regards to COVID is that I have a patient that she's 72. She does have cancer, but she works part time. So and she's a paralegal. So now that they're law offices opening up, I'm helping her navigate some situations so that she can go back to work but also reduce her potential exposure to COVID-19 because she's considered high risk, but she really wants to go back to work. So those are things too as an OT that we have to move within. So lots of different scenarios.

The recovery process from COVID, for a lot of our patients is gonna be quite long. We've had patients that have been in the hospital for over 30 days. We've had patients come home and after they've been in skilled nursing for several weeks, and we have some patients that have transitioned into long term care because they weren't able to ever completely recover from COVID-19 to baseline to be able to return home. So there's lots of things going on. And that's gonna bring us to our first learning objective. And this is how we integrate COVID-19 information resources to be able to implement this into treatment plans with patients and families. So as you all know, there is a ton of information out about COVID-19. I mean, I don't think you could read everything even if you wanted to, and it just comes out faster and faster and faster. And it's important that, as professionals, as OTs that we provide as very much sound information as possible from appropriate sources to those that we serve. It's also important that we address COVID as part of our patient's occupational profiles. And in order to do that, as professional professionals and leaders in healthcare, we must have good information ourselves and also know where to go for quality information.

I will cover COVID-19's background as a starting place and provide you with resources that you can use for yourself and patients. While all of us have been learning about COVID through the last few months, I want this to be sort of a starting place for us for this presentation. And it helps all of us give good quality information to our patients and their families. And that's what we wanna do. So, let's talk about the history of Coronavirus. So it's kind of interesting. We'll talk a little bit about the background and the reason I'm bringing this up is it helps us to make decisions and it also helps reduce hysteria and worry and anxiety not only for yourself, but for your families and the patients that you work with if you know the facts and you know where to get them. So according to the Centers for Disease Control, the CDC human Corona viruses were first discovered in domestic poultry in the 1930s. And then in humans in the 1960s. The word Corona actually means crown and you can see the under a microscope Coronavirus, appears to have crown like spikes on its surface. Which lends itself to its

name. There are seven types of Corona viruses that can infect people around the world. Four of them are likely what causes our common cold. But the other three types of Corona virus cause severe lung infections. And that's what we're seeing now. So some of you may have heard of MERS, which is Middle East Respiratory Syndrome, or SARS, Severe Acute Respiratory Syndrome. And these are also both Corona viruses. It's believed that MERS and SARS and our current virus have originally only been in animals and now we know that they can transfer over to people and then person to person transmission.

The initial discovery of COVID was happening in Wuhan, China when patients originally were infected and they had a link to a large seafood in animal market. And that was where the we were first understanding that this was maybe suggesting an animal to person spreadability. And then later as more people became infected and they didn't have contact with that market. It became obvious that the virus was now spreading person to person. And it's obviously spread very quickly, which we'll talk about a little bit. So, in the middle of May, we were at 212 countries and all 50 of the United States that had reported positive cases of COVID-19. So that spread is something that we've never seen before, it literally spread like wildfire. Everyone can get COVID and there's no natural immunity to it. It can cause mild to severe illness, the most severe illnesses are probably gonna show up for people that are over 65 and with people that have serious underlying health problems, which is why we're here today because that's who we work with. So we really have to know our staff because this is really the clientele that's at the most risk.

The name of our current virus is actually SARS-CoV-2 and it causes Coronavirus disease 19. And that's what we're seeing in our community. So many of us refer to this disease as COVID-19 to shorten it up. Another example of a virus causing a disease that I think we may be more familiar with or think about differently is HIV which causes AIDS. So it's the virus that causes the disease. So the SARS-CoV-2, causes the

disease Coronavirus 19. And the 19 comes from the year that it was discovered and it was discovered last year. There's so much information circulating about COVID that it's hard for people to know what to believe or where it comes from. And the further we get into this, the harder it's becoming. So if patients and your families have questions about COVID, we have to provide them with good sources. And that's really important. We should not be sharing news that we get from Facebook or personal blog posts and things like that. We have to use reliable organizations that we can share with our patients. It's it's we know that there's a lot of, you know, politics and stuff that are kind of all being kind of effected into the Coronavirus conversation. But those are things that as professionals we don't need to be talking about with our patients per se. So the places that we would want to refer people are places like the WHO, which is the World Health Organization. And that's the subgroup of the United States, United Nations that's responsible for international public health. The CDC, I'm sure a lot of you have already been on their website, they have a lot of good information that's easy to read also for clients and their families. It's pretty simplified and has nice big font, easy to understand graphics and things like that. The CDC is part of the Department of Health and Human Services, which I've cited here too. And its purpose is to protect Americans from health threats both here and abroad. So that's a big place for us to go for resources.

One thing you can actually do in your treatment plans is have your client and or their family member know where to go for information, because what happens is they go through a healthcare system, so hospital rehab, home health, whatever. And we're just giving them information about COVID and how we handle it. And we're screening them for temperatures and all this other stuff. There's a high possibility or a possibility, I should say that long after they go through our healthcare programs where we're attached to them and can hold their hand and give them guidance. They may themselves or have a family member that gets diagnosed with COVID. So we want them to know that these are the places that they can go for updated information. So

they can look at the FDA, the NIH, it's really important too, that people look at their own state health departments, things are very different state to state, and things are very different city and counties apart. So I live in Northern Colorado and we butt up against Greeley Colorado is like a hop skip and a jump from me. But it's also where we had a large meat pack packing plant that a lot of cases of COVID were so we had like a hotspot in Greeley, that's only 20 minutes away from me. So I needed to know what was going on there. And then also in my own County. So you want to educate your patients about that and take the time in your treatments to help your patients get access to those sources, maybe even sign up for some emails, as well.

So there's a lot of information too that people are especially what we're finding, and this is just anecdotal experience, but some of our patients are really still thinking that the COVID and the flu are very similar. And so it's an it's important that as an OT, you have the language and the knowledge to talk about the commonalities between COVID versus the flu and the differences because they're not the same thing. And some of our clients are just overwhelmed with new information too. So we wanna be able to clear up any confusion with that. So just really quick, we'll talk about those and then we will get into some of our treatment and evaluation type stuff too. So The flu and COVID are both caused by viruses that can't be treated by antibiotics. And the flu is obviously caused by the Influenza virus. And then like we talked about COVID-19 is caused by the SARS-CoV-2 virus. So they're two different viruses. They are both transmitted by droplets. So we know we've been hearing a lot about that. So sneezing, coughing, all of that kind of stuff that goes into the air gets into other people's eyes, nose, mouth, people if they touch their eyes after they've touched an infected surface. That kind of stuff is how its transmission transmitted. Handwashing definitely helps with prevention, and they can both appear as respiratory issues.

And then the differences is that the spreadability is one of the biggest differences for sure. And what we know about the flu is that people typically will experience symptoms

just one to four days after being infected. And the flu can be spread in those first one to two days before that person realizes that they're sick, whereas with the Coronavirus, people are typically experiencing symptoms two to 14 days after they've being infected, but they're contagious that whole time. And as we've all heard, a lot of people don't have symptoms. And so then they're just moving through the world sick and continuing to spread it around. So that's also different from the flu. We have that big window where we can continue to make people sick. There is a vaccine available for the flu and not COVID at this time, and antiviral meds like Tamiflu can be used to treat the flu we don't have anything available yet for COVID. Whenever you see this screen right here, this design, that means we're gonna be starting to talk about goal and treatment ideas. I when I take classes, I like things that I can turn around and put right into my care plans.

So I do wanna talk about before we jump into that, what you should be doing as an OT every day and depending on your setting. We should be screening people every day for COVID signs and symptoms. And so us ourselves, we should be doing temperature checks. And even at my, at my company, we request that patients are being screened by the therapist, but that the therapist is also screening themselves twice a day. And we just use a little non contact thermometer, you can point it right to your forehead and then get your temperature. If somebody spikes a fever, that's our first red flag. If somebody has a dry cough and tightness in their chest, we're gonna get more concerned and we need to call the healthcare provider. We are also providing screens where and we're like I told you, we're all mobile. So we're going into people's homes every day. So this is gonna be different if you're in a hospital or skilled nursing. But we're going in and screening somebody every day that we see them and we're asking also the people that are in their home, about where they've traveled to and not too many people are traveling right now or have and then also taking temperatures and asking about signs and symptoms of COVID. So we're just doing trying to do our due diligence. To stay on top of people becoming potentially positive. And that has

happened a few times, and if somebody has spiked a fever or is showing signs and symptoms of COVID, we do not complete the treatment, we get in touch with the home or the care provider, like the physician, and go from there. So the places that you work should be giving you advisement about how to be screening your patients for COVID.

And that's something as we move a little bit further along into COVID. We need to make sure that we're continuing to be diligent about. I know that in the beginning, there was all this fear and we were really afraid. So we were probably a little bit more diligent about doing our screenings, but we still need to do that. I can tell you too, that we had a speech therapist that went to work. She also works in the hospital, she went to work and felt totally fine, and she was screened at the hospital and she had a slight fever, the free fever right now that they're more concerned about is if it's 100.4 or higher. Your agency may have different recommendations. But hers was actually just under that. So her hospital employer set her home. And by that evening, she was in the hospital being flight lifted out and on a ventilator with COVID. No comorbidities, no nothing. So it's really important that we do our due diligence, do due diligence, keep our older adults safe, but also ourselves. So she also had been in front of other patients for two weeks prior to that, so everybody had to be contacted. Luckily, nobody else was sick that we could connect to her experience. Happy to say that she's better. But I like to share that story. Not that I really like that she got sick, but it really drives home for all of us how important that this is and how we ourselves are at risk and we have to do a good job at keeping people safe and doing those screenings.

So like we talked about is empowering your patients and families. So for this learning objective, you may wanna consider asking your clients about their knowledge of COVID-19 right out of the gate, and then share information with them if they have things sort of incorrectly and they may have gathered something back in March, that's no longer true now in June, so you can always kinda get them to the right information and knowledge, and then also assess where they're getting their information. And if it's

quality or not quality information, pivot them to another direction. So you can see here, we have a gentleman that's looking right at the COVID-19 information on the CDC website, you can actually add a goal to your treatment plan that a client can independently locate those resources. That's a great piece to have as part of your discharge planning. And knowing that the landscape is changing so much, we wanna make sure that they're not only able to get their groceries or take care of themselves in other ways. We wanna make sure that if there's changes in our communities, or if we have this, you know, another surge in the fall like they're talking about, that our patients know what to do if they're no longer tethered to us. So really important part of discharge planning and return to that goal on repeat visits, make sure that that information is is sticking for them and that they understand where to get it. And lastly, what I recommend too is having a handout whether that's from your agency directly or from you as the OT, about infection control and resources and websites and local agencies that provide information that way, if they need it, they've got it at their fingertips.

So now we're talking about learning outcome number two, and listing effective infection prevention strategies. For OTs working with patients that have active COVID or are presumably positive with COVID. If they're not getting tested, adherence to your organization's infection control policies is critical. I can't I can't emphasize that enough, for the OTs to protect like I said, yourselves, your own families and your other patients. So all of you should receive training on infection prevention recommendations, by your employer and it's important that you know, what PPE is required, but also how to put it on and take it off. Because if you do it incorrectly, you can actually be spreading the virus. So your employer should have asked you to demonstrate competency before treating patients. And if you feel like you're not getting enough information or training, I encourage you to look at some of the resources I have here and take them to your management team. I know everybody's been working really hard right now to try to

mitigate the risks. But we wanna make sure that you are and then your rehab teams are getting the support that you need.

For example, in one of our hospitals, they brought together a team of RNs to help with ICU teams, including therapists, because they were people were noticing that the way that they were storing their PPE and also how they were taking it off, was causing cross contamination. So we definitely need to stay on top of this. And if you're noticing something, definitely speak up and there should be an infection control person that you can talk to as well. And at this time, the CDC for people that are working with folks that have COVID, it's required that you have a face mask or goggles and N95 or higher mask that's different than a surgical mask, a pair of clean non surgical gloves and an isolation gown when you're treating patients with active COVID-19. And because of the attention that healthcare facilities are placing on PPE and managing this for all of you, I'm not gonna spend a ton of time on this. Plus the recommendations are continuing to be updated regularly. And there's so many contributing factors for different OTs on what they're going to be needing and that if you work in home health, it's gonna be different than if you work in an ICU.

So in the beginning, staff at skilled nursing facilities and hospitals were pivoting sometimes by the hour to get updates on what PPE was required. So, but what I have here is the information that's current about the use of personal protective equipment and some listings here that you can refer for your own reference, but the link at the bottom should always have what's updated and you can refer to that and like I said too if you really don't feel like you're getting what you need from your employer, take this information to them or to your rehab manager, or whoever your supervisor is and advocate for this because it's important that everybody really is doing their best. And I know that departments and administration is overwhelmed with trying to do this, but hopefully, you're working in a place where they're doing a good job. I have also left the recommendations in here for how to put on PPE, and how to take it off. So we won't

go through this you can just read through it. You can also go to the CDC about this, but it's really important that you know how to do that because once you've got it on, that's just part of it, putting it on and taking it off. You can spread Coronavirus that way. And then lastly, I have a graphic here that just talks about the difference between an N95 respirator mask and a surgical mask. I know that for some people that have worked in different settings using this level of PPE doesn't feel that different. But for many OTs this is like what, like I don't know any of this. So we just wanna make sure that you guys have good resources and know where to go and can educate yourself so that you feel confident when you go in. And if people are firing information at you and directives, that you know where to go to find out more if you feel like you need more support. And some of this may actually feel like old news because we've all been working within COVID for the last few months. But I also think it's important as we continue to move through that we continue to know where to get the good information and what's being recommended.

So no matter if you are seeing clients with active COVID, like one of my colleagues pictured here, this is Jessica Shell or not, we just have to be educated and diligent about putting infection prevention practices in place each and every day. We have to do our due diligence to follow our local communities guidelines when we're away from work too because we are working with high risk clients. So for example, like I said, I was hiking and saw that older couple and then we also decided to take a trip down to the park with my kids and do a little picnic and there's a playground there and everything and the park is open for 10 people or less, and there was only one other family there. But I didn't allow my kids to go on the playground. And I didn't allow us to get close enough to the, to the other people that were in the park, because I don't want to be the vector that's going to give infection to my older adult patients that are at risk. So we have to do that due diligence too when we're away from our job. So we can look to our supervisors, our local, national organizations, there's lots of guidance out there, just make sure that you're doing some self education and advocacy. And if you're

wearing full PPE right now like Jessica, it can be exhausting and tiring. So just know that there's that piece that comes with it. And don't you just love her shirt? Forgive me if I don't shake hands from Doc Holliday. I think we should all be wearing that shirt right now because we definitely shouldn't be shaking hands especially at work. For others, it may be require that you're just needing to wear a surgical mask and gloves similar to what Kylie's doing here on the right with the letter T for OT, she's not wearing her gloves there, but you can get the idea. These are two talented OTs that I've worked with for the last couple of years, they work with a company called Thrive Therapy down in Douglas County that we do a lot of work with. And they've been managing and seeing patients through the entire global pandemic in an independent assisted and memory care facility. So lots of challenges there, but they've been doing it and staying safe and nobody in their facility has gotten sick. So that's wonderful news.

And how can we talk about COVID without talking about washing our hands? So as healthcare professionals, we understand the importance of hand washing, and it's important in order to reduce the spread of COVID-19. We've heard that ad nauseum. So it's recommended that people wash their hands for 20 seconds or more to be effective, and using alcohol based hand rubs is fine. They just have to be 65% or higher of alcohol based solution. Some people can't get a hold of it, some people are making their own. We've had, we have a lot of breweries and distilleries and things here in Colorado, and we have been able to actually tap into some of those type of companies and get lots of hand sanitizer and surface cleaner for a lot of our therapists that are on the move and taking those to our patients as well, because they're having a hard time getting stuff too. So we're not only required to observe these infection prevention directives as OTs, but our patients are as well. And that's a little bit different. I mean, we've always encouraged patients, you know, to wash your hands and use hand sanitizer and stuff. But now they're also being asked to wear a mask, and other types of things. And I know even on all these years, I didn't go into every single treatment I've ever done, and done supervised hand washing. That's what I'm

doing now. So depending on the settings will depend on what your patients have to do, but if patients are refusing to participate in infection prevention strategies, it may result in treatment being discontinued. I talked to a physical therapist just a few weeks ago that had a patient come in for PT the clinic is open, but is refusing to wear a mask. And so the PT said, "Well, if you won't wear a mask, then no PT." And the patient refused. And so unfortunately, that's just the way that it is right now. But we have to do our due diligence, and I keep saying that, I'm sorry. But hopefully I'm driving that home.

And we're really the best ones that are equipped to do training and self care. And so of course, we can train in hygiene, hand hygiene, and do a really great job with it. So let's talk about a few things too that how we can help with PPE and older adults. And we can look at this as goal and treatment ideas too, because we need to be talking about what PPE people are wearing in different settings. We're gonna get into that a little bit deeper here when we talk about treatment, and then developing creative ways to connect with patients despite wearing PPE and social distancing and stuff like that. So we're gonna talk about all of that. So we're going into goal and treatment ideas. And here's Tom, he's definitely within our scope of practice, like I talked about to actually set a specific goal related to hand washing. And you can include things like independent initiation, if you're having to tell your patient every time that they need to wash their hands. That's something to work on in OT and appropriate times to wash their hands. So are they washing it after they do certain tasks or after they see somebody or they're out in public? Make sure that you're including that in your treatment plans, and of course quality, how to do it, you know, 20 seconds or more soap and water, hand sanitizer, all of that, and then talk about how to manage things in public places. If they touch something and they're wearing a glove should they use hand sanitizer on that or not? All of that type of stuff can actually be built into a treatment plan for education and safety.

And here's an example of a goal that I've used, patient will complete hand washing independently with proper technique, using soap and water and washing for 20 seconds or more, three out of three consecutive sessions and this patient had dementia. So in order for her to change a little bit of her hand washing was a challenge, but she was on early, she's in the early stages of dementia. So she was able to integrate some new habits. And we also had to put up a few signs next to her sinks to help her be able to know what she was doing. You could also do a goal that that's in regards to self advocacy for people that are living at home, I had a home care client that had a lot of family in and out of their house. And so the goal was that patient will independently request all family members coming into the home to wash their hands when they arrive for seven consecutive days days per patient and his spouse's report, because the gentleman that I was seeing was a little bit more passive in nature. So when he was patient, you know, when people would come in, he wouldn't necessarily say hey, you need to go wash your hands. So we had to work on that with him. And hygiene is definitely in an occupational therapists wheelhouse.

So make sure you're talking about the PPE that you have, explain why you have to wear it and that it's for their safety and others. There are times like I mentioned, the gentleman that didn't wanna wear his mask when he came into the PT clinic. And so the thing that we can always emphasize too, is that, you know, I can say, you know, I work with a lot of people that are very sick or very compromised, compromised, or very old, and are high risk, would you please wear a mask so that we can protect those patients and then you can take it off when I leave or when you leave here? And sometimes then for the greater good of others, I can get people to kind of buy into some of the stuff that if they're not really open to it, so sometimes that can help too. Some of the things that I've talked about and you have to take the time to do this, is I'll give you some verbiage that I've used. Before we start our session today I want to talk with you about how I need to do infection prevention for our visits. Or I know you're eager to tell me how you've been doing since our last session and I'm eager to hear

but first let's make sure that we do our supervised hand washing. And I wash my hands in front of them and then they wash it wash in front of me.

And here's two examples of some things I've said recently, I know you're going out in the community more, tell me how you're managing your mask when you're out and about, can you show me how you're putting it on and off? We'll talk about that more in a little bit. And how often do you think you should be washing your mask because I don't know if people are washing their cloth masks. So we'll talk about that too. And maybe you can include a goal or something similar in your treatment planning something such as patient will use her cloth mask 100 100% of the time when she's in the community over the next two weeks, because as you know, we've all been wearing masks and some people just don't want to, so that it gets hard and it gets old. So we have to have multiple conversations about that to make sure that they're staying safe, and just reminding them of the importance for the community as at large and for themselves. So hopefully that sparks a few ideas for you. Another thing that we've done is use some pictures of ourselves before COVID. So without a mask on, and you could do things like laminate a picture of your rehab team or if you don't have a picture of your team all together without masks, take individual pictures, if you work in rehab, inpatient rehab, put a picture up of their PTA and their OT and their speech therapist and their nurse. I mean, it's just so nice to see a real face.

So we work with Rita Stern here, she's a nurse practitioner. And she goes in and does house calls, you know, and see some of our patients, especially at some of the facilities we work at. So it's nice for me to say, you know what, I'm gonna ask that Rita comes in and sees you because of XYZ, here's a picture of Rita, and then just remind them that she'll be coming in wearing a mask. So those are some creative ideas you could do. You could also put a picture, I know that some healthcare companies have really big name tags, like if you work for SABA, and you could put a picture of yourself on your name tag so that people can see you without your mask. And sometimes that

can just really help build that human connection despite the PPE in the way. Now, this is Amy. This is the speech therapists that I was talking about that was tested for COVID-19 and was on a ventilator. And it was a very scary situation. I'm happy to say that this picture was taken after her experience with COVID. After her several long week recovery, she uses these masks. And of course, for speech therapists, they're wonderful for OTs, they're wonderful, and it helps us even with patients to be able to read their lips. When we have patients that have low, low voice projection that's tough or anything else going on. It's just really tough masks are hard.

So the other thing we wanna do is make sure that we're reducing background noises like oxygen concentrators, fans, if you can get your patient a little bit further away from that they can hear you better, we can hear them better. Another thing you can do is to put somebody that has a hearing impairment with their back against the wall, because that helps with overall hearing anyways, regardless of a mask, but can really help especially now with the obstacle of a mask. So there's lots of different things that we have to think about when it comes to our masks. And putting masks on and off for our older adults is much more challenging than I would have ever expected, especially if people have shoulder problems, neck problems, sometimes glasses, hearing aids because of the style of the mask. So I'm gonna show you a video so we can pull that up. And this is Gail. She works with me and I'll tell you a little bit more afterwards. She's a personal trainer actually. And she works in one of our independent living facilities and she's amazing. She's also quite the seamstress. So she figured this out for her patients and you have to excuse the environment but such is the day of COVID.

- Okay, in finding a problem with the elastic bands on the masks tend to dislodge hearing aids or eyeglasses from the seniors makes it hard for them to put on. So I made a modification on the mask. Here's a mask but I sewed a channel into the edge. All I did was take the end, folded over, made a channel. I know elastics hard to come by. So what I did was took some took a kid's t-shirt doesn't have to be a kid, took my

husband's t-shirt for that matter, sorry, wrong color. But as you cut the bottom of it off as you pull it tight, you can see it makes a nice tight, elastic stretchy band. So what that enables them to do is here's a mask that I've already finished. So I take the mask, especially for seniors who have trouble with pain in the shoulders can't lift their arms up high. This they tie in front, pull it around, pull it up over their head. Nose pinches, closes off here, nice and tight in here, easy to take on and off.

- All right. Good so so that was Gail and she also, since we've made that video, she's also discovered a mask called an origami mask. And that is something great for OTs to know about too, they have more of a space inside. So it eliminates pushing down on the nose so much. And it's great for people that have oxygen too, because you don't have so much stuff actually touching your face. So those are options too. You know, OTs, we exchange buttons for Velcro, shoe laces for elastic, teach people how to don all different types of clothing. And now wearing a mask is part of it. So you wanna make sure that they're donning and doffing it appropriately. In a rehab setting, OTs have to think about the next phase for the client outside of rehab. So it could be home, community, return to work, assisted living. So there's additional things that you'll have to consider.

And I have a personal example too with a patient that I saw that needed OT around this is that he was actually starting to go back out in the community and do the grocery shopping. And you know, he had gloves, he had a mask, had hand sanitizer. But when I did an activity analysis of that, I was like, oh gosh. And so what was happening is he was taking the mask off from the front, and then sticking that into the console still has his gloves on. So dirty, dirty gloves, pulls this off, puts the mask down in the console, takes the gloves off, sticks the dirty gloves down in the console, goes and turns the ignition on and is touching the steering wheel, touching his face. So we really had to hone in on the activity analysis piece of that, and talk about how to remove their mask from the straps and how when to wash your hands and how to do that navigate that

whole thing. So we are actually having to teach people how to do things as we learn to do them ourselves. So those are things to really have a good, you know, treatment session around and even if you're in rehab, do a simulation. That's the best way to do it, instead of actually going out in the community and trying it and then if you can, if you're in a setting like mine where you can go out in the community and do it, then do that next.

So we've talked a lot about infection prevention, but we can look at lots of different ways in infection prevention that we can put that into our treatment programs. And this is, again, to benefit the public at large and our patients and their families, and to empower them that this is the new normal, and it's probably gonna stay this way for a little while. Oops. And this is just a good a good last example about the activity analysis and incorporating that infection prevention into your ADLs. And if you can go out in the community with your clients, you're gonna learn a ton of stuff. We're gonna talk more about that in our third learning objective, which is being able to list occupations directly and indirectly impacted by COVID-19. And this is a fun section because we get to talk about all the meat and potatoes of what we do and that's treatment. So I'm gonna walk you through a variety of occupational performance areas that may not necessarily be new to you as an OT or to your treatment toolbox, but needs to be looked at through a new lens for patients, either having had COVID or simply living in our current world of a global pandemic. And I doubt any of us spend time at our universities talking about global pandemics or a worldwide virus that attacks the respiratory system.

So it's time to talk to do that now and up level our treatments, we can't and shouldn't be addressing OT in the same exact way that we did prior to COVID. We need to be bringing COVID impact into the evaluations, occupational profiles, like I said in the beginning of the presentation. Your OT evaluation forms at this point unless your company's really on the ball is probably not gonna ask you how COVID is impacting

your patients, and especially in regards to their ADLs. So we it's up to us as practitioners to bring that into our documentation, our mindset and our plans and also have that be defensible, because it is how we're helping patients stay functional and safe during their ADLs and their IADLs. And like I said before, if we, since we're all working in various settings, not all treatment ideas will, that I'll share today will will apply exactly as I explain them. But I'll give you a little bit of food for thought as far as ways that you could maneuver this.

So perhaps you're in a setting that does not allow for multiple treatment sessions. And you don't have time to spend on several areas of videos, like if you're in more of a short term hospital type such situation. But maybe you could create a handout. That's for your patients to read and review on their own time, or you could give it to their families. And you can make it related to ADLs. And some of the things that we've talked about, and COVID. So not only just COVID, as you know, in general, and the history and all that, but really start bringing that into how it impacts people's ADLs. And if a handout is all you can do, it's better than nothing. And could your team put together an informational video that all patients on your unit or in your practice will watch at some point during your program? Could you take some of the things that we've talked about with infection control and management, to virtual platform that they can watch and then that reduces the time that maybe you're spending in an entirety in your treatment session on that. For those of you working in skilled nursing, I don't know about you, but I always loved working with our restorative nursing program. And so this is a great time to revamp your restorative nursing programs. Restorative definitely does not always have to be exercise. So think about increasing socialization, or adding FaceTime to some of their programming, really do some creative treatment planning around that and up, you know, upscale your restorative nursing programs. All of us as OT professionals can really step into a leadership role right now. And I have to apologize 'cause I keep saying occupational therapists, I also mean OT assistants, and even OT students.

So all of us, OT professionals across the map can be stepping into a leadership role right now and tying occupational performance with COVID's primary and secondary impacts. And no matter where we are the clients context is being impacted. So we have to consider that as well, throughout our entire treatment sessions. The first thing I'm gonna talk about right now is positioning. And for many of us that have worked with people that have pneumonia or COPD, we know that positioning impacts respiratory function. And that's true for patients with COVID too. Positioning patients in a prone position, so on their stomach improves respiratory function because there's no tissue on the backside of our lungs. And when our patients are laying down on their back, that creates more pressure through the lungs and makes breathing just harder in general. So moving patients into a prone position reduces that pressure and then can improve the movement of the air and in our lungs. And being prone also helps open up the diaphragm which is the main muscle that we use for breathing. That position change can potentially improve recovery time and or reduce the severity of the symptoms of COVID, which is huge.

Moving patients into a prone position to help respiratory function is not a new intervention. And actually before we could use ventilator so regularly, putting people in a prone position was done as one of the main interventions to help people recover from respiratory distress. And so it's actually been being used in lots of hospitals. It's been used for about 20 years. And traditionally, if somebody is in true respiratory distress and is in the ICU, the recommendation is that somebody is prone for 16 hours a day, which is a long time. A lot of people can't tolerate that. So some of our hospitals are integrating programs where people are in prone for four hours at a time twice a day, which is still you know, a substantial amount of time. And then we also can think about as OTs when it comes to positioning can and of course, if somebody is in the ICU, it may not be as appropriate, but you can use prone positioning in other settings

like home care or skilled nursing and as an OT, you can come in and assess comfort, skin irritation, and breakdown risk.

Help patients be functional in various positions. If you're laying on your stomach all the time. Could you at least watch TV? Or can you listen to books on tape? Or music that you enjoy to help make that long stretch of time, go a little bit faster. We might have to modify positioning devices too to keep people safe. If you are working in a setting where you think that might be helpful for patients, I would talk to your medical team to see if that's something you want to put into place. And a lot of our older adults that gets sick, they're not going to necessarily have to go to the hospital and be on a ventilator. But if we can help them in a prone position during their recovery, then that would be a great intervention for an OT to talk about. You can do this with COVID patients in ICU, you could do it in rehab, long term care, home care. I have a great example from a skilled nursing facility in Greeley, which was one of the cities that I mentioned was a hot spot and they had over 30% of their population was infected with COVID. It was awful. And once the OTs and the PTs started integrating positioning with their sick patients, they saw that the patients were not staying sick as long or getting as sick.

So the recommendation is also to start that prone positioning early if you can. You can educate your patients on the prone positioning interventions too so that if they know somebody that ends up getting sick, or they get sick later, then perhaps they can integrate that themselves. So we can focus on positioning like if a patient is active with COVID. But what happens if we're seeing patients after COVID. And this is probably where most of us are seeing their patients. Research is telling us that helping patients get moving as soon as possible after they're cleared medically, can greatly enhance long term successful recovery from COVID. And the recommendation is that a patient is up about seven, seven days a week, which is a lot and when you don't feel good, it's gonna be hard to motivate patients to necessarily want to do that. But an OT can

integrate that into their treatment plan, make goals around that. And we can monitor their participation, their initiation, their execution, how many times they have to take a rest, and we can help with that for sure, because we are really good at helping engage in meaningful activity. So maybe we're gonna get somebody up to make rice krispie treats for a granddaughter, or we've had some patients that have actually cut up t-shirts like what Gail was showing to donate in order to help a lot of the volunteers that are making masks for the community have supplies. So that definitely feels meaningful. And we can integrate that with sitting up longer, getting up on their feet, getting their supplies together, so we can be really meaningful and functional, and getting people moving.

And of course, we always have to educate people on the importance of getting up and reducing the long term struggle with COVID-19. Promoting respiratory health is an area where many OTs already are integrating this into their treatment plans. And we need to consider doing this a little bit more maybe now with our older adult patients. Research is a bit mixed on whether or not increasing lung strength strength actually helps patients prevent worse symptoms and experiences of COVID-19. But I'll give you a little bit of information and literature from John Hopkins, and it reads as follows, in pneumonia, the lungs become filled with fluid and inflamed, leading to breathing difficulties. For some people breathing problems can become severe enough to require treatment at the hospital. Sorry, at the hospital with oxygen or even a ventilator, the pneumonia that COVID-19 causes tends to take hold in both lungs. Air sacs in the lungs fill with fluid limiting their ability to take in oxygen and causing shortness of breath, cough and other symptoms. While most people recover from pneumonia without any lasting lung damage. The pneumonia associated with COVID-19 may be severe. Even after the disease has passed, lung injury may result in breathing difficulties that might take months to improve. So whether we are working on promoting respiratory health prior to COVID in case somebody gets it, but definitely after we need to step up our game a little bit with respiratory health.

Some of the things that we can do are practice diaphragmatic breathing and pursed lip breathing. And if you aren't sure how to do that or need to practice it yourself, there's a lot of really great resources online that can help with that. There's even some apps that help people track their breathing, pretty awesome stuff around lung health and support. I don't I can speak for myself and the patients that I see but I have used breathing strategies in several of my treatment plans over the years for a variety of situations and I use it for mental health, stress management, community mobility, activity tolerance increasing all of those different things. So maybe you could write a goal like patient will complete lung exercises using the Breath Ball app, that's one app that's available after after setup five to seven days with good technique. It's as always integrating, you know, a good self care program that somebody can stick to.

Author Tim Winton has a quote that I think we can all understand, if we've ever worked with anyone struggling with respiratory health. He says, "It's funny, but you never really think much about breathing until it's all you ever think about." And I can tell you from working with people that have had COVID or even Amy the speech therapist that I mentioned that had it, that is all you think about when you can't catch your breath. It's a very scary situation. And it's a little insidious. And that's why people that we've worked with, so a lot of patients that have COPD, we see the anxiety and the breathing difficulty, and it's like, what comes first? You know, the, the anxiety or the breathing difficulties? I just had a question. And I'll jump to those. I have a couple questions coming in. It's called the Breath Ball. That's an app. And there's actually several apps online for breathing and I can't necessarily promote any of them over the other. I like different ones for different reasons for patients, but that's one that I have used in the past. So we wanna keep people out of that boat of just that horrible feeling of can't catch a breath, I can't catch their breath. And if we can educate people on good lung function and how the lungs move and how the diaphragm interacts. It actually can help with anxiety if they are going into a little bit more of a respiratory distress situation, so

that they can stay in control. Now, that being said, I don't want that to get confused with if they're having respiratory distress, and it's a medical emergency that they can breath their way out of that. That's not it. But if they know they're getting worked up and scared, and things like that, they can keep themselves calmer, try diaphragmatic breathing and help to regulate that breathing a little bit. And those conversations are really important to have with patients.

On top of the physical exercises that we can do to support patients lung health, we can also integrate diet and hydration into our treatments, as they also support lung health and for whatever reason, a lot of OT professionals we kind of leave the food thing to the dietitians and stuff like that. We really need to need to be addressing this in OT in many different ways, because it certainly is the keystone for a good outcome if somebody's just eating junk food all day and diet soda, they're not gonna have good effects on their overall capacity to one, prevent infection or get rid of an infection. So we wanna be building up people's resiliency and immunity as much as we can to fight things off. And proper hydration is really important with lung health because it maintains proper blood volume and healthy mucous membranes in the respiratory system in the respiratory system. And that can help us all resist infection and tissue damage if we were to get COVID-19. I want you to think about that. So a lot of our older adult patients and I can bring this up too being a public health therapist is a lot of our older adult patients, if they have incontinence or other reasons, they don't drink enough water. But if you tell them like if they're only drinking this much water every day, and you want them to drink five of those, they're not gonna do that it's too overwhelming.

So start slowly with your treatment plan and if they're only drinking eight ounces of water a day increase that to 16 ounces, and say by the next time you come back, you want them to have 16 ounces every day. So it's just about building good quality patterns. And building on top of that, instead of saying, oh, you need to drink eight,

eight ounce glasses, and that's that because we want people to be successful. So start slowly with that. And one way that I help patients track their water intake. So if I have something like this, or maybe like a regular water bottle that they are using on a regular basis that they pack and they like or it has pictures of their grandkids on it or something. If I want them to drink maybe three of those and they have a hard time keeping track of what they're doing is I'll put like three rubber bands on the bottom of their bottle. And as they finish a bottle, they slide the rubber bands to the top of the bottle knowing that once they have all three at the top of the bottle at the end of the day they've met their goal. So think of creative ways like that, that you can help patients integrate good healthy strategies that are also gonna prevent prevent lung damage if they were to get COVID-19. Good education for them too.

Social distancing. This is a whole new world for all of us. And as many of our states and communities are opening up, we have to remember that our seniors are recommended to stay at home as they're considered to be at risk. And a lot of our patients are doubly at risk because they're older and they have compromising health conditions on board. So we can support in many different ways around social distancing with older adult clients. And a big way is actually through self advocacy, whether it's with the patient themselves or with their family. So we can design goals and treatment sessions around this subject because patients will have to adhere to recommendations whether they live in a facility like this one in the picture, or if they have family visiting like I mentioned the home care patient that family fly in and out of his house all the time, or whether they're in the community and with perfect strangers. So it can feel really uncomfortable to back up from someone, it feels socially strange. And it's also hard for us to maybe speak up to our daughter that's so loving and we adore but she's like touching us all the time. So we can do some role playing with our patients, and help them to get comfortable with that and gain competence.

And then also what's really important in lots of areas of occupational therapy is to, with self advocacy in any way, is language, giving people statements that they can say and have them practice and make it their own and make it to feel normal for them. But if we just tell them, oh, just tell people to, you know, back up a little bit, the patients aren't gonna do that. And so we want to make it as real as possible. And again, if you're in a creative environment, you can go out with them in the community, that's even better. You'll be surprised at all of the things there is to work on as an OT when it comes to social distancing. We can also help with some of our patients that live at home or before they go home from rehab. Get them a sign that they can put up on their front door that asks you know, just politely say thank you for visiting. Please wear your mask in my home and do your best to stay six feet apart. I mean, it's, it just helps do a little bit of the communicating for them. And we can help with that. So send your patients home from rehab with those little signs, they can put them up in their house.

And we can also make sure that people are at home, that they have extra masks available, because if somebody shows up and they forgot their mask, or they don't have one, then they can say, oh, there's a basket at the front door, go ahead and help yourself. And there's lots of places and organizations that are providing cloth masks right now for free. And if you need to find one, you can go on Facebook, and just look up masks in your local area. We've had hundreds of masks donated to Covell Care and the people that are just you know, getting these masks out like crazy, it's great, but it's allowed us to give them to patients and then their family members and their family members, which is lovely. And just one less thing for them to worry about. So during treatment sessions, we can model social distancing to you as long as we're keeping a patient safe. I work with an OT right now that's working on various tasks in a patient kitchen and the patient's kitchen. And the only time that she breaks that six foot separation rule is when she needs to do so to keep a patient safe from falls. And currently our treatments, we can do them outside if the weather is nice enough, and we can keep more space between us. I have a patient right now that we we do that

outside because I also have OT students working with me and I have to keep them separate from the patient as well. So that helps too.

This is a picture of Gail that was in the video. One of the personal trainers that works at Covell Care and one of our patients that's 94. And there's some screening opportunities to do right now as well. So, for example, she normally does a circuit class, in the gym in this facility. And we can't do that right now because the patients aren't allowed to be in the gym all together. So what we've done is taken it to the parking lot and she does her fitness class in three separate places around the building. Patients come can come out on their patio so you can see these little patios up here and we've got people moving and grooving up there as long as they're safe and also out in the parking lot and we bring chairs out and get people outside. So we've gotten really good at strapping a great big speaker to a desk chair and pushing it around the parking lot. So we have music, and she uses a megaphone so that everybody can hear her. Now, how does that relate to OT? Well, I can go to those classes, which is awesome. And I am then able to screen people by also staying six feet away, and I'm not going into their facility.

So if you can ask people to come out on their patios or meet you outside, in their garage, things like that, so that you're not getting into their house, that's also helpful. And we've been able to identify people that have fallen have had worsening conditions, even just things that aren't related to COVID that need to be addressed. Also found people that have been extremely depressed, need additional support services there and other questions that they have about what's going on in the world because they're so socially isolated. And it's been really helpful as an OT for me to put eyes on the patients to make sure that they're doing well during this really difficult time of social isolation. So lots of things to do with social distancing, that we can get creative about.

Many OTs are working with older adults that have dementia or other cognitive impairments. And that poses a lot of challenges for COVID-19. So some of the things that we have done or that have been done in different memory care facilities and assisted livings and such is more verbal cues, verbal signage up about masks or staying six feet away or you know, information. And so if it's in big bold print, very simple, it kinda makes it a little bit easier. I talked to an RN named Kennedy Garcia and she works in a Colorado hospital and she said a lot of the patients that are coming to her that live in, you know, long term care, memory units or assisted living memory units, they're seeing a lot more agitation and behaviors. And part of that is the disconnect for human connection with all the PPE, they don't see any of their loved ones, that kind of stuff. But this is also a really great time for an OT to get involved because we can come in and assess potential dementia related behaviors that might be getting worse during the global pandemic. Some people are not being affected at all when they have dementia and that's great. But other people really are. So we can come in. And we can train staff on how to reduce those behaviors and provide environmental trainings that can help so with music or lighting, just to really kind of help with those situations, and then also get creative with our activity departments on how to create social interactions while also doing social distancing, and keeping people safe.

So, for example, we work in an assisted living, that has a large kitchen cooking area, and usually they all congregate at one table to complete a task. But what we've been able to do is modulate that out, have smaller groups and have them separated more and be able to still participate. But the folks that have cognitive impairments, the way that they're positioned around the counters and stuff, it doesn't feel as weird, they're not feeling like they want to go sit right next to each other, so you have to get pretty creative with that, and OTs are really good at that. So those are some of the contextual modifications and things you can do. And then also, we want to communicate concerns to providers. We know that a lot of patients are not reaching out to their

physicians right now and especially if they're struggling with telemedicine, then there, a lot of things are going unaddressed. So if you know that your patient would have had a routine doctor's appointment, but they didn't go because of COVID and then you're seeing that their cognition is getting worse or something else is going on, do some assessments and get that information over to the providers, prevents prevents the situation from just going unattended and also promotes occupational therapies importance with your providers, which is always a good thing.

This is a caregiver that I have pictured here, working with a person that has mild cognitive impairment and he goes with her out into the community. They both wear this button. It's a little bit blurry, but it says six feet away please and of course she's not wearing a mask. But it helps for other people to recognize that button and take that a little bit more seriously for that person, even if they aren't taking social distancing, and infection management stuff as seriously as we would want. So those are some ideas that you can do too, is to get some buttons for your patients so that they can wear those types of things. I had a patient that had low vision, and she used to wear a button that said, I have low vision. And that way when she was at the store, she was struggling with things people weren't like what is wrong with this woman? It just advocated for her. And the same thing with these buttons, which are great. Fatigue and malaise are big factors for patients with COVID. OTs can certainly address this in treatment plans, and we are seeing patients with mild cases of COVID getting better in about two weeks, but we're seeing severe cases take six weeks or longer. So modulating that energy expenditure, making sure they're spending the energy where it's, you know, most effective most satisfying, is important part of recovery from COVID-19. And on top of that, we're seeing a lot of people becoming deconditioned anyways, because they've been so socially isolated, not engaged in as many activities, not getting up as much, more TV, more sedentary. So we're having to address Energy Conservation and Recovery, even with patients that don't have COVID-19. So that's something to consider as well.

And we wanna advocate for OT, when it comes to this kind of stuff, because our providers don't always understand that. We are the ones that are gonna help people do their normal routine. They're thinking, you know, physical therapists are gonna do strengthening and cardiovascular stuff and everything like that. But we're the ones that are gonna help people get back to their shower, or being able to make dinner. So advocate to your providers about what you can do specifically related to COVID right now, I think that's really helpful. We know that patients with comorbidities are gonna take longer. So this is interesting talking about Community mobility training. So did you know I wonder if anybody knows this, that places like grocery stores are removing benches and tables. And that's to reduce the risk of crowds gathering, which is great, but at the same time, I didn't know that. And I don't think a lot of OTs know that, so the patient could tell me, oh, yeah, then I take a break, you know, at the bench, and then I walk across the street to my apartment with my walker and I unload my groceries and then I take a break and bla bla bla, but those benches and tables are gone. And so now we have patients that are really struggling just to get out in the community and do their normal shopping. So my radar went up with that for sure.

So it's a good idea to ask your older adult patients one if they've been to their store, then ask them if they've noticed any changes that normally they would, you know, rely on. And if they haven't been back to the store, it might be a good idea to ask a family member or somebody that they know to go to the store and check it out to see you know, if they can say, oh, yeah, I used to rest right outside the front door by the Starbucks. Make sure those chairs are still there. Because if they're not, then you're gonna have a patient kind of in trouble when they're out in the community. And it also gives an opportunity if there are changes, or maybe you're working on energy conservation, for an OT to integrate maybe a four wheeled walker for outings right now, because that's the other thing. If they go and the benches still there, we don't necessarily know it's gonna be there next week right now. That's kind of interesting,

too. They're very unanticipated changes that people aren't expecting, and I certainly wasn't either. We talked about doing training on infection prevention when in public.

And then of course, we can work on ordering groceries online for pickup or delivery or other things on Amazon. And, you know, I mean, Amazon workers right now are working, what they consider holiday hours, UPS, FedEx all of that. So it's tough on all of them, and I feel for them. I also know for our older adults that some increased ordering online is going to reduce the need to have to go out into the community right now and is a great place for OT to step in. And then of course, tapping into social connections virtually. Because if they are used to going out in the community, maybe for coffee or things like that, we can talk to them about well, would you like to, you know, maybe message those three ladies and have coffee on Saturday via your computer? And they might say, oh, I don't know how to do that, but we can teach them. So those are great opportunities for an OT as well.

Caregiver burnout, I can really get on a soapbox about caregiver burnout, but we have to be considering patients caregivers during treatment planning always because if a caregiver is overtaxed, overwhelmed, burnt out, then not only is our patient at risk with the caregiver is too and OTs need to be recognizing that. So we know during COVID that many families have had their lives turned upside down and that definitely includes caregivers, personal and professional. We have families that have had to pull loved ones out of nursing homes to reduce the risk of the risk of COVID and some people we work mostly in independent and assisted living, where offices are, we've had lots of families pull their loved ones out and have had them at home for several months. And that's not always easy. It's a great time for an OT to come in and do an assessment. Adult Day programs are closed. So that's a sudden loss of support. Not to mention that many of our caregivers also have children. So they've got kids at home, they've been doing homeschooling on top of it plus caring for mom or dad. That's a lot. And then now that it's summertime, you know, kids are likely just gonna be home more

because of COVID and camps are canceled and other activities that they normally rely on for support. So caregiver, caregiver burnout risk is at an all time high right now for older adults and OTs have to consider this in their profiles for their patients. And you can start considering that whether you're working in the hospital or home care, long term care, it doesn't matter. And if a caregiver is showing signs of burnout, you know, there's tearfulness, maybe statements of feeling overwhelmed or sort of, maybe quick too quick to get irritated. Just maybe can't handle one more intervention, that kind of thing, your radar should start to go up.

But I really encourage everybody to find a caregiver burnout assessment that you like, there's even some apps for that. And you can do a quick run through or even a self reporting questionnaire, just say, hey, you know, while I do treatment today with your mom, do you mind filling this form out for me and giving it to me at the end of treatment, it's really helpful. And it also gives you talking points to start talking about areas that you can support them. So we have to start looking at that stuff, especially when it comes to COVID, because as you know, everybody's just on top of each other and there's been just a lot of strain and stress across the board. So for example, I had a patient that had dementia and Parkinson's disease, Parkinson's disease, she was a professor at a university before she retired. She was very much involved. You know, she was always working in local community events and politics and all that kind of stuff. And then as she got sicker and sicker, she had professional caregivers coming in to take care of her. They were doing a great job and nurturing her and loving her. But what I noticed is that she wasn't really engaging in things as much and towards dinnertime she was very agitated. So what was happening is the caregiver was putting her in her nice comfy chair, putting her feet up, giving her a little blankie, turning on, you know, a great show and everything sounds great like sounds like something we'd all like to do, right? But she would get more and more agitated and she starts like saying really nasty things to the caregiver, which leads to caregiver burnout.

So what I suggested is, let's take the caregiver or let's take the patient into the kitchen and see if we can get her engaged. So we put her at the counter in a chair that was safe, and we started giving her tasks everyday to do like put vegetables into the salad and toss that or take cookies out of the container and make a cookie tray for the table. Just simple things that she could do put butter, butter on the garlic bread for the oven, and what we noticed is that her agitation level came way down so then she was more cooperative for bed. She was not as argumentative. She would go to bed on time and the caregiver had less strain. So there's a lot of ways that we can look at how to manipulate things and people's routines that can actually then support the caregiver, and their overall well being while also supporting our patient, which is really awesome. If your caregiver is showing signs of burnout, make sure that you know resources in your community or what your agency is recommending. So if it means bringing in more non medical care providers, you know, there might be some questions there around COVID, is that safe? So you have to be able to have those conversations with people. Maybe you have a counselor or a social worker on your team, I encourage you to be refer, refer, refer to those people and they will just be able to support your plan of care so so beautifully, by supporting caregivers and your patients mental health.

Improving social connection, we touched on this just briefly already, but I wanna bring it front and center to its own slide as well. And we can incorporate socialization into treatment plans as well. So if you've got a patient in the hospital or in rehab think about bringing a patient's family member virtually into the visit. So even if they're not willing to use technology, you've probably got a computer or device that you could say, hey, let's call your daughter today while we're working on blah, blah, blah. And they can even do things like if they're working on standing tolerance, or they wanted to show what they did during treatment, bring that into the treatment plan, and have them engage in that mood and socialization is key right now for a lot of our older adults. Focus on therapeutic use of self. Think of ways that you can improve that social connection. You know, if you're coming in and you see, you know, something pretty

that you can take a picture of even show them that way. And I've done that for patients that are home bound and even if their flowers are beautifully growing outside, they can't necessarily get out and see them. So I've taken pictures of them and then showing them when I've come into the house. Being really just mindful that 12 million Americans over 65 are alone, so if you live if you work in home care, just know that you might be the only person that that person is going to see. Because daughters aren't checking in as much, neighbors aren't stopping by that kind of thing.

So take the time, focus on therapeutic use of self and train patients on technology options to increase socialization. That definitely can all be in your treatment plan all be made into measurable goals. And actually, I'll tell you that this patient right here, her name is Claire, she's a patient, I still see her. And these are her little chickens. So this is a telehealth visit. And we just started talking a little bit about what she does during the day and what brings her joy and she said, I'll be right back. And she went, got her little chickens and introduced them to me via telehealth. So it's all about therapeutic use of self and I felt really good when we both left that visit. We were both laughing and giggling about her six day old chickens. So just make sure you're really putting your heart into your visits and you probably already are, but right now, it's good for everybody, you included. Expanding feelings of purpose, so help on going in line with helping with socialization and connection that can definitely expand feelings of purpose. But we also need to help patients feel like they're contributing or interacting in some way.

So maybe they can write a letter to somebody or help with some sort of meaningful project, identify things to look forward to. I had a patient once in a skilled nursing facility tell me that life is over when you no longer have something to look forward to. And right now there's a lot of things they can't do. They can't go to graduation, they can't go to somebody's wedding, they can't do this, they can't do that, or things are getting canceled. So what can they look forward to? What can they participate in? Dive

into that a little bit right now as an OT, and help them be able to manage that on their own because again, they're not having maybe as much support as they used to, maybe their family member is still coming over to visit as often but maybe that family member is overtaxed because their spouse has lost a job or they've got you know, more kids to take care of and things like that. So help them with you know, magnifiers, calendars, things to get them engaged and look at what they can do to help. And even if you have somebody just say, you know what, go ahead and cut up these t-shirts for masks fine, and then find someplace you can donate them.

Getting people engaged, as you know so key for OT anyways, that we need to really start doing that right now while people are isolated. In addition to that, we can help patients establish positive self care with routine exercise, getting outside every day, figuring out that socialization piece and making sure that they're initiating some socialization, even if they're just making a phone call. And we can do that with checklists, you know, alarms on their phone, reminders. And I know that we don't talk about exercise a lot as OTs because we're supposed to have people engage in meaningful activities in order to get their physical exercise. But I do find that some people find the act of exercise meaningful, and this goes back to our exercise class out in the parking lot. So you can see there's actually three patients here, one, oops, one, two, and three, and then we've got other patients that are outside of the picture, but that's very important to them. And these are sometimes the only things that they will engage in during the day. So as an OT, if that's what they're willing to do, let's, let's do it. So make some goals around that.

And of course, training the assistive technology. So smartphones, tablets, computers, this is actually a personal picture, these are my kids. These are my two year old twins, and this was their second birthday. Grandparents couldn't come up. This was beginning of April, but my parents had never used zoom before. So now they're zooming with their grandchildren, which is great. And OTs, we can help with that in

many ways. They our patients are also having to engage in telemedicine as most of us are with our providers. And I've had a lot of patients shut down when it comes to that, so it goes back to they're not getting things addressed. Maybe medication changes need to be made or things are just there's things that are falling through the cracks in our healthcare system because of the telemedicine piece. It's lovely and wonderful. We're gonna talk about it a little bit. But a lot of our older adult clients are not they get frustrated or overwhelmed or they don't have the technology to do it. So we can help with that. There's also organizations out there that are doing donations of iPads and smartphones that you might wanna look into for your organization if you don't have anything that can, you know, and you could give those to your patients or if you can clean them and rotate them through your facility, we've had a lot of facilities doing that, which is wonderful.

We also have been taking time to provide treatments with patients and making it a measurable goal, that the patient will be independent in making a doctor's appointment or participating in their doctor's appointment. And as an OT, we can actually do that with them and make it part of our treatment, which is awesome. And we've gotten such good information back from our patient saying I never would have done a doctor's appointment if you hadn't helped me. And you can do that across any setting to prep for the fact that they're gonna be on their own, potentially in the future without your support. So make sure that you're addressing that if they are in a short term rehab type setting too and it's a great way for providers to understand what OTs do. One quick thing too I will say on this assistive technology as an example, we had a patient that his cardiologist had recommended that he download an app. And it's called Kardio with a K or Kardiac and he had to buy a little device and it measures his heart performance. So he could measure his a-fib, and then send the results to his physician every day. So we put that in our treatment plan that he would be independent in that and within two days, he could do his own EKG, save it to his email

and then send it to his physician. And without us, I don't think he would have actually ever done it. So that's really important.

Which brings us to telehealth on the other side. So we are also allowed to do telehealth now and that's very different for us. So, authority was granted under the Coronavirus Aid Relief and Economic Security Act. You've probably heard that called the CARES Act for short and it allowed us as OTs and other providers that couldn't be authorized before, to do telehealth, including for Medicare and other big insurance providers. So that's a really big change for us. And I actually don't remember where I heard this. But basically the gist of it is that we've made decades of progress in the matter of months when it comes to being able to doing telehealth, and I can speak from experience that we had tried to do a telehealth practice in the past and because it just kept getting on the back burner. We just never pulled it off. Never even got out of the gate. But we sure as heck got it together through COVID and could pull it off in our providing telehealth, you know, all the time. We still do do inpatient visits as well. But if you can do telehealth in your setting, it's time to learn, we don't know if this is going to stay as a possible resource for us long term. Many states have already pushed towards it happening. So you need to find out what's happening in your state. You might even be able to ask advocate for telehealth to remain as a long term treatment option. It's really a positive thing in many ways and a couple things that it does even outside of COVID.

So it if you have somebody that's a specialist, so for example, public health specialists like me, if you don't live in Northern Colorado, I can't see you. But now I could see somebody that maybe lives 200 miles from me, that's a pretty big, great resource for all of us, even as consumers. And in addition to that, I had a patient that needed a home safety assessment for the state of Colorado. And she lived in a town that's called Red Feather and we don't serve Red Feather because it's too far away. And it's up in the foothills. And I was able to do that via telehealth and that just happened circumstantially, not necessarily because of COVID. But because I could do telehealth I

could help her, which is really wonderful and I wanna be able to help more people like that.

So telehealth is gonna open up a whole new world. We've considered telehealth a wild west for a long time. And so we're out in the wild west together learning about telehealth. Changes are happening very quickly and I expect it to continue changing. So I've included an AOTA resource here. The APTA also has resources, ASHA, you can cross check information between the big organizations. That's a good idea. But AOTA has been doing a beautiful job as far as getting information out for us as OTs to be able to integrate telehealth into our resources for our patients. When you do begin telehealth, the things that you need to keep in mind is that different states are functioning in different capacities with telehealth so you need to know your state rules and regulations, follow your employer's recommendations and look to your national organizations like the link I just provided for guidance. And different insurance carriers are providing telehealth in different ways. So you can do a telephone visit for a Medicare patient. But in the state of Colorado, we can't necessarily do that for Medicaid. So we have to know what we can and can't do based on the insurance providers. That's a very big shift for us because we're used to billing very similarly across billing across third party providers, but reimbursement is different now, depending on the whoever's paying the bill. So just make sure that you know how to bill. If you have a cheat sheet or you need one, ask your provider or ask your employer to provide that for you. I know that we have one for our major providers, and then we update that constantly because their rules and regulations are changing fast too. We're all just, you know, punting a little bit, including the third party reimbursement companies.

When you're jumping into telehealth, I have some recommendations. Take some continuing ed, there's continuing ed right here on this platform, which is great. Make sure that you dress professionally, just because you're at home doesn't mean you

wanna be doing your treatment in your pajamas and decrease clutter and distractions, don't wanna have you know all your sticky notes and everything behind you. That's just gonna be in the way for your patients. Established consent. Somebody needs to be saying yes I agree to telehealth, you also need to be documenting where you are and where your patient is. So like right now I'm in Colorado and if I provide telehealth services, I need to be licensed in another state. If that's the case, maybe right now some of those restrictions are lifted, but I need to document that in my documentation every single time because you can move around. So if you're in Colorado and your patient's in Colorado, document that and then document consent every time. You can consider a mixture of in person and telehealth visits, which is a great idea. And you can practice coaching your patient in telehealth too. So, I have a patient that had a total shoulder done. And I she you know she wore her cute little outfit and everything on telehealth I couldn't see her shoulder so I had to ask her to please wear like a camisole type of t-shirt or tank top or like a little thing with like a spaghetti strap so I could see her incision. I could see her quality of movement. I could see her shoulder blades moving, it you know wasn't ideal but she was living with her that actually was had COVID. So telehealth was where we had to do it. So, clothing recommendations for them and then also positioning.

So like right now I'm in a horizontal screen. And if you needed to see my full body, then I would need to have you teach me as the OT to turn my device so that you could see me up and down. So for example, when I would have my patient do some crawling up with her fingers, and then showing me how she was getting things in and out of the cupboard with her shoulder, then I could see her whole body and how she was moving because she also had problems with her back. So I wanna make sure she wasn't, you know, arching her back back and things like that when she was reaching overcompensating. So, there's a lot to learn when it comes to telehealth and it's not as simple as I think any of us thought it was going to be. But I do encourage you to jump in if you have the opportunity right now to do telehealth and learn about it. Take this

opportunity because really, I think, you know, this is just my opinion. So not necessarily something related to the presentation, but I do think telehealth is here to stay in some capacity. So, do your best when it comes to learning that and doing a good quality job. If you're having to decide whether or not to do in person visits or telehealth, you wanna work with your management company on how to develop a protocol for that. And a few questions to consider if you're doing that is is the patient positive for COVID or like for my patient, she definitely had been exposed. The house was definitely exposed. Her daughter was living there with COVID, I absolutely could not go into the home and really she shouldn't be going into a clinic either. Can the goals be met via telehealth? Luckily, my patient with her shoulder she had a beautiful recovery. She was kind of the exception, she had hardly any problems so we could meet all of our goals regarding to her shoulder through telemedicine.

And can the patient participate? Do they have the equipment? Do they have low vision issues? Can they hear cognitively? Can they participate? There are some situations that can be considered discrimination if you say that somebody can't participate in telehealth. So you also have to look based on the organization that you're in. If you as an organization are required to provide reasonable and acceptable accommodations for somebody, if you're a very small company, you likely won't have to, but you're gonna want to pursue that and see what options are available out there. This is a flow sheet that comes from AOTA, and is a service delivery guide. And it's nice because it's a flow sheet and it just goes from, you know, like these questions and it points you to yes, no, what to do. Because really, if we can treat somebody via telehealth we can meet their goals, then right now, amidst COVID-19, let's keep them at home and reduce the exposure. But if they can't, and you need to see them in person, whether it's an outpatient clinic or home care, whatever, then go ahead and see your patient but at least show that you've done your due diligence to analyze that situation. Instead of saying I just like home health, or I just like, you know, telehealth, I just wanna be home. I don't I don't wanna go see my patients. So you just have to make sure that

you're doing good clinical reasoning, and also documenting that, you know, you can meet your goals through telehealth.

Our last learning outcome. All right, we're at about an hour and a half. So thank you for bearing with me. I know this is a lot of listening and hearing through two hours of conversation about COVID. Some of us I'm sure are done talking about COVID. But unfortunately, as OTs and healthcare providers then we can't continue. We have to continue this conversation. So right now we're gonna identify mental health issues related to COVID. All right, so we'll take a wide view of Mental Health first, the WHO, the World Health Organization defines mental health as a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. And then we can bring in a little closer and talk about what AOTA puts out as far as what we should be doing as OTs in the world of mental health. So the aim of OT services and mental health is to help all individuals develop and maintain positive mental health, prevent mental ill health and recover from mental health challenges in order to live full and productive lives. I think we could actually take the words COVID and plug this in here.

So develop and maintain positive mental health despite COVID-19 and everything else that's come with it. So definitely time to look at mental health as occupational therapists. And we want to take a little time to talk about mental health in general because it's important that we as practitioners are familiar with how we can move through the world of mental health. Even if we don't work in a mental health focused facility. It's easy to leave mental health aspects to the social workers, counselors, physicians, but we too can be such an important and vital part of supporting someone's mental health through occupational therapy. The AOTA has a really nice, another flow sheet that allows us to see where people may fall on the continuum of mental health, and gives us a picture that can emphasize the fluidity of mental health.

Well, so we're not just looking at people that say show up and on their history and physical, it says they have schizophrenia. That's not it. So that can happen. But we have to be able to assess mental health as it is fluid. And people move through really great times mental with mental health and to really bad times despite having a diagnosis. And we have to be able to identify that as OTs and how it impacts their ADLs and their IADLs. So on the graphic that's included in this link, there's a few different categories.

And I'm gonna actually start with the flourishing one. And this is of course, where we want all of our patients to be. And that means they're having high levels of effective well being and positive functioning. With or without mental illness. You can have somebody that has a long list of mental illnesses on their history and physical, that does not mean that they are poorly functioning that we have to we have to dive into that. Then we move from flourishing into positive mental health. We're also pretty happy if our patients fall into this category. Means they're feeling good emotionally, doing well functionally, having fulfilling relationships, coping with challenges, if we can say they're coping with COVID-19 pretty well, that's great. They're probably falling into this positive mental health category. Now, though, is when we see patients becoming unwell, and they're experiencing early signs of and mild symptoms of mental illness, maybe due to situational stressors, which is why I bring this up and highlight this because COVID-19 and all of it's, all of it how it's shaking out, maybe a bit of a catalyst that sparks patients to experience becoming unwell mentally. The CDC recognizes things like fear and worry over health and our loved ones health. That's a big one. So for a patient if they've got a son, that's ICU doctor, they're worried, they should be worried. But they might be worried if they have a daughter that's a CNA or that works for Amazon, you know, they're worried about their family and their loved ones, of course. Changes in sleep and eating patterns. If you notice that with your patients pay attention. Worsening chronic health or mental health problems, increase in the use of

alcohol, tobacco, other drugs, could be an indicator that they're starting to become mentally unwell. So those are things to look out with our older adult patients.

Languishing is the next category and that's where there's low levels of affective well being and some positive functioning now. And then we start to get into mental illness where there is a diagnosis of a mental disorder, like depression, anxiety, schizophrenia, bipolar, and we're also seeing low levels of functioning along with that. So the CDC tells us that mental health problems can present also as physical complaints like a headache or cognitive problems like memory loss, difficulty with concentration, probably sounds like some of your patients. Interesting though, the CDC does actually notify, recognize that doctors are likely to miss mental health conditions on their assessments with their patients that have underlying health conditions. And that's because the visit is primarily focused on those other conditions. And they don't necessarily have time or space in those visits to address those other factors. That's a huge place where an OT can come into play. We're gonna talk about some assessments that you can use and advocate for those things to be addressed by your providers. So we can speak up about mental health and we can't assume that their physicians are going to check everything that we think they should or that we think well gosh, they're so depressed, we can see that all over the place. We can't expect that in a 15 to 20 minute doctor visit that they're gonna pick up on that. We are always the ones that kind of get the meat and potatoes of how people are really doing because we are really blessed that we get to spend a lot of time with our patients like an hour. That's awesome. So these are some of the signs to that.

I actually asked for information from the OTs that I work with, which are several about what they have seen from their patients during this pandemic. And these are some of the things that were mentioned. So worry over contracting the virus, sadness, depression, loneliness, decreased initiation of self care, they're not going anywhere. So they're not getting up and getting dressed. Disorientation to time, this is a big one. Fear

of dying alone, decreased joy, doesn't wanna get out of bed. So those are all signs of things that we need to be addressing as occupational therapists. I also bring up bring up PICS. I've just recently done a presentation with an occupational therapist that I brought into our practice that specializes in cognition. And we anticipate seeing we don't know this yet, more frequency of Post Intensive Care Syndrome, PICS and it's made up of a group of health problems that remains after critical illness. And we see that happen a lot when people have been into the ICU, not just with COVID. So it can persist after a patient returns home. And it can involve their body, their thoughts, their feelings, their mind, and it can also show up in family members. So this is something else to be on the lookout for, maybe do a little bit of a deep dive in this if you're spending some time as an OT with patients post ICU treatment. So it's a pretty big deal. We don't know how that's gonna show up with COVID. But I'm guessing that we're gonna see more and more of this and if you've seen it before, you kinda know what to look for. But that's something to look at. In addition, the OTs are reporting that people are showing signs of increased troubles struggles with sobriety, concern over their family members, which we mentioned. Family discord because families are stressed. Weight gain, sleep problems, stress over finances. We have had a couple patients that have attempted suicide, pretty big deal. And a fear over lack of supplies like PPE.

So let's talk about goal and treatment ideas right now. Listening is key and picking up clues of someone experiencing mental health decline or dysfunction, which was why I included this great quote on your slide. And some of the things that we might hear are that life is just too hard. I don't know how this will ever get better. I feel trapped in my body. I don't think I'm smart enough to do this. Nothing I do matters anymore. I don't feel like getting up in the morning. I don't think there's anything good happening to me. All of those things are little flags going up and the OT can start to keep track of those things. And if you are hearing those things, explore that with your patient. Don't shut it down. It's really, really important. You'll wanna be watching for signs and listening to

them. So you can you know, hear them, you can see things and those things might include poor self care, tearfulness, irritability, withdrawal, they're being sort of forth forcefully withdrawing right now because of COVID. Significant tiredness, low energy, sex drive changes. Excessive anger, all of those things. So if you're seeing that kind of stuff, really, you know, keep that on your radar and build it into your treatment plan.

The eight areas that an OT can jump into when it comes to mental health are emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental. And you may want to complete multiple assessments when it comes to mental health. So that you're getting lots of great information across all of these eight areas. We know that mental health can be considered invisible, but we definitely don't want to fall into that trap as OTs and not address these things. So if you're not sure how to even bring it up with your patient, and it's sort of new to you, you can always say to you know, during COVID, I'm trying to do a few more assessments with patients looking at mental health because I'm getting kinda worried about people that I see. So I'd really like to do one of these assessments with you and see if they're open to that. There is a stigma when it comes to mental health. So if you don't wanna use the words mental health, you don't have to do, just ask, and I just wanna know how you're feeling. I wanna know kinda like how your moves are and things like that, what you're thinking about. And sometimes I'll I'll ask people like, how are you feeling in your heart these days? You kinda stressed, are you worried about Sam, you know, whatever. So just make it a really good time to use therapeutic use of self as well.

The first assessment that I'm gonna bring up is the Depression Anxiety Stress Scales. And I'm highlighting all assessments that you might wanna use right now. And if you're not familiar with these assessments, I have links and resources for you, you can investigate them and determine if they're the right fit for your patients and for your setting. And it's a it's important that, you know, if you haven't been addressing mental health in on the whole as an OT, it's a great learning opportunity for you right now. And

I really encourage you to, you know, to try this a little bit. So going back to the Depression Anxiety Stress Scale, so it's not an occupational therapy specific tool, but it's a useful it's a useful screen. This one One has 42 items that people do a self report on, there's actually a shorter version as well. So if you wanna use that you could, but it's going to depression, it's going to obviously assess depression, anxiety and stress, just like it says in the title. And so when we look at those things, it gives us a four point severity and frequency scale, to the extent that they've experienced each of those things in within the last week, which is why I like it for right now, because things are changing so quickly. So you know, if they felt great at the end of February, things may be much different now in the middle of June. So we wanna bring that up in the assessment.

The Falls Efficacy Scale, this is more familiar probably to some of you and it may surprise you that this one is one that I pulled in to address mental health. Because it's a fall scale. We know that fear of falling increases the potential to fall but it also leads to withdraw, withdrawing in social engagements that decreases our initiation of activities. And that you know when those activities used to be second nature now we're not doing them, that can lead to depression and feelings of loss and fear. And if we can increase someone's confidence and fall prevention, we can likely increase their overall satisfaction in their daily activities. So in the worlds of science, or in the words of Science Direct, the Falls Efficacy Scale indicates the level of perceived confidence an individual has about carrying out everyday activities without falling. The scale was one of the first scales to assess the perception of older adults themselves, which I always like to know what my patients are thinking about themselves and their own performance levels. And first, it solicits the older adults perceptions about falls risk, and it does not measure their objective performance in any way. So if you are worried about the physical aspects of farm or the biomechanical things, you'll wanna bring in another assessment. And the scale focuses on confidence. It does not necessarily measure balance or speed and things like that that we normally think about with falls.

And it's has assessment items that are much more functional and orientation. And, you know, OTs, we love the word function function. So it's a good one for us. And we know that this can lead to reduced participation in ADLs. And it can lead to falls. And we wanna stop those falls from happening and help people get more confident going back to their ADLs. So this is a great, a great one to use right now and fairly common, and I think a lot of OTs are fairly used to this assessment. And you can use that in a variety of setting.

The next one I have is that PHQ9-Patient Depression Questionnaire. It's one of the most validated tools in mental health. Again, it's not just designed for occupational therapists. But the reason I like it too is it speaks volumes when I wanna send it over to the physician because the physician is probably going to be familiar with a PHQ9. It's fast to deliver. And we know that time is one of our most valuable commodities. So if you just need to get something done when it comes to mental health, this is a good one. And as lifestyle changes are happening, I suggest even if you're seeing patients that you've known for a while, this is a good one to bring into the conversation and just ask them about it. And then you can send that over to the doctor if you have concerns.

The last assessment that I've included is the Occupational Circumstances Assessment Interview Rating Scale. And this is a semi structured interview and rating scale based on the model of human occupation. So that right there tells you that that's meant for us, and it helps us understand the extent and nature of a client's occupational adaptation. And we're having to do a lot of that right now all of us, including data on clients goals, and readiness for change. I like this assessment too, because of the customization factor, and personal influence that it allows for. So if you have a certain relationship with a patient and you wanna talk about things in more of a casual way, you can actually modify the questions in the assessment and still use the results and I like the questions too, because it's sort of fill in the blank. So for example, how has your routine routine changed over blank? So the last three months since blank started

happening in your community COVID-19, or since your shoulder surgery or whatever else you wanna ask? And are you satisfied with your daily routine? Always a key question for a lot of us. It lets us bring COVID-19 impacts right into the questions that we're asking and get a real personal profile based on that specific patient and how COVID-19 is impacting their routines and mental health.

All of us need to be able to assess suicide risk. And if you are noticing any of these things happening with your patients, they're talking about suicide or they're seeking, not seeing, so say seeking sorry, seeking lethal means like hoarding their medications or obtaining a gun, if they've had expressions of purpose, purposelessness, substance abuse, social withdrawal, mood changes. These are all things that matter might indicate that the suicide risk is going up. Other factors to consider include if they have access to firearms. So you could ask them that if they're in the hospital and they're going home, ask them if they have access to fire, firearms. Do they have a history of suicide attempts? Somebody that's attempted suicide in the past is more likely to try to commit suicide again. And have they had a triggering event? Have they just been in the ICU? Have they had a death, a surgery, a heart attack, things like that? These are some questions that you can ask when you're assessing suicide risk. How are you coping? Are you thinking about dying? Are you thinking about hurting yourself? Have you thought about how or when you would do it? These are key things if somebody is showing risk, and you can establish that they have a plan, meaning they can say yeah, I would take all the pills in my medicine cabinet. That is when your radar needs to get up, go up and you need an action to follow that information. It's extremely important.

I had to ask these questions the other day, we did a PHQ9 with one of our patients. And there was some expressions that I was concerned about. But when I started diving into it, I also know she has a very deep faith. And she said, I would never do that, I have no plans to do that. I just sometimes know that I'm at the end of my life and I'm ready to die. Now that is different than being actively suicidal. But we have to make

sure that we are getting the right information and doing what we can to keep our patients safe. This is the National Suicide Prevention hotline, Lifeline I should call it and your you should always keep this with with you and know when to refer somebody to it or when to call. And if you ever come into somebody's situation, whether it's a hospital room, their home, assisted living, if someone has attempted suicide, you do not leave the person alone, you call 911 or an emergency number. Try to find out if they do, if they are under the influence of alcohol or drugs like if you see you know pill bottles spilled open or under the bed, something like that. Notice that and then obviously get their friends and family members, whoever is their point of contact involved. So those are some dark things to talk about. But we do know that suicide risks are going up.

And I like this quote here that is from General David Satcher's words, that "There is no health without mental health". So you can work on everything under the sun. But if you have a patient that's really struggling with mental health, that then excuse me, it's highly likely that a lot of your treatment interventions aren't going to be productive. So definitely bring that mental health first and foremost. And lastly, just to recap, what we've covered today is we've talked about integrating relevant educational information into treatment plans regarding COVID-19, talked about implementing effective effective infection prevention strategies into your evaluations and treatment sessions. Comprehensively identify and address comprehensive occupations that are directly and indirectly impacted by COVID. And our last section we identified and attended kind of 10 mental health issues related to COVID-19. So a lot of those things are things that we do anyways, as occupational therapists. It's just in a different way that we have to think about things sometimes because of COVID.

So in closing, I'd like to leave you with this quote from OT Kate Hackett. "As occupational therapists, we care about our client's mental health, their social work, education and family life as well as their particular medical condition and symptoms. We don't see any of these factors in isolation" and I just loved that word tying together

with isolation since we do have so many older adults that are isolated right now. This is a great quote to hang up in your rehab gyms and in your hospitals. Put it on your clipboard when you're doing home care. Just remember all the different factors that we have to consider right now because so many of them are being impacted by COVID-19.

So as we continue to navigate this, I have a few extra minutes to take questions. And I'm happy to stay on if that's allowed Fawn for a little few more questions if we need to. But I hope that this at least triggered some ideas for you with treatment planning, maybe inspired you to use a new assessment with mental health, and continue to provide the wonderful support and occupational therapy that you do for all of the older adults right now that are at such a risk with COVID. Oh, thank you, Ricky said your patients are very lucky to have you. Thank you, I'm sure they're lucky to have you too. Oh, thank you. If you do have questions, feel free to email me. I try to be available to other OTs. I know Fawn mentioned it in the beginning, but I love to help OTs be the best OTs they can be. It's a labor of love. And if I could go back and be an OT all over again, I would. So, hopefully that was helpful for you. I know this is a really trying time.

- [Fawn] Thank you so much, Krista, for all the great information today. We do have several questions coming in. I can go ahead and fill some of these.

- Sure.

- [Fawn] So, Shira had a couple questions about PPE and face shields. Do you know, she said a NIF, I believe. So do you know how they're getting their PPE? And are they giving it to families to keep them safe? And so what have you seen?

- I don't know, I think it depends where she's at. I don't know if she mentioned that. I know, we at least in Colorado had a really hard time with that in March and April, it's

gotten better. And I don't have a great resource for that. The only thing I could say is potentially to go to Central supply and ask if there's what they can do or how they should provide things to patients. I have had some patients families somehow acquire face shields, they had a patient they had a I've had one that had a daughter that was in a facility and she'd been on a ventilator, but not for COVID. And she was very high risk. And that family somehow obtained several face shields and had them available for all the providers that were gonna come in even though she wasn't active COVID. They wanted other people to wear them. So that was hard. We have worked with some non medical home care agencies that have had PPE and they've actually given us some so I don't have great information on that.

- [Fawn] Okay, some more questions were, what about going into homes? Do you remove your shoes when you go into home homes?

- I don't remove my shoes to go into the homes but I do have foot booties and some times, it kind of depends on the house, if it's really a big concern, I will wear them. But the recommendations right now are that we do not remove our shoes. Plus, if we remove our shoes, you know, then we're also just walking around in bare feet too. I don't know if that's the best, but as far as unless the local recommendations are different. The CDC is not saying to remove your shoes.

- [Fawn] Okay, and someone else was asking, are people providing telehealth for sniff settings? I know you showed some options that you were doing outside what are some of the things that you're seeing?

- Yeah, people are providing telehealth and a sniff. And again, I'm not an expert in that. That was that came later. So being able to do telehealth in certain hospital settings and sniffs the allowances came out later but if you look up the CMS on the CMS website,

the Centers for Medicare and Medicaid Services and look up skilled nursing facilities and telehealth, he should have some resources there.

- [Fawn] Okay, what about adapting masks? I know you showed that great video today, do you have any other resources that you've used?

- I mean, it's nothing that it's like, you know, something that I can really get behind and say this is the way to do it. But I, I know that we've just had a lot of therapists and staff just modifying things as we've needed them. I can give you a couple tips like you know, the nose piece that goes here and if you put a pipe cleaner in there, which is what a lot of people are doing, when you wash the masks the pipe cleaner shreds and it doesn't hold up. So if you have a bag of coffee, you know the little bendy thing that you squeeze and hold it tight, then you can actually put that in the mask. If you're making your own those work actually really great. But as far as modifying mask, I know there's lots of YouTube videos, but I would just ask your patients what would make your mask more comfortable. Some people prefer the tie, some people elastic, but like hearing aids and stuff, they get in the way.

- [Fawn] What about someone was asking also about mental health resources you you did give some great resources from AOTA. You also have a great reference list. Are there any other go to places for that?

- I like the American Psychiatric Association or psychiatry Association for resources, I do use AOTA a lot. I also like to look into things that social workers are using. And part of that might be just because I have a degree in Social Work. So I like to tap into that. I think there's a lot of really lovely ways that Social Work and OT blend together. So I like that, there's actually some really great apps too. If you just plug in like mental health, depression, assessments, you can look on there and there's some good quality resources that you can get on like your tablet or phone.

- [Fawn] Okay, great. I don't see any other questions coming in. So I want to thank you so much for today's presentation. It was very informative.

- Okay, good, well, thanks Fawn and thanks everybody.

- [Fawn] Thanks everyone. I hope you join us again on Continued and occupationaltherapy.com. Have a great day, everyone.