

How can the occupational therapists respond to COVID-19? (version 1)

By Taiwan Occupational Therapy Association

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Introduction

Despite few occupational therapists provide services in the acute care units, the coronavirus continues to change the interactions among people and affects many therapists in terms of practicing, learning, and working rights. Therefore, Taiwan Occupational Therapy Association (TOTA) has published this guide to assist occupational therapists during the COVID-19 pandemic.

This Guide is consists of five parts:

1. Covid-19 prevention at workplace
2. How to provide suggestions to citizens on minimizing COVID-19's impacts
3. Therapists' rights during the COVID-19 pandemic
4. Advice for therapists' education during the COVID-19 pandemic
5. Suggestions related to COVID-19 from the international occupational therapist associations

COVID-19 PREVENTION AT WORKPLACE

- How to obtain the latest and correct information of epidemic prevention
- Self-Health Management
- Epidemic prevention at workplace

As from the end of 2019, there have been outbreaks of viral pneumonia cluster spreading epidemic from Wuhan area, China. January 17th, 2020, it was investigated the pathogen is a new form of coronavirus. In which WHO (World Health Organization) announced in January 31st, that this epidemic is referred as Public Health Emergency of International Concern, PHEIC) and then named the virus that caused the epidemic as COVID-19. In the meantime, there are confirmed coronavirus infected cases here in Taiwan, both from local and abroad.

Considering the infection of COVID- 19 has its severity and the clinical occupational therapists are at risk of being infected due to inevitable contact, hence nearby provide suggested means of infection management.

How to obtain the latest genuine epidemic prevention information

- Search “COVID-19” on CDC website for related information:
(<https://www.cdc.gov.tw/Disease/SubIndex/N6XvFa1YP9CXYdB0kNSA9A>)
- Add CDC’s official Line[app] account 「 Disease Control Expert 」 to obtain latest information about the epidemic and official notifications.
- Participate COVID-19 related educational training, with means of self-learning through CDC digital learning lessons, in order to gain knowledge about clinical symptoms, methods of disperse, case report criteria, and infection prevention protocol of COVID-19
(<https://www.cdc.gov.tw/Category/Page/8rZJtd4HgGx65T43EgQiAg>)
- Actively obtain COVID-19 infection management protocol set by one’s current organization.

Self-health Management

- Measure body temperature twice a day, if fever-suspected symptom occurs such as (ear temperature ≥ 38), dry cough, muscle ache, fatigue observed in extremities, diarrhea, abnormal olfactory or gustatory functions are observed, should visit the doctor immediately for those symptoms are COVID-19 related.
- If occupational therapists found themselves with fever, they may return to work only if the fever subsided for more than 24 hours without using antipyretic.
- After a SARS-CoV-2 inspection under a required condition, occupational therapists may return to work if the following criteria are met:
 - Fever subsided for more than 24 hours (without the use of antipyretic), AND
 - Respiratory tract symptoms (eg. cough, breathing heavily) relieved, AND
 - At least 2 consecutive tests with negative result (each test has at least 24 hours interval) via nasal swab, throat swab (nasalopharyngeal swab) or mucus inspection for COVID-19.

Preventive measures at workplace

- Wearing mask correctly
 - While delivering services, occupational therapist should wear mask at all times correctly. Clients should also wear masks other than certain therapeutic conditions.
- Hand should be sanitized properly
 - Be familiar to the hand wash timing and procedures, carry alcohol and use alcohol

hand sanitizer when hand wash is incapable or inconvenient.

- Health monitoring of service recipients
 - Control measure should be implemented to investigate whether the service recipients have the risk of infecting COVID-19, and if fever or other COVID-19 related symptoms were noted, inquire TOCC(travel history, occupation, contact history, and cluster-whether the people around has similar symptoms), or any other infection risk notified by Central Epidemic Command Center.
 - If service recipient has the risk of infecting COVID-19, terminate occupational therapy service until risk of infection eliminated. If the infected client has urgent need for occupational therapy, therapist should follow CDC's notice on "Advice of personal protective equipment for medical personnel during COVID-19 epidemic" and implement proper protective measures in therapy.
- Equipment and environmental disinfection:
 - Adequately increase the frequency of disinfection according to the extent of contamination in therapeutic equipment and environment.
- This guide would revise according to the epidemic situation. If there are any unmentioned details, please refer to CDC's notice on related guides.

HOW TO PROVIDE SUGGESTIONS TO CITIZENS ON MINIMIZING COVID-19'S IMPACTS

- STOP: calm yourself, face it rationally, and avoid excessive panic.
- WATCH: revise our daily activities and routines, and recognize the risks in our lives.
- LISTEN: obtain the latest & correct epidemic prevention information through official media.

Since the end of 2019, Wuhan area in China has COVID-19 pandemic outbreaks. Taiwan has found confirmed cases from local and abroad areas. Central Epidemic Command Center has notified and carried out various epidemic prevention protocols, which has changed citizen's habits in daily living. The citizens live under great pressure at times of epidemic prevention period since the new coronavirus's highly infectious ability, lack of an effective medicine, the increased world-wide pandemics and massive reports from media. The uncertainty of pandemic and unpredicted life arrangements has caused great tension and anxiety.

Occupational therapists offer the "STOP, WATCH, LISTEN" advice from a professional perspective for the citizen, which would enable the citizens to fight against the epidemic effectively, decrease excessive anxiety, and regain better life quality.

STOP: calm yourself, face it rationally, and avoid excessive panic.

- Although the epidemic brought threats to our health, we're not under high risk in 24/7 not required to be extremely tense to face it. We just need to be keen at the essential moments.

WATCH: revise our daily activities and routines, and recognize the risks in our lives.

- You can spend five minutes to think about it, starting from getting up from the bed, what would you do for the whole day and categorize those activities into three groups by the risk of infection when carrying out those activities.
 - RED: HIGH RISK, avoid participate in that activity, take higher preventive measures, or consider alternatives.
 - ◆ Dining in crowded night market is at high risk of being infected, hence mask is required at all times. Avoid eating while walking. Preferably take out the food to enjoy it at home or use delivery platforms to dine at home.
 - ◆ Those elderly who regularly receive rehabilitation service in hospital may try to adopt to exercise or go out at regular frequency to maintain activity level

and prevent decline; or apply the long-term home-based reablement.

- YELLOW: MODERATE RISK, may participate, but take necessary preventive measures and no need to be overly-worried.
 - ◆ While taking elevator, always wear mask and avoid chatting. May use elbow or pen to press the buttons of the elevator.
 - ◆ Change the habit of chatting over lunch with co-workers, instead, chatting after meal with properly worn masks and cough etiquette.
- GREEN: LOW RISK, can participate normally.
 - ◆ Dining at home, listening to music, making tea, preparing snacks, hiking, biking, going to spacious outdoor to relax.

LISTEN: obtain the latest & correct epidemic prevention information through official media.

- With widely spread 3C products, information can be accessed via various methods from different sources. However inaccurate information can hide among them.
- Accurate information can be obtained through Taiwan CDC official website, CDC official Line [APP] account 「 Disease Control Expert 」 , and Central Epidemic Command Center press conference. With it, we can avoid inaccurate information which induce unnecessary panic and learn epidemic prevention knowledge to apply at home to keep a safe and comfortable environment.

After analyze our lifestyle, we may start to plan for new lifestyle against the epidemic. Live a satisficing life during pandemic is possible.

THERAPISTS' RIGHTS DURING THE COVID-19 PANDEMIC

- Labor rights
- Workplace Safety
 - Employers
 - Therapists

Labor Rights

- Therapists who work in medical organization with epidemic prevention related roles may apply for subsidy (COVID-19 special regulation).
- Therapist who were injured or deceased due to the work of epidemic prevention may receive related compensation (COVID-19 special regulation).
- Therapist who were quarantined involuntarily (home isolation, home quarantine, group-isolation, or group-quarantine) may apply for subsidy if confirmed by health authority.
- Therapist who were isolated involuntarily should be allowed an epidemic prevention leave and should not use personal leave or other specific leave. Employer should not withhold full-attendance bonus on him/her.
- If salary is paid during the epidemic prevention leave, employer can apply tax redemption as much as double amount of the salary (COVID-19 special regulation) (encouraging the employer to pay salary).
- If employer cannot provide necessary preventive equipment or measures, therapist may decline the request of attending the epidemic area to provide service. If the employer forced the attendance, and did not provide necessary preventive equipment or measures which lead to violation of labor rights, employee may terminate the labor contract and request employer to provide severance payment (according to COVID-19 special regulation)
- Reminder: Employers who need to reduce working time and salary must discuss with employee first and reach agreement before proceed with the action. Employer should not schedule unpaid leave for the employees. For details:
<https://www.mol.gov.tw/announcement/27179/13787/>

Workplace safety

Employer	Therapist
<ul style="list-style-type: none"> • The workplace should prepare sufficient mask and/or protective equipment for the therapists to provide services. Should not prohibit therapists to wear mask. • Enhance the working area's disinfection. 	<ul style="list-style-type: none"> • Enhancing personal hygiene by measuring body temperature and washing hands regularly. • Therapist who contact with high risk patient must take necessary safety measures, such as wearing gloves if contacting wounds, and put on mask (or goggles) for the whole working hours. • If the unit is unable to check Health Insurance ID card for history tracking, it must ask the TOCC (currently the government permits non-health insurance contracted unit to apply specific area travel and contact history VPN search, site: https://www.nhi.gov.tw/Content_List.aspx?n=8FD3AB971F557AD4&topn=5FE8C9FEAE863B46&upn=90A10EAD4E5C2E DD). If encountered with high risk client, OT should immediately stop the therapy and report to authorities (ex. anyone with respiratory tract symptoms and obvious travel history). If travel history is unclear, OT may suggest the client to rest at home.

ADVICE FOR THERAPISTS' EDUCATION DURING THE COVID-19 PANDEMIC

- On-line teaching
- Face-to-face teaching
 - Education providers
 - Trainee
- Advices for fieldwork

COVID-19 had turned into a pandemic, yet there's plenty left unknown about this virus. However, this infectious disease had already threatened our health and well-being as well as impacted our social lives and learning styles. During the epidemic outbreak, to reduce social gatherings and to avoid cluster infection, people's learning method would drastically change. It would require more combination of AI technologies to modify or adapt teaching and learning patterns according to current situation. In order to cope with the change in means of learning, the TOTA association came up with the following advices for members or course providing unit as a reference.

On-line teaching

Distant learning is the inevitable trend, either synced teaching(streaming) or non-synced teaching are both viable teaching methods. Please keep in mind to use the distant video sharing application with less information security risk, prioritizing local product. According to the Taiwan Ministry of Education, suggested application for synced teaching are as follows:

- CyberLink U Meeting
- Microsoft Teams
- Cisco WebEx
- Adobe Connect
- Google Hangouts Meet
- Jitsi Meet

On-line teaching Synced(streaming)teaching would require to consider the internet quality of both lecturer and student, as the net bandwidth, cellular or computer connection quality would affect the screen and audio's fluency, which affect the learning interaction quality between lecturers and students.

Synced teaching resources may be found under Ministry of Education's website:

<https://learning.cloud.edu.tw/onlinelearning/#content-4>

Non-synced teaching may use video cameras or Evercam to record the lecture, then upload to course platform or YouTube channel. The interactions between lecturer and students could be proceeded by forums.

Warnings for on-line teaching methods

- On-line teaching may encounter the issues of intellectual right violations, hence hereby suggest the lecturers add a warning sign onto the webpage, video or course materials which declare “Current video or course material is solely provided to course attendants for educational purposes. You must not adapt, edit, change, transform, publish, republish, distribute, redistribute, broadcast, rebroadcast, show or play this website or the material on this website (in any form or media) in public without prior permission. Any violation will be prosecuted.”
- Also suggest the education providers to ask the trainees/students to sign a copyright agreement when they registered for the course.
- Face-to-face teaching If course required the participants to physically attend, then government’s epidemic prevention protocol must be strictly followed.
- The TOTA’s suggestion to education provider and participating trainees, with knowledge of Central Epidemic Command Center’s notice on social distance and public gathers guide, is as follows:

Face-to-face teaching: training/course providing unit

Pre-course preparation:

- At times of still wind, maintain a 1.5-meter distance indoor, 1meter for outdoor. Hence the environment would suggest to be a spacious classroom with less attendants, preferably the occupants be < 50% of the seats of the classroom.
- Pre-set the seats for the attendants with mark, a seat emptied for all four direction of that attendant for example, preferably maintain fixed sitting spot or keep the seating record.
- Remind attendants if any fever or respiratory tract symptom is observed should be at home resting and should not attend the course.
- Ask the attendants to fill the TOCC form, to reduce the risk of cluster infection.
- Remind the attendants to prepare self-use protective utensils (mask, gloves, goggles...etc.) and wash hands regularly.

- Course Day
 - Notice of “Enhanced protection of the severe specific infectious pneumonia and maintain self-hygiene” should be displayed as poster or on screen, the content may be retrieved from Taiwan’s Center for Disease Control (CDC) Website: (<https://www.cdc.gov.tw>)
 - Disinfection must be carried out before and after the course, which must include the environment and equipment such as the floor, chair, tables, door knobs, computers, keyboards, mouse, pointers...etc.
 - All faculty and personnel must wear mask at all times, measure the attendants’ body temperature at entrance, prepare alcohol or hand sanitizer for attendants’ use. Locations for signing in and out must maintain 1-meter distance when lining up, ask the attendant to use their own pen to write and if the pen belonged to course providing unit, then require to sanitize.

- Course Day
 - If attendants demonstrated fever or respiratory tract symptoms, must ask the attendant to wear mask, temporarily set up an isolated area (with fine ventilation and not entrance/exit) until the attendant returned home or seek for medical aid. Personnel must report back to course providing unit’s supervisor, and if necessary, contact 1922 for further instruction.
 - If the course environment does not have enough space for social distance, ask the attendants to wear masks and disallow any consumption of food.
 - If the practice course includes body contact, kindly ask the attendants to wear masks, gloves or even goggles to avoid fluid contact.
 - If dining is required, make sure there is enough space for social distance or distribute attendants to eat at different time, and remind them not to chat when having their meal.

Attendants

- Before course
 - Monitor self-health condition, cancel the registration if any fever or respiratory tract symptom is observed.
 - Prepare self-use protective equipment according to course requirements
 - Cooperate with the course provider to fill out the travel history and contact history forms.

- During Course

- If mass transportation is required to travel to course location, or there is need to take the elevator, please have the masks on.
- Before entering the classroom, please cooperate with the personnel there to measure your body temperature, wash hands or use hand sanitizer. If fever symptom is observed, please do not enter the classroom.
- Seated according to personnel's instruction, you may memorize the name and location of the attendants near you. If the seating arrangement does not allow social distance, please have your mask on at all times.
- During Course
 - Inside the classroom, please do not eat nor chat, if there is need for consumption of food due to specific body condition (hypoglycemia), please kindly move outside.
 - Wash hands before and after practice courses, put on masks and gloves, avoid touching eyes, mouth, nose.

The above advices are suggested to follow the guide from central epidemic command center's notice, and will modify whenever the guide is modified. In order to prevent community or cluster infection that causing the epidemic to spread, attendants must enhance self-health maintenance and self-awareness.

Learning method of Occupational Therapy students followed the regulations set by each school and Ministry of Education, but fieldwork practice may require to modify according to the change caused by the epidemic, the statement of the minimum education standards from the World Federation of Occupational Therapy stated (<https://www.wfot.org/news/2020/covid-19-and-wfot-minimumeducation-standards-statement>), fieldwork practice is meant for the student to learn how to use biopsychosocial means to cooperate with people(client), not necessary be delivered in clinic or internship facilities. During this period of epidemic, advice the schools to share with the students to precious the opportunity of internship still at their hands in Taiwan, and keep keen of community spreading would impact the fieldwork arrangement, must discuss and plan ahead of time.

Advices for fieldwork

- At times of severe epidemic but fieldwork education intention and fieldwork hours must be satisfied, the strategies below may be viable:

- Research prior the maximum number of students each contracted educational hospital can hold, to ease the process of rearranging students to fieldwork practice if needed.
- If the student must decline from fieldwork unit due to request by the Ministry of Education, the Ministry of Health and Welfare, or the fieldwork unit, the fieldwork education may be replaced by role play, simulated client or clinic discussion. Cooperate with clinical and academic lecturers, learning strategies such as problem learning from case conference, video assessment, evidence-based discussion and individual learning and reflecting may be used to achieve learning effectiveness.
- Develop different internship field or use distant healthcare (telehealth) for method of fieldwork education, allowing students to learn how to deliver occupational therapist to clients in need by distant learning.

SUGGESTIONS RELATED TO COVID-19 FROM THE INTERNATIONAL OCCUPATIONAL THERAPIST ASSOCIATIONS

- World Federation of Occupational Therapists (WFOT)
 - World Federation of Mental Health (WFMH)
 - American Occupational Therapy Association (AOTA)
 - Occupational Therapy Australia (OTA)
 - The Royal College of Occupational Therapists (RCOT)
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- “Occupation” is all the meaningful activity of what a person wants, needed, or expect to do in his life. With the COVID-19 continuously spreading, it affects all the individuals in the world, family and community in t health and well-being, also limits the participation of various activities.
 - Occupational therapists understood that these obstacles may affect people’s life quality and health. Strategies like routine arrangement for individual, family and community can be suggested. Social enhancement, environment and assistive technology are good means to maintain health.
 - Occupational therapy must cooperate or sometimes modify according to government policy. Hence the TOTA share the following information to help clinical workers, educators, or students of occupational therapy, to deal with the hard times we are currently facing.

World Federation of Occupational Therapists (WFOT)

Due to the epidemic, direct human contacts have been limited. World Federation of Occupational Therapists based on the Minimum Standards for the Education of Occupational Therapists (MSEOT), declared that the occupational therapy education would consider online teaching. The researchers may also modify research design, recruitment and ways of interventions.

Practice placements is indispensable in the MSEOT. According to current standards, at least 1000 hours of fieldwork level II is required. Different countries need to dynamically adjust the way of accreditation of the fieldwork hours according to different situations and resources.

According to the MSEOT, the hours not necessarily need to be under specific organization or

environment nor for specific diagnosis or method of service.

- Many education programs would use role play and simulation as a form of internship.
- Other methods of education include:
 - Problem-based case study work
 - Video assessments
 - In-depth, evidence informed reflective practice

The World Federation of Occupational Therapists developed a specific free online platform to manage issues concerning COVID-19's impact and occupational therapy related request, also share and develop resources. The forum may be obtained from the occupational therapy international online network, OTION or through the following website:

<https://wfot.link/covid19>

World federation of Mental Health (WFMH)

The epidemic of COVID-19, threatened not only the physical health of people but directly caused different forms of pressure onto the mental health. To face this situation, the World Federation of Mental Health with the hope of promoting mental well-being, stated some concerns to the public related to COVID-19 as follows:

- In times of epidemics, we should not tag the new coronavirus onto any specific country nor race. On the contrary, we should empathize those who are infected. No matter where they are from, they did not get infected because they did something wrong.
- We should not use titles like COVID-19 infectors, COVID-19 Victims or COVID-19 Family. They are people just like us, but living with COVID-19's symptoms or treatments.
- Avoid listening to news that would get yourself anxious, try to focus on the constructive advices that are viable for reducing the impact of the epidemic for your life. Make sure that the news is stating facts instead of false message with no evidence. Suggest to obtain information from official websites like the Taiwan CDC's website or Line official account.
- Protect yourself and support others
- If there's opportunity, share the experience or stories of those who successfully fought the epidemic.
- If there's opportunity, express your respect and gratitude to those medical personnel who are fighting the epidemic frontline.

American Occupational Therapy Association (AOTA)

AOTA advocates that occupational therapy is a very important service, and on 2020/03/19, US department of homeland security declared a memo, which stated occupational therapy as an important part of health care workers.

- As this time, the epidemic is a fluctuating situation and occupational therapy practitioners work in a variety of settings and treat people with unique challenge. Practitioners should consider the Occupational Therapy Code of Ethics when execute clinical judgement and leadership in each unique setting.
- AOTA also urged practitioners to follow the guidelines from centers for disease control and prevention and centers for Medicare & Medicaid services.

AOTA sees the therapy as part of client's health care plan. If rehabilitation is postponed, it may cause the children, teenagers, adults clients' symptoms to worsen. Hence occupational therapy may put their strength in:

- Reduce the possibilities of admission or readmission of clients
- Reduce the possibilities of muscle contracture and joint deformity.
- Improve immunity through exercising and activity participation.
- Emotional adjustment coping with social isolations
- Need to guide clients to develop appropriate life habits, roles, and routines due to occupation deprivation
- Promote the participation in education, game, and learning activities whether at home or at school.
- Promote independency in occupational activities, to reduce the opportunities of close contact with caregivers.

Occupational therapy Australia (OTA)

- Occupational Therapist and OTA Member has published the ebook, "Normal life has been disrupted", a guide for managing disruption to occupational participation. It declared that at time of keeping isolation and appropriate social distance, you must be keen to your own well-being, and rethink how to adapt to a new lifestyle from 6 aspects:
- Productivity: be categorized into work/learning at home/ or in the office, or how to maintain productivity if unemployed.
- Self-care: enhancing health care in shopping and food, personal care, exercise, sleep, and the resources for physical and mental health.
- Leisure: pursue things that can recharge us and bring pleasure. Don't fall into just

bingeing on movies and TV series.

- Your space: making changes to space or objects that can support our engagement and comfort.
- Routines: Having a predictable routine can give us a sense of stability. Hence it is important to maintain a routine, even when location and activity is altered as in sleep/wake up time, exercising, working time, homework/gaming time, or even just a change in outfit.
- Roles: maintain the former character, as you may use messaging application to maintain interaction with other people or just make a phone call, mailing or write a card.
- Occupational therapist's role is to help people to adapt the change in life, through modifying occupational activities (learning new skills, different ways of doing things, alternative activities), or environment modification (adding objects or rearrange the space) to help people occupational participation within the current context (Mynard, L.,2020).

The Royal College of Occupational Therapists (RCOT)

- RCOT declared few guiding advices to the therapists who are required to change their service execution and environment due the impact of COVID-19. The content is about the range of service and the rights of therapists.
- The change of delivery modes affected health care as well we OT services at frontline. All in a sudden, OTs are requested to quickly change service massively and work in unfamiliar units. Organization should be accountable to provide support and assurance for occupational therapists at work.
- Occupational therapy service has never been limited to certain range. Occupational therapists can use professional reasoning on those activities in intervention that can promote occupational performance and participation. Then those activities are included as part of occupational therapy services. But to ensure safety of practitioners, training therapists to measure body temperature, blood pressure and other vital signs are essential. In other words, activities that satisfy the following criteria belong to the domains of occupational therapy:
 - Focused on improving/maintaining client's occupation
 - Applying occupational therapist's knowledge, skills and experience
 - Sufficient skill to intervene professionally

At times of COVID-19's outbreak, if the employer request practitioner to take responsibility of extra work, employer must provide training, advice and guide and also pay for vicarious liability insurance. In this case, practitioners should contact employer, especially you are being request to take responsibility of work that is out of your profession, and ask if you are covered by insurance.

RCOOT also published the Personal Protective Equipment advice and guidance.

Overview – For known or suspected cases of COVID19 and people in vulnerable groups		
Acute hospital high risk areas	Acute hospital	Primary, community and social care services, including people’s homes
Include: <ul style="list-style-type: none"> • Intensive Care Unit • High Dependency Unit • Emergency unit • Aerosols Generating Procedures, AGPs 	<ul style="list-style-type: none"> • Acute inpatient ward • Emergency department • Mental health department • Learning disability and autism related environment 	
Always wear: <ul style="list-style-type: none"> • FFP3 mask as priority • If FFP3 mask cannot be obtained, use FFP2 or N95 mask under the exposure of AGPs, regular or single use. • Fluid-repellent coverall/ gown(AGPs, regular or single use) • Plastic Apron (not necessary when exposing to AGPs) • Gloves (single use) • Goggles(AGPs, regular or single use) 	Wear within 2 meters: <ul style="list-style-type: none"> Fluid-resistant surgical mask (regular use) Plastic apron (single use) Gloves (single use) Goggles (regular use) Wear when >2meters: <ul style="list-style-type: none"> Fluid-resistant surgical mask (regular use) Goggles (if at high risk, suggested for regular use) 	Wear within 2 meters: <ul style="list-style-type: none"> Plastic apron (single use) Gloves (single use)

Reference

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