

TASK ASSIGNMENT GUIDELINES

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It is recognized by the Newfoundland and Labrador Occupational Therapy Board that non-licensed individuals can greatly contribute to the delivery of services designed by a licensed Occupational Therapist by performing tasks assigned by and under the continuing direction of the Occupational Therapist.

Purpose

The purpose of this document is twofold:

1. Define the conditions under which tasks can be assigned to non-licensed individuals and the responsibilities of the licensed Occupational Therapist under those conditions.
2. Outline basic minimum competencies for occupational therapy support personnel (OTSP) considered essential to ensure quality of care and protection of the public and appropriate duty assignment.

It is suggested that the second part of this document be utilized by employers to establish appropriate job descriptions for OTSP and by educational facilities to develop appropriate curriculum content for OTSP training programs.

Part 1

Guidelines for Task Assignment to Non-Licensed Individuals

Non-licensed individuals who deliver occupational therapy services related to occupational performance in the areas of self-care, productivity and leisure must be assigned, monitored and supervised by an occupational therapist practitioner. For the purpose of this document, **assigning** has been defined as: allocating responsibility for the delivery of particular aspects of practice to a non-licensed individual.

In assigning tasks and components of occupational therapy service, an occupational therapist must ensure the following:

1. The client understands that the assigned service component will be provided by a non-licensed individual and consents to such a plan. Consent in this case can be verbal or implied if the client agrees to be treated by the non-licensed person.
2. The non-licensed individual to whom the component is assigned acknowledges his/her responsibility to the Occupational Therapist in completing the task. Their responsibilities are determined by the Occupational Therapist in completing the task. Their responsibilities are determined by the Occupational Therapist and assigned to the non-licensed person before any intervention is implemented.

3. The care of the client is not compromised by assigning the service delivery to the non-licensed individual.
4. The non-licensed individual completing the assigned component is competent to provide the service safely and effectively as determined by an Occupational Therapist.
5. Supervision of the non-licensed individual by the Occupational Therapist is available as required and/or as defined by an Occupational Therapist according to setting, responsibilities of the non-licensed person, clinical area and client needs.
6. Monitoring and evaluation of the assigned task by the Occupational Therapist occurs on a regular basis as defined by an Occupational Therapist (and employer).

An Occupational Therapist will not assign any of the following service components to a non-licensed individual:

- Interpretation of referrals
- Initial interviews
- Interpretation of assessment findings
- Planning intervention
- Modification of an intervention beyond established limits
- Intervention where continuous clinical judgment is necessary to closely monitor and guide client progress
- Discharge planning

Documentation by Occupational Therapy Support Personnel is a task assigned by the Occupational Therapist following the guidelines previously discussed in this document. However, the following circumstances must be considered when assigning the documentation task:

1. The non-licensed person has performed the actual intervention on which they are documenting.
2. The non-licensed person has sufficient training in the particular documentation guidelines associated with the intervention; these guidelines should be developed by the Occupational Therapist.
3. The non-licensed person will sign their title with respect to occupational therapy and the Occupational Therapist will co-sign any note written in the medical chart.
4. The non-licensed person may document without the co-signing of an Occupational Therapist, in the following instances:
 - To document attendance,
 - To indicate that an intervention was carried out as assigned (e.g. ADP practice),
 - To indicate a splint was applied,
 - To indicate that a group was conducted, or
 - Any other situation that would indicate that a certain activity or treatment was carried out, as assigned by an Occupational Therapist.

Part II

Competencies Considered Important for Individuals to Practice Under the Continuing Direction of a Licensed Occupational Therapist:

Generic Skills:

1. Communication

Demonstrate the ability to communicate easily and effectively with clients and staff and to report back to the therapist, either formally or informally, any changes in the client's condition. Demonstrate the ability to take direction and act responsibly under the direction of the therapist.

2. Teaching

Demonstrate competency in teaching appropriate client education/training rehabilitation components as described by an Occupational Therapist, e.g. use of aids/adaptation prescribed by an Occupational Therapist; activities of daily living training, work hardening activities.

3. Rehabilitation Program

Demonstrate the ability to articulate principles of the rehabilitation process and the rehabilitation assistant in the process.

4. Anatomy and Physiological Systems

Demonstrate competency in identifying anatomical structures, understanding the interrelationship between the two disciplines, anatomy and physiology and be able to describe the anatomy and basic physiological functions of the human systems.

5. Body Mechanics

Demonstrate knowledge of rationale and safe and effective body mechanics in client and material transfers and lifts.

6. Ethics

Demonstrate knowledge in identifying moral and ethical problems in Occupational Therapy and differentiate between opinion and reasoned argument in addressing ethical dimensions of these issues.

Barriers to Occupational Performance:

Demonstrate an understanding of the barriers to Occupational performance associated with the following conditions:

1. Orthopedic Conditions
2. Neurological conditions
3. Psychiatric conditions
4. Medical conditions
5. Aging
6. Developmental conditions

Occupational Therapy Skills:

1. Occupational Therapy Skills

Demonstrate knowledge of basic treatment interventions in the areas of self-care, productivity, leisure, the ability to teach and monitor clients as directed by an Occupational Therapist (e.g. energy conservation techniques).

2. Environmental Access/Adaptation

Demonstrated technical competency, in fabricating/renovating adaptations or devices, which will increase clients' ability to independently function, in their environment, under the direction of an Occupational Therapist.

3. Functional Mobility

Demonstrated mastery of the techniques involved in functional mobility in order to safely and effectively use lifts, transfer and transport techniques and train/supervise clients in the correct use of mobility aids such as wheelchairs, scooters, crutches, canes and other related mobility equipment under the direction of an OT.

4. Psychological Rehabilitation

Demonstrated knowledge of the principles of psychosocial rehabilitation; ability to observe change in client status and report observations to the Occupational Therapist.

5. Employment Assessment Training/Vocation Rehabilitation

Demonstrated competence in organizing assessment instruments as required by the Occupational Therapist, tabulating assessment data, using specialized equipment related to this specialty area and teaching clients its safe and correct use. Providing clients with specific treatment interventions, as developed by an Occupational Therapist and observing clients' body mechanics, work tolerance, productivity, pain behaviors, etc. and reporting observations to the Occupational Therapist.

6. Group Interventions

Demonstrated knowledge of group dynamics and ability to prepare for and lead therapeutic groups and social activities as per occupational therapy goals and objectives.

7. Home Support/Community Work

Demonstrated competencies in the provision of home treatment programs focused on self-care, productivity and leisure as developed and monitored by an Occupational Therapist. The assistant may modify program content, in consultation with the supervising Occupational Therapist, or within limits specified by the therapist practitioner.

8. Task Analysis

Demonstrated knowledge of basic principles of the purposeful use of activities in the therapeutic setting as well as principles of activity analysis.

9. Operational Skills

Demonstrated competence in the supporting technical skills necessary for the safe and efficient provision of Occupational Therapy services. These skills include but are not limited to:

- Computer skills necessary to provide treatment interventions, as well as statistical data recording, such as workload measurement and client education.
- Competence in the safe and effective use of power tools and knowledge of safety regulations pertaining to their use and maintenance.
- Competence in the operation of a standard electric sewing machine, including attachments and demonstrated ability in providing basic maintenance and service to ensure its safe and efficient use.
- Knowledge of variety of activities in all areas of occupational performance as well as documented competence in a selection of these activities.

Specific Skills (that would be attained through on the job training; may include other areas not discussed in this document.)

1. Perceptual/Cognitive Remediation

Demonstrated competency in the implementation of treatment interventions prescribed by the Occupational Therapist (e.g. compensatory techniques).

2. Seating

Demonstrated ability to perform maintenance and adjustment of wheelchairs and other client seating devices as well as assemble seating prescriptions as devised by an Occupational Therapist.

3. Neurodevelopmental Therapy (NDT)

Demonstrate competence in handling, moving and positioning clients in accordance with NDT principles.

4. Assistive Technology

Demonstrated basic computer skills and ability to set up various computer adaptations as well as provide client training and monitoring as directed by an Occupational Therapist.

5. Orthotics

Demonstrated competence in preparing splinting/orthotic materials for use by the Occupational Therapist and finishing splints fabricated by the Occupational Therapist.

6. Hand Rehabilitation

Demonstrated competence in implementing treatment programs designed and monitored by an Occupational Therapist and in preparing assessment instruments and tabulating assessment data.

7. Sensory Integration (SI)

Demonstrated basic knowledge of SI principles to ensure client safety during interventions. Demonstrated mastery of the safe and effective use of SI equipment.