



THE ROLE OF OCCUPATIONAL THERAPY IN THE MANAGEMENT OF COVID-19 IN NIGERIA

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INTRODUCTION

Coronavirus disease 2019 (COVID-19) is an infectious illness caused by a new coronavirus leading to fever, tiredness, and respiratory symptoms such as dry cough and difficulty in breathing. The case presentations could be mild, moderate, or severe. Severe cases can ultimately lead to pneumonia, severe acute respiratory syndrome, and death. The World Health Organization (WHO) affirms that the virus spreads from person to person through droplets and contact means. In a bid to stop the spread and mitigate the effect of the pandemic, lockdown or social distancing recommendation has been instituted by most of the affected countries in the world, including Nigeria. This lockdown has therefore led to a sweeping interruption of the daily life pattern of people and

communities across the globe^{1,2}; impacting their health and wellbeing particularly on mental health, fitness, and occupational health.³

Similarly, health workers have been deployed to provide essential services to combat the disease, especially at isolation centers. Across the world, occupational therapists are among the healthcare practitioners providing critical services during this pandemic. It is recommended that occupational therapy services be provided through telehealth using virtual means such as telephone, digital applications, and so on; however, face-to-face service should be delivered in urgent situations. Occupational therapy is a holistic healthcare profession concerned with improving health and wellbeing through occupation. Occupation,





in occupational therapy, entails any meaningful and purposeful activity that people, families, or communities want, need, or are expected to perform for their wellbeing. These areas of occupation include self-care, education, work, productivity, play, leisure, and social participation. Occupational engagement is a human right that is exercised by the ability to participate in our everyday activities. These activities are unique to each individual, they are determined by our life roles (such as parenting, studying, working), and they give our lives meaning. Therefore, the ensuing occupational deprivation and imbalance experienced by individuals with COVID-19 and the society at large during this pandemic period falls within the purview of occupational therapy.⁴

The public statement released by the World Federation of Occupational Therapy (WFOT) on COVID-19 highlights the profession's awareness of the disruption to the usual occupational pattern among people and communities. The interruptions bother on their mental health and wellbeing, access resources, engage in activities of daily living, communicate with others, move from one place to another, observe social quarantine, and displacement.³ The statement subsequently highlights the relevance of occupational therapists to maintain the mental and psychological fitness of people and communities while ensuring the usage of infection control measures instituted by government and health organizations. Occupational therapists achieve these goals by collaborating with people and communities to develop approaches to

promote participation in their desired occupations. Such interventions may include social and environmental adaptation, mental health strategies, telehealth, and assistive technologies.³ To this end, occupational therapy associations in countries like the United States of America, Canada, and Australia have guidelines for addressing COVID-19⁵ to promote conformity in occupational therapy interventions.

The occupational therapy training and existing literature on occupational science and therapy confirm that occupational therapists have the requisite skills to contribute our expertise working with other stakeholders to enhance our nation's wellbeing. We can handle uncertain conditions vis-à-vis disasters, pandemic, and trauma; establish the pattern, routine, and meaning to people's disrupted daily activities through occupation. We can also promote social connections and a sense of belonging, select occupations that support the activities of daily living (ADLs) and wellbeing of people, and find alternative means of engaging in essential roles. Through therapeutic activities, occupational therapists can improve the resilience of people in the nation, stimulate their ability to gain a sense of control, and recreate new life meaning following the marked occupational deprivation associated with the lockdown.^{6,7} Hammell¹ reported these activities as: "centering," or engagement in undemanding, routine and repetitive occupations that foster calmness; "contemplation," such as meditation, mindfulness or absorption in nature; "creation," or engagement in creative occupations; "connectedness," which

describes occupations that strengthen a sense of belonging, such as to family, culture, friends, nature or country; and "contribution," that is, engagement in occupations that fulfill the need to contribute to others.

As a result, this document, therefore, serves as the guidelines for the role of occupational therapy in the management of the COVID-19 pandemic in Nigeria.

GUIDE FOR PERSONS WITH COVID-19 AT ISOLATION CENTERS

(Acute Hospitalization, Intensive Care Unit, and Post-Acute Care)

Evaluation

Bearing in mind the following features: fatigue, cough, shortness of breath, fever, fear, anxiety, hypoxia, acute respiratory distress or failure, delirium, ICU-Acquired Weakness, Post-Traumatic Stress Disorder (PTSD), mechanical ventilation, and occupational deprivation.

- Assess risk/screen each client to determine the appropriateness of OT services and evaluation: Preferably outside the isolation area or ward using available client records such as case files and communicating with other management team members.
- Observe airborne and droplet precautions before entering the treatment area/ward and limit contact time to the minimum
- Liaise with the infection control unit and other members of the inter-professional team to determine the minimum required therapy equipment for each client and session, particularly for

decontamination.

- Develop an occupational profile and analyze occupational performance for each client where appropriate
- Assess performance areas particularly ADLs (eating, feeding, functional mobility and transfer, grooming, bathing and showering, dressing, health management and maintenance, and safety and emergency maintenance)
- Assess performance skills and patterns in cognitive function, psychosocial function (anxiety, depression, and coping skills), and physical condition (strength, balance, activity tolerance/endurance, coordination, and transfer)

Intervention (To be adapted for client-centeredness)

- Educate the client and provide resources
- ADL rehabilitation and leisure participation in promoting an early return to premorbid level of function and addressing occupational deprivation
- Bed mobility (prone position using rolls) and transfer training
- Manage performance skills deficit using energy conservation and work simplification principles, relaxation techniques, and enabling activities
- Recommend assistive devices for ADLs, communication, seating, and mobility
- Address the cognitive needs of clients to prevent delirium
- Address psychosocial and mental health needs of clients and caregivers
- Consider group therapy sessions for clients.
- Carry out discharge planning



- Advocate for sensory stimulation and environmental modification of isolation areas

Follow-Up

The features to consider: Post-Intensive Care Syndrome, Physical, Cognitive, and Psychological Dysfunction, PTSD, and Occupational Deprivation.

- Screening of client to determine the appropriateness of face-to-face or telehealth OT services
- Address concerns around ADL performance related to oxygen therapy through environmental modification and education on precautions
- Address concerns regarding Instrumental Activities of Daily Living (IADL) performance
- Address occupational deprivation (see Appendix A)
- Assess and manage depression, anxiety, or PTSD
- Provide energy conservation and work simplification home programs
- Address mental health and coping strategies
- Address cognitive deficits related to occupational performance

GUIDE FOR THE APPARENTLY HEALTHY POPULATION (Community Dwellers)

Occupational therapists can help people to adapt their daily lives to alleviate the ensuing occupational deprivation associated with the lockdown and beyond. The adaptations may encompass areas such as productivity, self-care, leisure, personal space, routines, and roles, as shown in the Table 1.

Table 1: Recommended occupational therapy interventions for occupational areas impacted by COVID-19 among apparently healthy population.

Focus Areas	Intervention
Productivity	Consider alternative means of doing productive activities such as digitally. Consider seeking alternative roles. Consider learning new skills.
Self-Care	Address people's mental health and emotional status Advice on adapting shopping activity to suit contextual realities
Leisure	Recommend active leisure pursuits Recommend engaging in personal projects like home management, gardening
Personal Space	Recommend environmental enrichment Recommend setting up work station Address risk factors for fall
Routines	Recommend use of a daily routine and activity schedule Incorporate breaks into a daily routine
Roles	Assess role disruption and facilitate communication with others Recommend strategies to facilitate the achievement of role expectations

NEEDS OF OCCUPATIONAL THERAPISTS TO CARRY OUT THEIR ESSENTIAL ROLE IN THE NIGERIAN CLIME

- Training of Nigerian occupational therapists on the appropriate use of PPEs
- Up-skilling on universal precautions
- Familiarity with the use of digital applications for telehealth

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