

Expansion of Scope of Practice to Provide Assistance in Responding to COVID-19

Occupational Therapists

On May 6, 2020, Governor Tom Wolf signed an [Order of the Governor of the Commonwealth of Pennsylvania to Enhance Protections for Health Care Professionals](#) (the “Executive Order”). Its purpose is to afford health care practitioners protection against liability for good faith actions taken in response to the call to supplement the health care provider workforce battling COVID-19.

During the course of the pandemic and the disaster declaration associated with it, the Wolf Administration has used its authority under the declaration to suspend a number of regulations and regulatory statutes. The effect of several of the suspensions is to expand the scope of practice and to relax the supervision requirements for numerous health care licensees, allowing these professionals to perform acts they would not otherwise be authorized to perform in the ordinary course of their practice.

More specifically, as set forth in the Executive Order, “temporary suspension[s] of portions of 63 P.S. §§ 1301-1313, 1501-1519, 1708(a), and 49 Pa. Code §§ 40.22, 40.32, 40.51-40.55, 40.161, 40.165, 40.166, 40.171- 40.173, 40.181, 42.22, 42.23, 45.2, 45.1, 45.14, 45.20” have been granted “to allow occupational therapists, physical therapists, speech-language pathologists and audiologists to perform skills that they are trained for – in settings and under circumstances that are outside their normal scope of practice, with less strict adherence to supervision requirements to provide a measure of relief in staffing shortages should they arise throughout the Commonwealth.” For **occupational therapists**, the effect of these suspensions is as follows:

Occupational therapists may perform the following tasks during the emergency: triaging; history taking; screening; administering tests such as nasal swabs and other COVID-19 tests; providing basic wound care and infection prevention; taking vital signs; cardiorespiratory occupational therapy for those on ventilation or who have cardiorespiratory conditions associated with COVID-19 to help reduce duration or need of ventilators; monitoring patients on ventilators; occupational therapy and patient education for those with pre-existing cardiorespiratory conditions to prevent worsening of those conditions; ; teaching and assisting hospital patients with activities of daily life (ADLs) such as eating and the use of assistive devices to facilitate discharge; telehealth to provide occupational activity for those in congregate living situations where in-person occupational therapy has been suspended to prevent further deconditioning of seniors or those with disabilities; telehealth for acute and chronic musculo-skeletal conditions to prevent further deconditioning; assisting with treatment and education for patients who in normal circumstances would be admitted to a hospital to be watched overnight, but now are sent home (for example, a patient with possible signs of a stroke, or flareup of a neurological condition); providing basic care in long-term care facilities (e.g., assisted living residences, personal care homes, “nursing homes”) including activities of daily living such as bed changes, feedings, baths, and the like; tasks lawfully delegated by an M.D. or D.O.

A licensee’s obligation to competently perform their duties consistent with their level of training, education and experience is a guiding principle that is both constant and unwavering. Neither the Executive Order nor the temporary suspensions alters that obligation. Moreover, when performing tasks to aid in the COVID-19 response that are outside of their normal scope of practice, licensees (and those working towards licensure) shall not undertake any activity for which they are not already licensed or authorized to perform without first obtaining the appropriate training and support to perform those tasks competently.

The Executive Order shall remain in effect for the duration of the disaster emergency.