ONTARIO PHYSIOTHERAPY ASSOCIATION

April 17, 2020

Deputy Minister Helen Angus, Co-Chair
Dr. David Williams, Co-Chair
Emergency Operations Committee

Via email

RE: Access to Personal Protective Equipment for Respiratory and Other Physiotherapy Interventions

Dear Deputy Minister Angus and Dr. Williams;

The Ontario Physiotherapy Association (OPA) and our member physiotherapists and physiotherapist assistants were pleased to receive the updated Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes dated April 10, 2020. This Directive helped to clarify that the determination of risk and appropriate health and safety measures including use of Personal Protective Equipment (PPE) falls within the aegis of the health care professional's assessment of risk associated with their interventions in each situation based on their professional and clinical judgement.

This Directive has helped in many situations to overcome some barriers to accessing appropriate PPE in organizations across the province. Nevertheless, there remains some confusion, in particular, due to misinterpretation of the term 'chest physiotherapy' in communiqués from Public Health Ontario.

Specifically, Public Health Ontario (PHO), in a communiqué dated April 10, 2020 titled 'Focus on COVID-19: Aerosol Generation from Coughs and Sneezes' defines Aerosol Generating Medical Procedures (AGMPs) as:

> *"The medical procedures that are listed as AGMPs are supported by epidemiological data that indicate these procedures may significantly increase risk of infection to health care workers within close range of the procedure and thus N95 respirators are required as a minimum level of respiratory protective equipment (as well as eye protection). These procedures artificially manipulate the airway and secretions therein. If an infection is present in the airway the procedure would agitate and dramatically increase the aerosols generated. The operator (such as during intubation) is in very close proximity to the airway and especially if the procedure is complicated or lengthy."*

In the communiqué the PHO has included 'chest physiotherapy (outside of breath stacking)' in the list of interventions that are not Aerosol Generating Medical Procedures (AGMPs). The use of the term 'chest physiotherapy' is misleading and too broad and has led to some organizations limiting

physiotherapists from being able to access the appropriate PPE for their interventions with patients having suspected or confirmed COVID-19.

Physiotherapists recognize that there are limitations in availability of some PPE and that each situation must be assessed based on the point-of-care risk assessment (PCRA) to determine what level of PPE is needed in each case. We are seeking to highlight concerns with the use of the term 'chest physiotherapy' and to clarify other interventions by those providing physiotherapy services, so that the appropriate assessment of risk can occur and the best information can be used to determine the appropriate PPE for each interaction. Specifically we are requesting that:

- The term 'chest physiotherapy' must be removed from the list of interventions that are not Aerosol Generating Medical Procedures (AGMPs) in the guidance provided by Public Health Ontario as it is misleading and is resulting in organizations implementing internal policies that are denying physiotherapists access to the appropriate Personal Protective Equipment (PPE) and thereby exposing patients and health professionals to a risk of harm.

  The term 'chest physiotherapy' is misleading as many of the respiratory interventions provided by physiotherapists are already included in the list of Aerosol Generating Medical Procedures (AGMPs) (for example open airway suctioning, sputum induction, non-invasive positive pressure ventilation techniques, breath stacking and others). In providing these interventions physiotherapists are artificially manipulating the airway and secretions therein while in close proximity to the patient for a prolonged period of time, thereby meeting the definition of AGMPs. Physiotherapists must be allowed to assess if their planned interventions meet the definition of AGMPs and, based on their PCRA, allowed to determine the appropriate PPE for that interaction.

- As per Directive #5 each health care professional, including those providing physiotherapy services, must complete a PCRA and determine, based on the assessment and their knowledge and skills and planned interventions, what PPE is required for the care of the individual patient.

  In addition to interventions that are included in lists of AGMPs, physiotherapists also provide interventions that may prompt a cough and the production of aerosols. These interventions are included in lists of Aerosol Producing Procedures (AGPs) in published international best practice guidelines[1]. Each patient and situation must be preceded by a PCRA to determine the degree of risk (based on the level of production of aerosols, the proximity to the patient and the duration of the intervention) and the appropriate PPE for each situation, up to and including the use of N95 masks if appropriate as per Directive #5.

[1] Thomas P, Baldwin C, Bissett B, Boden I, Gosselink R, Granger CL, Hodgson C, Jones AYM, Kho ME, Moses R, Ntoumenopoulos G, Parry SM, Patman S, van der Lee L (2020): Physiotherapy management for COVID-19 in the acute hospital setting. Recommendations to guide clinical practice. Version 1.0, published online 30 March 2020. Journal of Physiotherapy https://doi.org/10.1016/j.jphys.2020.03.011

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Maintaining and recovering function are critical components and of care and physiotherapists and physiotherapist assistants are providing mobilization and other interventions for patients with suspected or confirmed COVID-19. No patient is the same and many will present with pre-existing conditions that add potential complications to their recovery. Individual patients with suspected or confirmed COVID-19 will experience various levels of frequency and strength of cough and severity of secretions and some will be more susceptible to increased frequency and strength of coughing with mobilization interventions that are required to maintain and recover function.

The physiotherapist has the knowledge, skills and competencies to assess the level of risk based on the individual patient's condition and the planned intervention to determine the appropriate PPE to use in each situation, whether at a level of droplet, or aerosol production, precautions.

It is critical that all health professionals have access to the appropriate PPE for the care and interventions they are providing for the safety of patients, themselves and other health professionals and our communities. We respectfully ask that the communiqué from PHO remove the term 'chest physiotherapy' from the list of non-AGMPs for the reasons noted above and recognize the importance of point-of-care risk assessments by health care professionals as a determining factor in choosing the appropriate PPE for each patient interaction as noted in Directive #5.

We welcome any opportunity to meet with you or your team to discuss these concerns and to find solutions that will meet the needs of patients and our health system on behalf of all Ontarians.

Sincerely,

Dorianne Sauvé
Chief Executive Officer