



Practice Standard for Supervision of Occupational Therapist Assistants

Applies to Occupational Therapists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Occupational Therapists of British Columbia and will be updated to reflect the amalgamation.



COTBC

College of Occupational Therapists
of British Columbia

Practice Standard for Supervision of Occupational Therapist Assistants

Introduction

The College of Occupational Therapists of British Columbia (COTBC) is mandated under the **BC Health Professions Act (RSBC 1996, c. 183)** *“to serve and protect the public.”* This practice standard sets clear expectations regarding the occupational therapist's use of occupational therapist assistants (OTAs) in the delivery of occupational therapy services. Occupational therapists are responsible for ensuring that they are providing safe, competent, and ethical care when assigning components of occupational therapy service to OTAs.

Statement of Purpose

Occupational therapists may include OTAs to optimize service delivery. Currently, no regulatory framework exists for OTAs in BC or elsewhere in Canada. Hence, the College's public protection mandate is achieved by ensuring that any occupational therapist who uses OTAs within their practice adheres to the standard set out in this practice standard.

This practice standard clarifies the occupational therapist's accountability for, and the College's expectations regarding the supervision of OTAs when they are delivering components of the occupational therapy treatment plan. The standard is designed to assist the occupational therapist to identify and manage the risks inherent in involving OTAs in occupational therapy service delivery, thereby protecting clients from potential or actual harm while maximizing service accessibility. Appendix A provides a series of questions for the occupational therapist to ask when considering whether to use an OTA for service delivery. Appendix B contains a risk management tool.

The occupational therapist is responsible for all aspects of the treatment plan, from the initiation of a referral to discharge. When appropriate, the occupational therapist may choose to assign certain components of the treatment plan to OTAs. However, the occupational therapist must undertake the following responsibilities:

- Determine the appropriateness of a referral
- Assess the client and develop a treatment plan
- Identify practice scenarios in which clients may benefit from an OTA's involvement
- Ensure that OTAs or others assigned to deliver a treatment component are adequately trained and competent to carry out the treatment plan
- Monitor the safety and effectiveness of the OTA's work through supervision, mentoring, teaching, and coaching
- Follow the regulatory requirements outlined in the COTBC Bylaws and practice standards

Definitions

TERM	DEFINITION
Assignment	The process by which an occupational therapist assigns responsibility for completing components of the client's occupational therapy treatment plan to an OTA.
Consultation	The process of contributing to a client's treatment plan by providing expert advice to, offering education or training for, and/or facilitating problem-solving with another service provider or other personnel. The occupational therapist is responsible for the quality and appropriateness of the recommendations but not for the ongoing competency, behaviour, or quality of service of the other service providers or personnel.

Definitions - continued

TERM

DEFINITION

Occupational therapist assistants Service providers who are not registered occupational therapists but who are knowledgeable and competent to deliver assigned occupational therapy treatment components under the supervision of a registered occupational therapist. OTAs may have various designations or titles depending on the area of practice, place of employment, and level of education. These designations may include job titles such as activity aide, community support worker, kinesiologist, life skills worker, occupational therapist assistant, or rehabilitation assistant/worker. The credentials, knowledge, and skills of individual OTAs may vary, depending on their education and experience. OTAs may have various job duties and descriptions as determined by the context, organization, or service program in which they work.

Supervision An interactive process in which the occupational therapist provides continuous feedback to the OTA and establishes a collaborative working relationship to facilitate safe and effective delivery of the assigned occupational therapy treatment components.

Supervision can be direct, indirect, or remote:

Direct: The occupational therapist is in the physical vicinity of, or in direct visual contact with, the OTA.

Indirect: The occupational therapist is in the same facility and may be easily contacted.

Remote: No occupational therapist is on-site. In these cases, there must be a documented supervision plan, in addition to a plan for handling emergencies.

Standard

1. Be Accountable

The occupational therapist will be fully accountable for all occupational therapy treatment components assigned to OTAs.

Practice Expectations

The occupational therapist will do the following:

- 1.1. Ensure that the involvement of an OTA improves the access to, quality of, or effectiveness of the occupational therapy service and does not compromise client care.
- 1.2. Apply continuous clinical decision-making and conduct ongoing risk assessment and management throughout the provision of care delivered by an OTA.
- 1.3. Develop a treatment plan with timelines, goals and expectations of the treatment components to be carried out by the OTA. If necessary, facilitate training to ensure clear understanding of each client's goals.
- 1.4. Collaborate with occupational therapy colleagues and interprofessional team members to clearly define the OTA's roles, responsibilities, and job duties, especially when the OTA is reporting to a different team member about each discipline-specific component.
- 1.5. Educate the OTA regarding their accountability to the occupational therapist and their responsibility to demonstrate competence and decline tasks that are beyond their job duties, knowledge, skill level, and/or abilities.
- 1.6. Ensure that the client has given informed consent for the OTA's involvement in the treatment program and for any associated costs of treatment.
- 1.7. Identify scenarios in which the occupational therapist is fulfilling a consultation role. In such situations, the occupational therapist remains accountable for the quality of the consultation provided.
- 1.8. Address issues related to non-compliance by the OTA.
- 1.9. Ensure that the OTA understands their responsibilities, including the following:
 - 1.9.1. Carry out treatment components assigned to them by the occupational therapist.
 - 1.9.2. Maintain a collaborative working relationship with the occupational therapist.
 - 1.9.3. Identify themselves as an OTA and clarify that they operate under the occupational therapist's direction and supervision.
 - 1.9.4. Immediately report to the occupational therapist any changes and concerns they have observed in and about their work with a client.

- 1.9.5. Understand how and when to contact the occupational therapist, particularly in emergency situations.
- 1.9.6. Understand who to contact if the occupational therapist is not available.
- 1.9.7. Understand that adjusting or altering occupational therapy treatment components is the sole responsibility of the occupational therapist.
- 1.9.8. Document their interactions with the client as indicated by the occupational therapist as part of the communication plan.

Exceptions

- 1.10. In some settings, OTAs may be required to perform additional tasks that do not fall under the occupational therapist's responsibility.

Exceptions include:

- 1.10.1. The OTA is delivering services that are within their job duties but are not part of an occupational therapy treatment plan. For example, the OTA is assigned to run an exercise group or recreation activity as part of the overall programming offered at a facility. Such an activity is not part of the occupational therapy treatment plan for a particular client; however, it is included within the overall services offered at a facility.
- 1.10.2. The OTA is working with other regulated health professionals (such as a physical therapist or a speech language pathologist) and is following a treatment plan assigned by that professional.
- 1.10.3. The OTA is asked to carry out administrative activities by their employer.

2. Define Roles and Responsibilities

Practice Expectations

The occupational therapist will be responsible for identifying and selecting appropriate occupational therapy treatment components to be assigned to the OTA they are supervising.

The occupational therapist will do the following:

- 2.1. Assess the OTA's knowledge, skills, and abilities, and assign only those treatment components that fall within the occupational therapist's and OTA's competence.
- 2.2. Conduct a risk assessment to determine which treatment components would be most appropriate to assign to an OTA. (Refer to Appendix A & B).
- 2.3. Develop a collaborative treatment approach for occupational therapy service delivery.
- 2.4. Use information obtained from the OTA to inform changes to the occupational therapy treatment plan.
- 2.5. Continuously monitor and evaluate occupational therapy services, including assessing when to initiate, modify, or discontinue assigning treatment components to the OTA.

The occupational therapist will not assign the following treatment components to OTAs as these are non-assignable functions:

- 2.6. Interpretation, screening, or initiation of a referral for occupational therapy services
- 2.7. Aspects of assessment/treatment requiring dynamic reasoning and clinical judgement
- 2.8. Analysis and interpretation of assessment findings
- 2.9. Intervention planning and determination of goals and objectives
- 2.10. Selection of treatment strategies or procedures
- 2.11. Modification of an intervention beyond established limits and safety parameters
- 2.12. Referral of a client to other professionals or agencies
- 2.13. Decisions regarding discharge planning
- 2.14. Determinations on the outcome evaluation of the occupational therapy service

3. Implement a Supervision and Communication Plan

The occupational therapist will establish an appropriate supervision and communication plan to monitor the OTA's delivery of occupational therapy treatment components.

Practice Expectations

The occupational therapist will do the following:

- 3.1. Provide ongoing supervision, which may be direct, indirect, or remote.
- 3.2. Clarify and enforce the expectations regarding the frequency of written/verbal progress updates from the OTA.
- 3.3. Establish a communication plan to ensure that the OTA and other team members understand how the OTA is to access information and supports required for the delivery of treatment components.
- 3.4. Request that the OTA immediately ask for support from the occupational therapist when the OTA does not feel competent or lacks knowledge regarding the treatment components.
- 3.5. Arrange for an alternate plan for supervision when the occupational therapist is absent (for example, sick/vacation coverage).
- 3.6. Discontinue the assignment if no occupational therapist is available to provide supervision or to oversee the occupational therapy services (for example, in the event of the occupational therapist's resignation). Assignment of treatment components to the OTA may be resumed if another occupational therapist becomes available to provide supervision.

4. Document

The occupational therapist will ensure that occupational therapy treatment components assigned to the OTA are documented in accordance with COTBC Practice Standards for Managing Client Information and within the employer or contracting organization's documentation and privacy policies.

Practice Expectations

The occupational therapist will do the following:

- 4.1. Document clinical rationale for assigning treatment components to an OTA.
- 4.2. Record the OTA's contact information (for example, name, job title, and employer or contracting organization) within the client record, if applicable to the practice setting.
- 4.3. Document a treatment plan outlining which treatment components are being assigned to the OTA, with expected outcomes of goals and timelines for re-evaluation/discharge.
- 4.4. Document the supervision and communication plan within the client record.

Appendix A: Assignment of Services to Occupational Therapist Assistants

OTs are accountable for the occupational therapy treatment components they assign to occupational therapy assistants (OTAs). Use this checklist to assist you in determining if it is appropriate to assign specific tasks to the OTA. If you answer NO to any of these questions, DO NOT assign the component to the OTA.

Is the treatment component to be assigned within my occupational therapy scope of practice?

YES

Am I competent to perform this treatment component? Do I have the knowledge, skills, judgement, and access to practice supports?

YES

Based on the client status, risk factors, and practice setting, is it appropriate to assign the treatment component to the OTA?

YES

Does the OTA have the knowledge, skills, judgement, collaborative attitude, and resources to deliver the treatment component?
Can I provide the training needed?

YES

Has the client or substitute decision maker provided informed consent to receive service from the OTA?

YES

Has a supervision and communication plan been established? Does the plan include what the OTA does if I am not available?
Does the plan include re-evaluation?

YES

Have the expectations for documentation been established with the OTA?

YES

If you answered YES to all these questions, proceed with assigning services to the OTA.

Adapted with permission from The College of Occupational Therapists of Ontario.

Appendix B: Risk Tool

Use this tool to help assess the risks involved with using OTAs

1

STEP ONE

Identify Potential Risk Factors

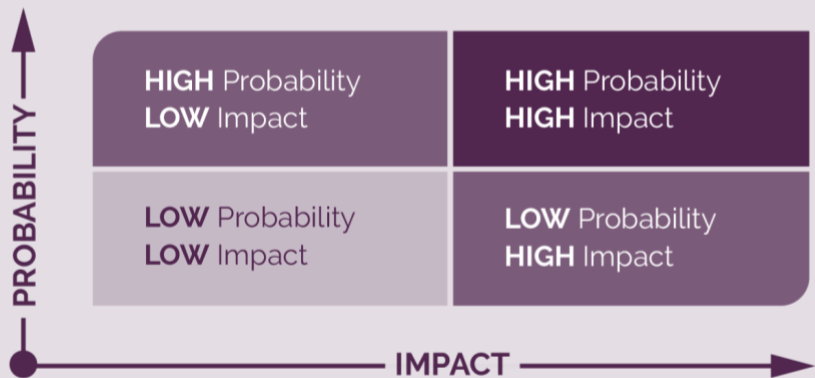
What are the current and potential risk factors?

2

STEP TWO

Assess Risk Factors and Classify Risk of Harm

What is the probability of harm given each factor?
What would be the degree of impact?



3

STEP THREE

Prevent or Control Risks

What measures could I put in place to prevent and manage the risk of harm?

LOW Probability LOW Impact	HIGH Probability LOW Impact	LOW Probability HIGH Impact	HIGH Probability HIGH Impact
Periodic Supervision of OTA	Frequent Supervision of OTA	OTA Assignment may Not be Appropriate	

4

STEP FOUR Continue to Monitor Risk Factors and Revise Plan

What is my plan for continuous monitoring to manage risk?
How am I revising my plan and when?

Risk Factors

OCCUPATIONAL THERAPIST

- Knowledge, experience, skills, competence
- Access to clinical support resources
- Adequate supervisory and communication skills
- Scope of practice
- Working relationship with the OTA

ASSIGNED TREATMENT COMPONENTS

- Complexity of assigned tasks
- Appropriateness of assignment
- Providing culturally safer care

CLIENT

- Ability to direct care
- Capacity for consent
- Decision-making capacity
- Stability and complexity of condition
- Socioeconomic / cultural considerations
- Environmental considerations

OTA COMPETENCE

- Knowledge, experience, skills, competence
- Demonstrated skills and experience with assigned treatment component
- Judgement and ability to recognize change in client status
- Ability to take direction from the occupational therapist
- Communication skills
- Familiarity and comfort with supervision methods
- Working relationship with the occupational therapist

ENVIRONMENTAL CONDITIONS

- Barriers and hazards
- Availability of resources (time, funds, materials, technology)
- Degree of independence or isolation (remote supervision)
- Organizational policies

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