

28 April 2020

Dear COMS,

ACVREP has been receiving many inquiries about managing O&M services differently since the COVID-19 pandemic began.

As you know, remote service delivery presents unique challenges. Technology offers the O&M profession a variety of new ways to make remote service delivery possible, and current social distancing rules provide the incentive to hone our tele-services and develop new professional practices quickly.

The proposed Code of Ethics addresses issues of this nature in Principle 3.7 "The COMS will consider the safety and the best interest of the client, impact on team members, ethical implications of the method based on ACVREP standards, consultation with relevant professionals and jurisdiction regulations".

The Subject Matter Expert Committee met this past week to discuss this challenge and identified key concerns for COMS to consider as follows:

## 1. Managing risk.

While risk assessment is fundamental to any O&M engagement, your ability to evaluate risk might be obstructed though tele-services. Phone calls, verbal descriptions and camera angles may offer less information to the O&M professional than the visual and auditory scope that is usually available when working with a client in person.

These practices can help to maximize client safety:

- a. Be methodical in your risk assessment at the start of every client's program and every session. Give particular attention to the client's risk of falls and risk of collisions. If you deem the risk too great to be undertaken, then suspend the program or session and do some more homework on how best to manage the risk. It is essential to acknowledge that there are lessons that can only be taught in person as this is the only way to minimize risk.
- b. Where appropriate, make and document your risk assessment and conditional recommendations about the client's independence or need for additional supervision and/or support. While conservative recommendations might limit the client's independent travel or O&M activities in the short term, they could be necessary until such time as you or another O&M specialist can observe and confirm the client's abilities in person. As usual, this need for travel restrictions is likely to depend on the client's age, maturity and level of insight, as well as feasibility given the other support options available.

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## 2. Evaluating Instructional Strategies for Tele-services.

Many resources are being developed quickly in the face of COVID-19 and made available on the internet to support O&M tele-services. It is exciting to see this O&M innovation and the generosity of the O&M profession in sharing novel ideas. However, the onus is on the COMS to evaluate the quality of any resource you find, even when it comes from experienced and reputable professionals. Just because the strategy works for others does not mean it will be right for all.

We encourage you to:

- a. Evaluate the resources/information yourself.
- b. Consult with a COMS, check with a colleague, discuss with a parent or other stakeholder in the client's program. Collegial support is important when brainstorming ideas for a client's program. It is also beneficial to debrief after a crucial conversation and to problem-solve.
- c. Evaluate any resources you make available to others and build this evaluation into the resource as you share it.

The COVID-19 pandemic is a sobering time and we need to be sensitive to the grief, interruptions and changes it is forcing on every individual in the community. However, it also provides opportunities for amazing innovation in our profession. ACVREP welcomes this O&M innovation to promote safety and wellbeing as we move forward together with colleagues, clients, professionals and others.

## Sincerely,

## ACVREP COMS Subject Matter Expert Committee

Dr. Laura Bozeman. Co-Chair Erica Ihrke, Co-Chair Brenda Naimy Dr. Molly Pasley Jennifer Urosevic Lauralyn Randles Dr. Nancy Higgins Mathew Hogel Chris Tabb Dr. Kim Zebehazy Dr. Elizabeth (Lil) Deverell Dr. Rob Wall Emerson Nolan Markle Michael Byington Kevin Hollinger, Immediate Past Chair

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