

Assessing Risk During the COVID-19 Pandemic

On November 13, 2020, the Ontario Government released a revised [COVID-19 Response Framework](#). The framework can provide valuable information for an RMT's risk assessment for making decisions about whether or not to proceed with providing in-person treatment. RMTs should only be providing in-person treatment when the anticipated benefits of treatment outweigh risks.

Public Health Ontario (PHO) developed [Considerations for Community-Based Health Care Workers on Interpreting Local Epidemiology](#) to help healthcare workers conduct risk assessments by understanding risk of transmitting COVID-19 and determine whether in-person treatment should be provided or deferred.

When conducting a risk assessment to determine whether in-person treatment should be provided, RMTs should consider the following:

- The province has determined the risk level of each public health unit by using epidemiologic indicators outlined in [Table 1 \(pg. 4\)](#). RMTs should be aware of their public health unit's place in the framework as this reflects the province's analysis of the risk of transmitting COVID-19.
- Whether environmental risks within the practice setting can be controlled. For example, are you in control of infection prevention and control (IPAC) measures, is there an adequate supply of Personal Protective Equipment (PPE)?
- The results of pre-treatment screening for both the client and the RMT.
- Whether the client may be at higher risk of severe outcomes due to COVID-19 infection.
- The potential consequences of deferring in-person treatment, including harm, complications, or other negative client outcomes as well as the need for future acute care resources. Table 2 (pg.6) provides a framework for using a harm-based analysis to decide when it may be best to provide in-person service and when it may be appropriate to defer.

RMTs must consider all of the above when conducting a risk assessment to determine if they should provide in-person care or defer treatment.

For example, an RMT working in a practice setting they do not control (e.g. providing Massage Therapy treatment in a client's home) in an area the province has deemed higher risk (e.g. level red or grey in the COVID-19 Response Framework) may decide to defer treatment for a client

when the potential for client harm if treatment is delayed is mild or low (e.g. a client who requests treatment for a stable chronic condition). In these cases, the RMT may determine that the risk of COVID-19 to the client and the RMT is higher than the benefit of providing in-person treatment.

Alternatively, in the same situation, if the RMT decides there is potential for acute, severe or imminent harm to client if the treatment is delayed (e.g. a client who requests treatment for an unstable chronic condition), the RMT may determine it is appropriate to proceed with providing treatment because the benefit to the client may outweigh the risk of transmitting COVID-19. If proceeding with treatment, the RMT should consider whether additional PPE should be used.

RMTs must remain aware that the risk of transmitting COVID-19 exists across the province.

RMTs providing in-person treatment are expected to follow infection prevention and control practices at all times, in all practice settings. RMTs must also follow and comply with requirements in the [Ministry of Health's COVID-19 Operational Requirements: Health Sector Restart](#); consider the principles of proportionality, minimizing harm to patients/clients, equity, and reciprocity (as defined in the [Chief Medical Officer of Health's Directive #2](#)); and adhere to CMTO's [COVID-19 Pandemic – Practice Guidance for Massage Therapists](#).