



Rancho Los Amigos National Rehabilitation Center
Occupational Therapy and Recreation Therapy Department
Policy and Procedure

**Subject: SUPERVISION OF OCCUPATION
THERAPY PERSONNEL**

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PURPOSE

To communicate the line of supervision of the different categories of occupational therapy personnel. The different categories are: occupational therapists, occupational therapy assistants, rehabilitation therapy technicians, vocational evaluators, driving instructors and clerical staff.

POLICY

1. All personnel who provide occupational therapy treatment are under the direction of a Clinical Manager who is an occupational therapist.
2. Administrative supervision for vocational evaluators and driving instructors is provided by an occupational therapist.
3. Supervision of clerical staff in the Occupational Therapy/Recreation Therapy administrative office is provided by the O.T. Office Supervisor or Director. Supervision of treatment area clerks is provided by the Clinical Managers of the areas or their delegates.

The Clinical Managers assign the workload, monitor quality and timeliness of service delivery, serve as resource in solving immediate problems, focus on staff development and provide ongoing informal feedback as well as formal performance reports to staff.

LEVELS OF SUPERVISION

1. The Clinical Manager is responsible for the delivery of occupational therapy services on specific services and specific clinical programs and ensures compliance to County, Rehabilitation Center, service and departmental policies and procedures.

2. The Occupational Therapist I's, Occupational Therapist II's and O.T. Clinical Specialists supervise the occupational therapy assistants, and/or aides/rehabilitation technicians/ rehabilitation associates who are assigned to work in their areas.

A. They are responsible for delegating work, overseeing the implementation of daily treatment programs of individual patients, orientation and training and contributing to their performance evaluations. They may also supervise occupational therapy interns, and are responsible for their performance evaluations.

B. The occupational therapist is responsible for the occupational therapy assessment of a patient and the development of an occupational therapy plan of treatment.

C. When supervising an occupational therapy assistant, the OT shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the OTA. The OT has the continuing responsibility to follow the progress of each patient and provide direct care to the patient.

No more than two OTAs shall be supervised by an OT at any one time, unless permitted by the California Board of Occupational Therapy to supervise more.

D. When supervising an aide, the OT shall provide direct line of sight supervision when the aide is performing patient-related tasks and shall be readily available _____ at all times to provide advice or instruction to the aide. The OT is responsible for documenting the patient's record concerning the delegated patient-related tasks performed by the aide.

3. Occupational Therapy Assistants: An occupational therapy assistant (OTA) assists in the practice of occupational therapy and works under the appropriate supervision of a licensed occupational therapist.

An OTA may supervise an aide (Rehabilitation Therapy Technician, Rehabilitation Associate, aides).

4. Aides (Rehabilitation Therapy Technician, Rehabilitation Associate): An aide provides supportive services to an occupational therapist (OT) and is trained by an OT to perform, under appropriate supervision, delegated patient and non-patient-related tasks, for which he/she has demonstrated competence.

When performing patient-related tasks, the aide shall be in line of sight of the supervising OT and only perform those tasks he/she has demonstrated competence in. An aide does not document in the patient's medical record.

5. Volunteers work under the direct supervision of departmental staff, (see Departmental P & P No. 218, on "Volunteers").

METHODS OF SUPERVISION

Supervision may include, but is not limited to, any or all of the following: direct observation of patient treatment and other work, review of written documentation of treatment, observation of oral presentation and team interaction in patient rounds and meetings, observation of interaction with patients and their families, review of written assignments, follow-up of delegated tasks, formal and informal supervisory meetings, and feedback from interdisciplinary team members. In addition to ongoing informal feedback, performance evaluations include annual appraisal on job specific Performance Based Evaluation and Competency Assessment as well as the County performance reports.

Director, Occupational Therapy and Recreation Therapy Department

Signature(s) On File