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NSBEP COVID-19 Pandemic Practice Guidelines

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Introduction

The Government of Nova Scotia introduced plans to “Re-Open Nova Scotia” on June 5, 2020. These guidelines provide the requirements psychologists must follow to enable safe practice with pandemic public health measures as a result of COVID-19.

In response to the current environment, the circumstances and requirements asked of health providers when psychologists return to practice may change rapidly. Registrants will need to respond quickly to changes signaled from Government and the NSBEP.

Note to psychologists: These Guidelines are current as of the date of publication and reflect the rules and requirements for psychologists. In the event of a discrepancy between this information and the directives of provincial public health authorities, the directions of the provincial public health authority take precedence.

As regulated health professionals, psychologists are required to:

1. Follow all mandates and recommendations from Public Health and the Government of Nova Scotia regarding your personal and professional conduct. As a regulated health professional, you have a fiduciary responsibility to follow all civil orders that originate from any level of government.
2. Read and adhere to all communication from the NSBEP.

The NSBEP continues to consult with stakeholders, including the Nova Scotia Department of Health and Wellness (DHW) and the Chief Medical Officer of Health (CMOH). The NSBEP exists to protect the public, and these guidelines are created to ensure the health and safety of both the public and psychologists while instilling client confidence as they safely access psychological services.

Please note that although the province may permit businesses to reopen, this is not required. Registrants who believe that this would not be appropriate at this time are free to make their own judgment about when it is in the best interests of the client, the community and themselves to see clients again in person.

The NSBEP continues to recommend that when practical and clinically appropriate in keeping with client's best interest, registrants are encouraged to provide services virtually rather than having clients receive psychological services in person. Physical distancing and other requirements place obvious capacity limitations on in-person practice. A hybrid model allowing individuals who require in-person service to receive it and others to be served via telepsychology may be helpful for continuity of care for the duration of the pandemic.

Requirements

These guidelines include requirements regarding:

1. Determining whether an in-person visit is necessary
2. Screening
3. Hand hygiene
4. Environmental cleaning and disinfection
5. Physical distancing
6. Use of PPE
7. Exclusion or work restrictions during staff illness

These guidelines should be completely reviewed and applied before you open your practice to the public. Psychologists and practice owners are responsible to ensure that staff have read, and are able to ask questions regarding these guidelines. Keep staff informed about public health advice applicable to your office.

Determine if an in-person visit is necessary

Some clients may request, or even insist, on seeing you in person, but that does not professionally or ethically obligate you to offer services face-to-face.

To determine whether telepsychology is a good option for the client, consider these factors:

Does the client have the ability to access telepsychology, and are they able to use it?

If this is ongoing treatment, is the client making progress? Is the next phase in treatment feasible for continuing remotely, or does it require face-to-face contact?

Documentation is key, especially if the client insists on seeing you in person and you don't believe it is safe yet to do so. Record clients' clinical progress, discussions about the benefits of telepsychology, plans for next steps and rationale for why you believe providing services via telepsychology is clinically appropriate.

Keep in mind that psychologists can refuse to see clients face-to-face, especially if they have any vulnerabilities related to age, health condition or cohabitation with others who may have such vulnerabilities. Do not unnecessarily jeopardize your health, the health of your family, your staff, or your clients.

In order for clients to be able to provide informed consent for face-to-face services, they should be made aware of any changes in clinic procedures that would affect their visit as well as the possibility that their name may need to be disclosed if required by contact tracing.

From a mental health standpoint, consider whether a smaller subset of your clients would benefit from resuming in-person therapy, such as those who appear to be worsening or are in acute crisis, and those who need a more intense level of care that is not being met via telepsychology.

If an in-person visit is deemed essential for care, consideration should be given to planning an initial virtual care visit with clients prior to the in-person visit. This will

ensure that clients are only seen in-person for the portion of their care that requires direct assessment or intervention.

Non-medical masks are recommended for individuals in the community while travelling to access health care services and experiencing symptoms or if they will be in close contact with others while symptomatic.

Client screening

Screening for the current presence of COVID-19 symptoms or exposure to someone who tested positive for COVID-19 in the past 14 days should happen prior to any in-office care. Ideally this should be done virtually before the client comes to the office. Clients should also be informed of public health measures within the office space prior to arrival.

Practice staff should collect simple screening information at the time of booking the appointment and again in-person at the time of the client's visit to the practice. People who accompany clients, such as parents, caregivers or companions, must be screened with the same questions as the client, or encouraged not to attend if possible.

Screening questions that must be asked of clients and companions:

1. Do you have current symptoms of COVID-19(see 811 Screening Checklist)?
2. Have you traveled outside of Nova Scotia within the last 14 days?
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)?

A suggested way to screen clients is to have them complete the 811 [Screening checklist](#). If screening is done in another manner, any patient who currently has one or more of the symptoms compatible with COVID-19 should be directed to call 811 to arrange for COVID-19 testing

Clients and/or companions exhibiting symptoms should not receive psychological services at this time and should be directed to call 811.

Signage indicating screening criteria should be posted in a location that is visible before entering the practice.

A registry of all people entering the practice should be kept to aid in contact tracing if required. This would include people in the practice aside from clients (e.g. couriers, guardians accompanying a client, etc). This is not an open sign-in book and should be kept and managed privately by the practice. This registry must be kept while these guidelines remain in place.

If a psychologist encounters a client who has gone through the screening process and enters a treatment room, yet still exhibits signs and symptoms consistent with COVID-19, the psychologist must:

- Establish and maintain a safe physical distance of two meters.

- Have the client complete hand hygiene.
- Provide a new mask for the client to don.
- Segregate the client from others in the practice.
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment.
- Advise the client they should self-isolate and call 811.
- Clean and disinfect the practice area immediately.

Hand hygiene

Hand hygiene is recognized as the single most important infection prevention and control (IPC) practice to break the chain of transmission of infectious diseases, including respiratory illness such as COVID-19.

Hand hygiene can be accomplished by either washing hands with soap and water then drying with single use cloth or paper towels, or using alcohol-based hand sanitizer. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number), with a final concentration of 60-80 percent ethanol or 60-75 percent isopropanol.

A significant component of hand hygiene is not touching your face. In addition to proper hand hygiene, psychologists and staff must also avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with a facial tissue and then disposing of the tissue immediately. When contact with the face or a tissue is made, hand hygiene must occur before resuming any activities in the practice environment.

Hand hygiene is required to be performed by:

- Psychologists when:
 - entering the practice
 - prior to physical contact with a client (if required for assessment or intervention)
 - after physical contact with each client
 - after interacting with materials / objects touched or handled by clients
 - after body fluid exposure or risk of body fluid exposure
 - before donning PPE
 - after donning PPE
 - after doffing PPE
- Staff when:
 - entering the practice
 - before physical contact with a client (if required for assessment or intervention)
 - after physical contact with a client
 - after body fluid exposure or risk of body fluid exposure
 - before donning PPE
 - after doffing PPE
 - after cleaning surfaces

- o after financial transactions or administration of paperwork involving clients
- Clients when:
 - o entering the practice
 - o entering the psychologist's office if the client does not proceed directly to the office upon entering the practice
 - o before and after use of assessment equipment or other office items
 - o prior to processing payment

Environment cleaning and disinfection

Effective cleaning and disinfection is essential to avoid the possible spread of COVID-19, which is spread through contact with respiratory droplets or contact with contaminated surfaces. The COVID-19 virus can survive for differing periods of time depending on the surfaces it lands on. Frequent cleaning and disinfection is necessary to prevent spread of the disease.

Cleaning products remove soiling such as dirt, dust and oils, but do not always sanitize surfaces. Disinfectants are applied after cleaning to sanitize resulting in the destruction of germs.

Read, understand and apply the cleaning standards from the Health Canada guide on cleaning and disinfecting public spaces during COVID-19.

Proper disinfectant products

Staff should be provided access to tissues, no-touch trash receptacles, hand soap, alcohol-based hand sanitizers approved by Health Canada, disinfectants and disposable towels.

Disinfectants with an 8-digit Drug Identification Number (DIN) are approved for use by Health Canada. During the pandemic, only the Health Canada-approved disinfectants with a virucidal claim are appropriate for the elimination of viruses in the practice environment. The disinfectant product manufacturer's instructions must be followed for use, safety, contact time, storage and shelf life.

Alternatively, per NS Dept of Health and Wellness cleaning guidelines, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented, household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.

The frequency of cleaning and disinfection is dependent on the nature of use/contact of the surface/item in question:

- Assessment materials or other equipment or items handled by multiple clients should be cleaned and disinfected after each use as above.
- Commonly touched areas must be cleaned and disinfected a minimum of

twice daily or whenever visibly soiled. Commonly touched areas include but are not limited to: light switches, doorknobs, toilets, taps, handrails, counter tops, touch screens/mobile devices, phones, keyboards, and objects or machines used in treatment

- The payment machine must be cleaned after each client encounter.
- Offer contactless payment methods (i.e., avoid use of cash, cheque), if possible.
- Clipboards that clients contact must be disinfected after each client encounter.
- Pens/pencils used by clients must be disinfected after each client use or be single-use only.
- Limit the exchange of papers. If documents must be exchanged, leave them on a clean surface while maintaining a 2 meter distance.

Required practice environment adaptations

- Books, magazines, toys and remote controls must be removed from client areas.
- Discontinue client-accessible literature displays and directly dispense to clients or move to electronic distribution.
- Self-serve candy dish, baked goods and other open or unsealed consumables should be removed.
- A regular schedule for periodic environmental cleaning must be established and documented.
- Reduce the number of common surfaces that need to be touched (e.g. no-touch waste containers).

Physical distancing

Requirements for managing practice space:

- Physical distancing requirements take priority over occupancy limits.
- Members of the public must be two meters from each other. This applies in the following spaces:
 - o Psychologist offices
 - o Waiting areas - seats must be spaced to maintain two meter distance
 - o Transition areas
 - o People who live together are exempt from this requirement with each other.
 - o Caregivers and companions that are required to attend with clients are exempt from this requirement.
- Non-practice employees and the public must be two meters from each other.
 - o Reception and payment area - If two meters cannot be maintained at reception/payment area, either staff must be continuously masked or the installation of a plexiglass or plastic barrier must occur to protect reception staff.
- The psychologist must be two meters from the public when conversing.
- Reinforce general practices to maintain physical distancing, such as avoiding greetings like handshakes.
- Restrict access to the practice environment to those who must be present,

- including clients, client chaperones or companions, and staff members.
- Occupancy and gathering limits include all individuals in the office, including staff.
 - To aid in physical distancing, give consideration to having clients wait in vehicle or another external area until their appointment time, and text messaging or calling when appointments are ready.
 - Use visual cues (i.e. floor markings) to promote 2 meter/6 feet physical distancing to establish directional flow throughout the office space.
 - When / if possible, additional visitors to the office, such as delivery persons, should be discouraged or scheduled after hours. If possible, delivery packages should be left at the entrance. While storage/meals, etc., will be specific to each practice setting, staff should be encouraged to bring meals from home, rather than going out and returning to the office at lunch or introducing additional individuals to the workplace [i.e., meal delivery services]. If the professional office is in a clinic setting, the use of common areas should be discouraged and minimized [i.e., kitchens] as should sharing of common utensils, plates and drinking cups.
 - Wherever possible, members and staff should refrain from sharing phones, desks, offices and other tools and equipment, or otherwise clean them between shared use, and at the end of the day.
 - Minimize support staff physically in the office. To the extent possible, have support staff work from home, and equip them with the means to do so.
 - Post signage to remind staff/clients to practice good hygiene that is appropriate for the staffs'/clients' age, ability, literacy level and language preferences.
 - Provide increased access to handwashing facilities (e.g., by placing hand sanitizer dispensers in at office entrance, entrances to individual practitioner offices and at reception desk) and ensure accessibility for staff/clients with disabilities or other accommodation needs.
 - Identify a space where staff or patients can be isolated from others if they have symptoms of COVID-19.
 - Offices that have ancillary services within their clinic should consider pre-booked appointments and other measures to maintain public health requirements for physical distancing.
 - Cleaning and sanitizing information is available at <https://novascotia.ca/coronavirus/staying-healthy/#clean>

Managing the practice schedule:

- Ensure that booking practices (duration of treatment visits and number of clients in the practice at any given time) comply with ongoing CMOH directives on group gatherings and occupancy limits.
- This includes ensuring booking practices enable physical distancing between clients during treatment sessions and provide adequate time to clean and disinfect practice equipment between clients.
- When scheduling, give consideration to dedicated and/or off-hours treatment for high risk populations (e.g., those who are medically or otherwise compromised, or who reside with other people who may be medically at risk)

Personal Protective Equipment

Personal protective equipment (PPE) is an essential element in preventing the transmission of disease-causing microorganisms. If used **incorrectly**, PPE will fail to prevent transmission and may facilitate the spread of disease.

Staff and practitioner PPE

If healthcare workers are providing direct client care, wear a surgical/procedure mask continuously, at all times, and in all areas of the workplace if they are involved in direct physical contact with a client or cannot maintain adequate physical distancing from clients and co-workers. This recommendation is to further limit the exhalation/droplet spread of the healthcare worker, further limiting the risk to clients and co-workers.

PPE requirements

- Surgical or procedure masks are the minimum acceptable standard.
- Psychologists should be masked at all times while providing service, if they cannot maintain a physical distance of two meters or a plexiglass partition does not separate the practitioner and client during the provision of service, or are with a client who has symptoms compatible for COVID-19.
- All other staff must be masked when a physical distance of two meters cannot be maintained or a plexiglass partition does not separate the staff person and client.
- Guidance regarding age of use is that masks should not be worn by those under 2 years of age. Information regarding appropriate use of non-medical masks may be found through the Public Health Agency of Canada's website.
- Consideration should be given to the use of a non-medical mask by anyone in situations when exposure to crowded public spaces is unavoidable and consistent physical distancing is not possible.
- Health care professionals may want to consider non-medical mask use for clients and accompanying support persons as a requirement in the office setting.
- Information regarding appropriate use of non-medical masks may be found through the [Public Health Agency of Canada's website](#).

One mask may be used for the entire work shift, but must be discarded and replaced when wet, damaged or soiled, when taking a break and at the end of the day. N95 respirators are not required. Cloth masks are not advised to be worn by staff or psychologists as they are not approved for health-care settings.

Supply Chain Issues

In the event of supply chain issues related to PPE, psychologists should be prepared to use non-medical grade masks. Supply chain issues could be related to Public Health orders to secure adequate supplies for the public health system, or market conditions. If non-medical grade masks are used, the mask must meet the current recommendations of Public Health

at the time they are used. Public Health's recommendations for laundering must also be met.

Clinic Clothing (if it applies, e.g., direct client contact, play therapy, etc.).

Clean clothes must be worn by the practitioner and staff each day.

If the practitioner and staff drive directly from their home to the clinic, no change of clothes is required. However, if they stop at other locations new clean clothes will be required in the event clothes become soiled/exposed.

Clothes worn in the clinic must not be worn in public afterwards.

Practitioners and staff must change into different clothes at the end of their shift.

To clean clothes worn in the clinic, wash clothing in hot water (above 60°C) with regular laundry soap.

Client provision of PPE

Practices are not required to provide surgical masks for clients. However, psychologists may choose to provide masks for clients (this may be a non-medical grade mask, but should meet Public Health Guidelines). There may be rare exceptions to this. These cases must be evaluated carefully by the psychologist. If a psychologist chooses to provide masks for clients, the psychologist or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.

Please note: a non-medical mask should not be considered PPE.
(PPE is for the protection of the wearer. NMM is for the protection of the other person.)

Exclusion or work restrictions in the case of staff or psychologist illness

Staff and psychologists must self-screen for symptoms before arrival at work with the same symptom screening questions used for clients. If screening is positive, staff and psychologists must not come to the practice.

Screening questions that must be asked with staff and psychologists

1. Do you have current symptoms of COVID-19(see 811 Screening Checklist)?:
2. Have you traveled outside of Nova Scotia within the last 14 days?
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)?

Psychologists should regularly check the 811 [Screening checklist](#) for updates on current symptoms of COVID-19.

Per the CMOH, if a psychologist/staff develop symptoms of COVID-19 in the workplace they

must immediately apply a surgical procedure mask and be excluded from work. The individual must be directed to call 811 to arrange for COVID-19 testing. Self-isolation must occur if an individual is awaiting test results or tests positive. If test results are negative, the worker may return to work , when symptoms are resolved and as long as the individual is not deemed a close contact of a positive case.

This requirement is subject to change and psychologists are expected to stay up to date with the directives of the CMOH. Psychologists are reminded that employers may also set requirements for return to work, so long as those requirements are not less stringent than those established by the CMOH. There may also be work environments not fully referenced in these guidelines that require more stringent requirements (e.g., in-home visits) than suggested in this document in which case employers should be approached for additional guidance that meets requirements of the CMOH.

All workplaces must develop a workplace illness policy, as per the Government of Nova Scotia's requirements.

Approved June 4, 2020
Revised June 30, 2020 (Supplementary Revisions section)

Resources

General

- [Nova Scotia's Novel Coronavirus \(COVID-19\) Disease Health System Protocol](#)
- [NSBEP Telepsychology Guidelines](#)
- [Information Updates for NSBEP Registrants During COVID-19](#)
- [Canadian Psychological Association COVID-19](#)

Screening

- [Screening checklist](#)

Hand hygiene

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- Nova Scotia Coronavirus Resources - [How to Hand Wash](#)
- Nova Scotia Coronavirus Keeping Hands Clean - [How to Use Alcohol-based Hand Rub](#)

Environmental cleaning and disinfection

Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
[COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities](#)
[Nova Scotia Cleaning and sanitizing information](#)

Personal Protective Equipment

- [AHS Provided: Personal Protective Equipment \(PPE\): FAQs](#)
- [Nova Scotia Donning/Doffing Mask Poster](#)
- [AHS Provided: For Healthcare Workers: How to Wear a Mask](#)

Exclusion or work restrictions during staff or psychologist illness

- [Screening checklist](#)
- [COVID-19 assessment tool for health-care workers](#)
- [COVID-19 information: Workplace Guidance for Business Owners](#)

Supplementary Revisions

- [ASD Assessments](#)

Supplementary Revisions (June 30, 2020)

Autism Spectrum Disorder Assessments

The Chief Medical Officer of Health, Dr. Strang has approved making an exception to the PPE requirements for ASD assessments as they cannot be validly completed with COVID-19 related adaptations (e.g., masks, no sharing materials, plexiglass). ASD assessments may now be completed without requiring masks or other PPE and without needing to maintain physical distancing. In addition to following all other guidelines, psychologists proceeding with these assessments are expected to use their clinical judgment regarding the need for the assessment, use appropriate informed consent of the risk with clients, parents or caregivers, and maximize procedures they follow with respect to sanitizing.