

Navigating Psychological Practice During and Post the COVID-19 Pandemic

DRAFT MAY 2020



Practice
Guideline

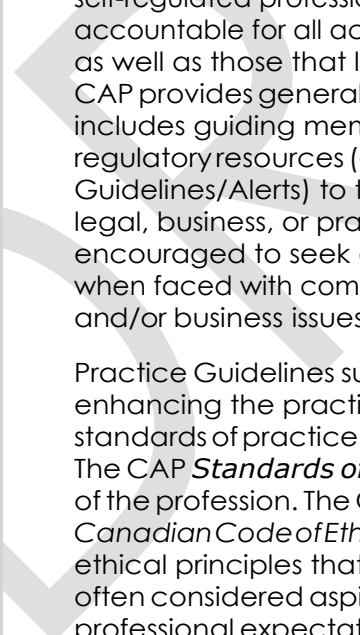


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Role of the College of Alberta Psychologists



The role of the College of Alberta Psychologists (CAP) is to protect the public and maintain their confidence by ensuring that all psychologists engage in competent, skilled and ethical practice. To this end, CAP establishes, adopts and implements good character criteria, academic (and related) requirements for entry to the profession, standards of practice, codes of ethics, and ethical decision-making principles. As a self-regulated profession, psychologists are ultimately responsible and accountable for all activities they engage in as a regulated member as well as those that link to and reflect upon the profession. As such, CAP provides general clinical and ethical guidance to members, this includes guiding members in identifying, interpreting, and applying regulatory resources (e.g., Legislation, *Standards of Practice*, Practice Guidelines/Alerts) to their practice situation. CAP does not provide legal, business, or practice specific direction. All psychologists are encouraged to seek additional expert subject matter consultations when faced with complex clinical, technical (practice or ethical), legal and/or business issues.

Practice Guidelines support CAP's primary public protection role by enhancing the practice of psychologists through the integration of standards of practice and ethical principles to specific subject areas. The CAP *Standards of Practice* outline the minimum expectations of the profession. The Canadian Psychological Association's (CPA) *Canadian Code of Ethics for Psychologists* establishes the foundational ethical principles that underpin the profession of psychology. While often considered aspirational in nature, they may also reflect minimum professional expectations like practice standards and form the basis of discipline-related actions.

This Practice Guideline is specifically designed to educate psychologists about navigating psychological practice during and post the COVID-19 Pandemic.



Introduction

Registered psychologists and registered provisional psychologists (“psychologists”), like all healthcare providers, have a professional and ethical responsibility to prevent and control the spread of COVID-19. It is the expectation of the College of Alberta Psychologists (CAP) that regulated members follow the guidance of the Chief Medical Officer of Health (CMOH), the [Public Health Act](#), and the [Health Professions Act](#) at all times, and particularly during the declared public health state of emergency. This includes encouraging staff, students of the profession, and volunteers to do the same. All psychologists are obligated to follow [CMOH Order 16-2020](#) and must comply with the Workplace Guidance for Community Health Care Setting attached to Order 16-2020 as Appendix A, to the fullest extent possible when providing a professional service. This is in addition to CAP’s *Standards of Practice* (2019) and the Canadian Psychological Association’s *Canadian Code of Ethics for Psychologists* (2017).

Psychologists are recommended to remain aware of and follow all guidelines and Orders from the Government of Alberta Health authorities which are subject to change. Psychologists employed in hospitals, health authorities, and residential care facilities must comply with the directions of their employers as well as Alberta’s Chief Medical Officer of Health (CMOH). Please click [here](#) for current up-to-date information on COVID-19 from the Government of Alberta.

Psychologists are essential service providers in Alberta. As such, psychologists are currently permitted to provide direct services to patients. However, a majority of psychologists have appropriately shifted their practices to providing patient services through distance technology.

At present, psychologists are advised to continue to offer services through distance technology but may continue to provide face-to-face services when it is safe and effective to do so. As psychologists consider the shift back to increased face-to-face services, the following guidelines are designed to mitigate any ongoing health risks to anyone who attends at their location for services. Psychologists are also recommended to review the guidelines published [here](#) for guidance on return to work considerations.

Psychologists, as scientist-practitioners, employ the best available empirical evidence in all aspects of their practices. This professional guidance document is designed to assist in decision-making with respect to the assessment of risk, monitoring, and mitigation of COVID-19. Psychologists have a professional responsibility to their patients and society as healthcare leaders to role model responsible caring in all relationships. Psychologists who practice risk mitigation strategies in both their personal and professional lives are participating in the prevention and control of COVID-19.

Psychologists also have a professional responsibility to practice collaboratively. This includes recognizing the expertise and skills of others. Psychologists are also required to exercise competence in all areas of their practice. CAP defines competence as knowledge, skills, judgment and diligence. Psychologists must competently demonstrate that they are able to reasonably navigate both the current and post COVID-19 pandemic environment in all aspects of their practice.



Knowledge

Psychologists are responsible for developing prevention and risk mitigation strategies that are appropriate to their particular practice area(s) and the demographics/nature of populations served. As the scientific knowledge and public health guidance evolves in real time, psychologists are required to keep up-to-date and apply the best available evidence. Psychologists are ultimately responsible in their compliance to federal and provincial Public Health Orders. Awareness is considered to be the first step in prevention and psychologists must take all reasonable steps to prevent and control the spread of COVID-19. What follows are critical websites:

[Alberta Health Services](#)
[Government of Alberta](#)
[Public Health Agency of Canada](#)
[Centres for Disease Control and Prevention](#)

According to the U.S. Centres for Disease Control (April 15, 2020):

Coronaviruses are a large family of viruses that are common in humans and in many different species of animals, including camels, cattle, cats and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with SARS-CoV, MERS-CoV, and not SARS-CoV-2.

Published early reports suggest spread from person-to-person most frequently happens during close exposure to a person infected with COVID-19.

Person-to-person spread appears to occur similar to other respiratory viruses, mainly via respiratory droplets produced when an infected person speaks, coughs or sneezes.

These droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs. Although not likely to be the predominant mode of transmission, it is not clear the extent to which touching a surface contaminated with the virus and then touching the mouth, nose, or eyes contributes to transmission. Recent experience with outbreaks in nursing homes has reinforced that residents and HCP with COVID-19 frequently do not report typical symptoms such as fever or respiratory symptoms and some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these and other healthcare settings.

There is currently no vaccine to prevent COVID-19 and it is anticipated that it may take more than 24 months to develop. As such, the risk for COVID-19 is likely to be present for the foreseeable future. Therefore, investment in long term infection prevention and control measures may be worthwhile. The best recommendation to date to prevent COVID-19, is to practice good hygiene and avoid being exposed to the virus. Currently COVID-19 is believed to be primarily spread from person-to-person contact.

How it Spreads:


- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (within about 2 Metres).
 - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.
 - Older adults and people who have severe underlying heart or lung disease or diabetes seem to be at higher risk for developing serious complications from COVID-19.

Pre-Screening Prior to Direct Service

- Psychologists are to pre-screen, by telephone, any patients to whom they intend to offer in-person services. Psychologists should also implement screening practices for patients upon arrival at appointments. Even when patients show up in-person after phone pre-screening, staff should screen patients upon entry to assess for symptoms. If any of the following questions are answered in the affirmative, the psychologist is to continue to only offer services through distance media:

- Have you travelled internationally or to known locations with high infection rates?
- Have you been in close contact and without protective Personal Protective Equipment (PPE) within the past 14 days with someone with a confirmed positive or presumptive diagnosis of COVID-19?
- Have you displayed any of the following listed symptoms known to be related to COVID-19., i.e., Do you have current symptoms of COVID-19 such as:
 - A fever?
 - A new or changed chronic cough?
 - A sore throat that is not related to a known or pre-existing condition?
 - A runny nose that is not related to a known or pre-existing condition?
 - Nasal congestion that is not related to a known or pre-existing condition?
 - Shortness of breath that is not related to a known or pre-existing condition?

- Patients should also be encouraged to self-assess using the [online self-assessment tool](#) developed by Alberta Health.
- Psychologists are to clearly post signage of the aforementioned screening criteria.
- Psychologists are to exercise their clinical judgment and also consider the following contexts in deciding whether to offer in-person services to patients:
 - The patient has, or those who live with the patient have, prior medical



condition(s) that may place them at higher risks were they to contract COVID-19 (e.g., diabetes, lung diseases/conditions, heart diseases/condition, compromised immune system, etc.).

- ☐ The patient expresses considerable anxiety at the prospect of attending in person.
- ☐ The service can just as easily be conducted through distance technology as in person.
- ☐ If, after pre-screening, the patient is comfortable and provides their informed consent for in-person services at your location you may consider offering the patient face-to-face services. Offers of direct/in-person services continue to require a patient's informed consent prior to providing services, as well as, upon any significant transitions/disruptions of service.
- ☐ A psychologist is to exercise their clinical judgment to prioritize which patients may be offered direct services. This prioritization should include consideration of aspects of:
 - ☐ The severity/urgency of the patient's needs.
 - ☐ The patient population served (e.g., children, group).
 - ☐ The type and modality of service that is required.
 - ☐ Any extenuating circumstances or concerns expressed that may be relevant to the situation.
- ☐ Patients who report symptoms consistent with COVID-19 are to be directed to contact Health Link 811.
- ☐ Patients who report symptoms consistent with COVID-19 are to be directed to contact Health Link 811.

- ☐ Psychologists, staff/coworkers, or volunteers who themselves present with any symptoms related to COVID-19, must self-isolate and cannot offer any in-person services as per [CMOH's Order 05-2020](#). These requirements must be followed regardless of whether or not the individual has been tested for COVID-19.
- ☐ If a psychologist encounters a patient who has gone through the screening process and enters a psychological practice, yet still exhibits signs and symptoms consistent with COVID-19, the psychologist must:
 - ☐ Segregate the patient from others within the clinic.
 - ☐ Establish and maintain a safe physical distance of two metres.
 - ☐ Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment unless the service is deemed emergent.
 - ☐ Have the patient complete hand hygiene before leaving.
 - ☐ Provide a new mask for the patient to don and send the patient home immediately in a manner that reduces the possibility of public contamination.
 - ☐ Advise patient to complete the [online self-assessment tool](#) once they have returned home.
 - ☐ Clean and disinfect all surfaces and areas with which they may have come in contact.
 - ☐ Immediately assess and record the names of all close contacts of the symptomatic patient. This information will be necessary if the symptomatic patient later tests positive for COVID-19.

Exceptions

Where a symptomatic patient requires in-person care that cannot be delayed, the following should apply:

- Additional Infection Prevention Control (IPC) precautions (contact and droplet precautions) and PPE (eye protection, gloves, and gowns) may be required depending on assessment and care that is needed for that particular patient.
- Provide the patient with a surgical/procedural mask.
- Consider dividing the time and providing virtual services even if an in-person visit is needed, in order to minimize the in-person time required.
- Spread out appointments between other patients so they do not encounter each other in the waiting/office area.
- Engage in thorough cleaning practices between each patient.
- Psychologists should not attempt to continue face-to-face services with patients who present with signs and symptoms of COVID-19 unless there is no alternative and the patient is in crisis.
- Psychologists are required to call Health Link (811) to receive guidance if they are aware of a patient who has visited their clinic within the last 14 days and is now testing (or has tested) positive for COVID-19.



Judgment

Virtual Platforms

Prior to engaging in face-to-face services, or providing services via a virtual platform, psychologists should use professional judgment to determine what service delivery modality is in the patient's best interests. Psychologists are advised to pre-screen all patients prior to the provision of face-to-face services. As noted above, increased physical and social contact has a direct relationship with the risk for exposure and transmission of COVID-19.

Psychologists should become familiar with the plethora of secure virtual platforms available and consider their application as one means of mitigating the risk for COVID-19. This is particularly important as a future wave of COVID-19 is expected.

Psychologists should explore the following resources to guide their current and future use of virtual platforms:

[American Psychological Association \(APA\) Telephone Psychotherapy: Ensuring Patients have Access to Effective Care](#)

[APA Connecting with Children and Adolescents via Telehealth during COVID-19](#)

[APA How to do Group Therapy Using Telehealth](#)

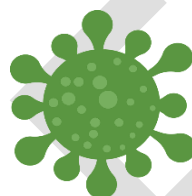
[APA Informed Consent Checklist for Telepsychological Services](#)

[College of Psychologists of BC Telepsychology Services Checklist](#)

Self-Monitoring/Awareness

Psychologists are recommended to follow similar procedures to the above in their private lives as well, by engaging in self-monitoring practices and to cease practicing for the recommended timeframes if they:

- ☐ Have travelled internationally or recently visited known locations with high infection rates.
- ☐ Have been in close contact and without protective PPE within the past 14 days of someone with a confirmed positive or presumptive diagnosis of COVID-19.
- ☐ Have displayed any of the following listed symptoms known to be related to COVID-19 (i.e., current symptoms of COVID-19) such as:
 - ☐ a fever
 - ☐ a new or changed chronic cough
 - ☐ a sore throat that is not related to a known or pre-existing condition
 - ☐ a runny nose that is not related to a known or pre-existing condition
 - ☐ nasal congestion that is not related to a known or pre-existing condition
 - ☐ shortness of breath that is not related to a known or pre-existing condition.
 - ☐ clients/patients should be encouraged to self-assess using the [pre-screening tool](#) developed by Alberta Health



Skills

Cleaning and Washing Your Hands

Psychologists should follow appropriate hand washing hygiene before and after each patient as well as throughout their day. See Alberta Health Services for appropriate [hand washing practices](#). Hands should be washed often with soap and water for at least 20 seconds after being in a public place, or after coughing, or sneezing, or touching common surfaces. If wearing gloves, hands should be washed prior to and after the use of gloves. Psychologists must ensure that hand hygiene among their staff/coworkers and volunteers has been performed before touching any equipment; clean and disinfect any shared healthcare equipment (e.g., wheelchairs, walkers), in accordance with the manufacturer's instructions, and clean and disinfect any shared client equipment (e.g., testing equipment, laptops).

If soap and water are not readily available a hand sanitizer that contains at least 70% alcohol should be used. Psychologists should have a hand washing/sanitization station for all who enter their office. Psychologists should avoid touching their eyes, nose, and mouth after washing their hands and should encourage their patients do the same. Patients should have access to alcohol-based hand sanitizer as they enter the site and be encouraged to use it. Psychologists should maintain an adequate supply of soap. Paper towel, toilet paper, hand sanitizer and other supplies where necessary



Cleaning and Disinfecting Your Work Environment

Psychologists must routinely clean/wipe high touch surfaces between patients such as tables, doorknobs, bathrooms, countertops, keyboards/touch screens, testing equipment and furniture. Psychologist must communicate to the appropriate staff, regarding the need for enhanced environmental cleaning and disinfection and ensure it is happening. Soap and water or another detergent should be applied before using a household disinfectant. Use gloves then follow the instructions of all disinfectants to ensure effective and safe use. If alcohol solutions are being used, they must contain at least 70% alcohol.

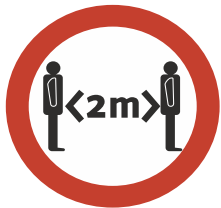
Diluted bleach solutions may be used if manufacturers instructions are followed. They should be immediately rinsed to prevent any additional health risks.

Follow manufacturer's instructions for cleaning soft surfaces such as cloth furniture, carpeted floors, rugs, and drapes, or consult with Alberta Health Services Infection Prevention and Control (care@albertahealthservices.ca). Disinfectants may be applied as per manufacturer's instructions. Launder items according to the manufacturer's instructions with the warmest appropriate setting. Dry items completely and disinfect clothes hampers. Wash hands prior to and after doing laundry.

Sanitization of Surfaces

Psychologists are to take the following precautions when considering the sanitization of their practices as they increasingly offer face-to face services:

- ☐ Use alcohol-based hand sanitizer and disinfectants that have a Drug Identification Number (DIN) or Natural Product Number (NPN) issued by Health Canada and use them in accordance with label instructions. Look for an 8-digit number (normally found near the bottom of a disinfectant's label).
- ☐ Use disposable equipment where possible.
- ☐ Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas or objects prior to and following every patient visit. This would include a particular focus on surfaces or objects touched by patient or psychologist's hands such as doorknobs, pens/pencils, test materials, cups, all kitchen areas and appliances, copier buttons, phone handsets, handrails, arm rests on chairs, washrooms, etc.
- ☐ Given the shortage of possible supply of appropriate hand sanitizers that meet the Alberta Health standards as appropriate, where possible, offer hand washing stations with soap and encourage the use of such stations upon entry and prior to exit at each session.
- ☐ Post signage near an available washing station on the appropriate [hand washing practices](#).



Physical Distancing

[CMOH Order 07-2020](#) prohibits gatherings of more than 15 people, however this does not prohibit healthcare settings from having more than 15 staff in a workplace. Limiting the number of people you come into close contact with is critical to physical distancing. By reducing the number of people/patients psychologists come into close contact with (less than 2 metres) in their personal and professional lives the risk for COVID-19 is less.

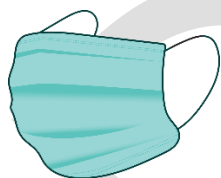
Psychologists should place 2 metres between patients, staff, and volunteers in waiting rooms and between themselves and patients, staff, volunteers in offices. Psychologists may consider restricting the number of staff, volunteers, and patients in the office setting at any one time. Psychologists are recommended to use appropriate healthcare provider PPE when a minimum of 2 metres separation cannot be maintained. You can request PPE by clicking [here](#). Psychologists who are at an increased risk for droplets because of the nature of population being served or the type of service being provided should also consider the use of eye protection, gowns, and gloves. Psychologists should consult Alberta Health Services resources for the proper application and disposal of PPE.

Cloth masks are recommended when going out in public but only for those over the age of two and who can remove the mask if required. They are

not recommended for individuals who have trouble breathing. Cloth masks are intended to protect others not the individual wearing the mask. They require appropriate application and cleaning.

- Psychologists are to consider all areas of their practice space for maintenance of physical distancing requirements. This includes the waiting area and seating arrangements, common areas, and patient service areas. Efforts should be taken to ensure that the minimum safe distance of 2 metres (6 feet) is observed by all patients and staff within a psychologist's practice setting. This might entail the following practices:
 - Rearrange seating or block off seating to ensure people stay the minimum distance apart.
 - Eliminate or re-structure non-essential gatherings (e.g., meetings, training, etc.) of staff and volunteers.
 - Marking the minimum distance between public and frontline receptionists/staff (if any) and asking that patients respectfully observe this distance.
 - Consider staggering or alternating patients that are seen directly/in-person with those seen via distance-based appointments to minimize the risks of patients coming into physical contact.
 - In offices where there are no or small waiting areas, consider asking patients to await their appointments in their vehicles until they can be messaged to arrive after a prior patient has left and sanitation of the space has occurred.
 - Eliminate any common areas and common use objects (e.g., magazines, child play areas and toys, etc.).

- ❑ Limit the number of people in shared spaces (such as lunchrooms) or stagger break periods.
- ❑ Arrange office settings so patients may sit at the minimum safe distance during a session.
- ❑ Post signage on observing minimum safe distances with others, or consider taping markers at 2 metre distances.
- ❑ Limit hours of operation or setting specific hours for at-risk patients.
- ❑ Ensure that booking practices (duration of treatment visits and number of patients in the practice at any given time) comply with ongoing [CMOH Order 07-2020](#) directives on group gatherings and occupancy limits.



Personal Protective Equipment (PPE)

All psychologists and their staff providing direct patient care or working in patient care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct patient contact or cannot maintain adequate physical distancing (2 metres) from patient and coworkers.

The rationale for masking of staff providing direct patient care is to reduce the risk of transmitting of COVID-19 from individuals both in the asymptomatic and symptomatic phases of COVID-19. Any staff who do not work in patient care areas or have direct

patient contact are required to mask at all times in the workplace if a physical barrier (e.g., plexiglass) is not in place or if physical distancing (2 metres) cannot be maintained.

N95 masks and full PPE is not routinely required unless performing Aerosol Generating Medical Procedures (AGMP). Psychologists, staff, and volunteers providing care to any patient with symptoms suggestive of COVID-19 must do a point of care risk assessment and utilize the appropriate PPE for protection.

For more information refer to [Government of Alberta Health Care Setting PPE Guidelines](#).



Aerosol Minimization

Psychologists are to consider the following to help minimize the possible impact of aerosol spread (i.e., coughing, sneezing, etc.) from person-to-person in an office setting:

Coughing and Sneezing

Psychologists should cough and sneeze into a Kleenex or their elbow. They should encourage patients to do the same. Psychologists should have both Kleenex and appropriate disposal containers readily available throughout their office. Hand sanitizer should be immediately applied after coughing and/or sneezing.

Psychologists should avoid touching their face and encourage clients to do so in the office environment.

- Consider placing plexiglass shields or other transparent barriers between front/ reception staff and where patients wait for appointments. If 2 metres 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 public and the reception staff.
- PPE are also required for all persons when providing services in a space where the minimum safe distance cannot be maintained.
- PPE are required, even in cases when symptoms are known to be non-COVID-19 related (e.g., allergies, asthma, chronic non-COVID-19 lung or sinus conditions, had symptoms but had confirmed negative COVID-19 test, etc.). This is due to the report that asymptomatic individuals can still be capable of disease transmission and possible risk of false negative test results.
- Psychologists are encouraged to contact the [Government of Alberta](#) to request PPE in office settings should these be necessary. Psychologists should advise their patients prior to attending in-person sessions that they will be wearing PPE and provide reasons to avoid any patient discomfort.
- Psychologists must observe proper procedures for donning and doffing PPE as per [Alberta Health guidelines](#).
- Encourage patients and staff to practice regular handwashing/hand sanitization.
- Place [signage](#) in the office that promotes safe practices when coughing or sneezing to avoid transmission.



Diligence

Protecting Supervisees, Staff, and Volunteers

Psychologists are required to demonstrate careful and persistent work or effort to meet the spirit and intent of all federal and provincial public health orders. Psychologists are also required to ensure that all supervisees, staff, and volunteers do the same. Psychologists must take steps to seek out additional information if uncertain of any aspects of current federal and provincial public health orders.

Communication Related to COVID-19 for Staff and Volunteers

- Encourage staff and volunteers to remain up to date with developments related to COVID-19
- Remind staff and volunteers about available social and mental health supports during this stressful time and encourage them to use these resources
- Notify staff and volunteers of the steps being taken by the workplace to prevent the risk of transmission of infection, and the importance of their roles in these measures
- All non-essential travel outside Canada should be cancelled, as per the Government of Canada's travel advisory.
- Post information on the following topics in areas where it is likely to be seen by staff, volunteers, and patients:
 - Physical distancing
 - Hand hygiene (hand washing and hand sanitizer use); and
 - Help limiting the spread of infection.

- ❑ At a minimum this includes placing them at entrances, in all public/shared washrooms, and treatment areas.
- ❑ When possible, provide necessary information in languages that are preferred by staff and volunteers. Downloadable posters are available at the following link: <https://www.alberta.ca/prevent-the-spread.aspx#toc-6>


COVID-19 Specific Workplace Considerations

- ❑ Prepare for the possibility of increases in absenteeism due to illness among staff, volunteers and their families
- ❑ Psychologist employers are encouraged to examine sick-leave policies to ensure they align with public health guidance. There should be no disincentive for staff or volunteers to stay home while sick or isolating.
- ❑ Changes to the Employment Standards Code will allow full and part-time employees to take 14 days of job-protected leave if they are:
 - ❑ required to isolate
 - ❑ caring for a child or dependent adult who is required to isolate
- ❑ Employees are not required to have a medical note when required to isolate due to COVID-19 symptoms.
- ❑ To enable quick contact with employees, community health care settings should maintain an up-to-date contact list for all staff and volunteers, including names, addresses and phone numbers.
- ❑ For the purposes of public health tracing of close contacts, employers need to be able to provide:
 - ❑ roles and positions of persons working in the workplace;
 - ❑ who was working onsite at any given time;

- ❑ names of patients in the workplace by date and time; and
- ❑ names of staff members who worked on any given shift.
- ❑ Where feasible, a barrier (e.g., plexiglass) should be installed to protect reception staff. (The reception staff would likely be responsible for screening clients/patients, accepting payment, rebooking appointments, etc.)
- ❑ Minimize the need for clients/patients to wait in the waiting room (e.g., possibly by spreading out appointments, and/or having each client/patient stay outside the clinic until the examination room is ready for them and then call in, by phone preferably)

Screening

- ❑ If a staff member or volunteer has travelled on essential business outside of Canada, [CMOH's Order 05-2020](#) requires individuals who have returned from travel outside of Canada to be in isolation for a minimum of 14 days.
- ❑ If an individual becomes sick during the 14 day isolation period, they should remain in isolation for an additional 10 days from the start of symptoms, or until the symptoms resolve, whichever is longer.
- ❑ Community health care settings should implement active daily screening of staff, volunteers and clients/patients for symptoms of cough, fever, shortness of breath, runny nose, and sore throat.
- ❑ Staff and volunteers should complete health assessment screening upon arrival.
- ❑ Clients/patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments and upon arrival.
- ❑ Where patients present in-person without phone screening, staff should screen patients upon entry to assess for symptoms.
- ❑ Emphasize that any staff or volunteers who are sick with COVID-like symptoms such as cough,



fever, shortness of breath, runny nose, or sore throat, **MUST NOT** be in the workplace.

Staff, Volunteer, or Patient Diagnosed with COVID-19

If a staff member, volunteer, or patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, AHS will be in contact with your office to provide the necessary public health guidance. Records/contact lists will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic. Psychologists need to work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance.

Duty To Report Patients and Colleagues

A psychologist should not report an individual simply for having COVID-19. They must however make a report if they are aware that an individual with a diagnosis (or symptoms) is acting in a manner that is likely to cause transmission or if an individual is not complying with the Alberta Health mandatory measures to stop the spread of COVID-19.

How to Report

If a psychologist has reason to believe that the patient, despite being notified of the need to take such precautions, is acting in a manner that may be injurious to public health or where the patient's actions may have already caused an increased risk of transmission, they are obligated to report the individual to the Medical Officer of Health. Complaints should be made online by [clicking here](#).

Reporting a Psychologist or Other Health Care Professional

If a psychologist has confirmed that another regulated member is continuing to provide professional services despite having been diagnosed with COVID-19, or after returning from international travel without first self-isolating as required by mandatory public health

directives, they must:

- ☐ Report the regulated member to the Medical Officer of Health online.
- ☐ Report the individual to the Complaints Director of their respective regulatory college.

Future Planning

As the pandemic wanes, psychologists will need to take stock of lessons learned and will need to prepare for any future public health emergencies. Considerations will include:

- ☐ Replenishing supplies, including cleaning and disinfecting supplies, gloves and (potentially) masks.
- ☐ Re-evaluating the mode of service delivery in light of services offered.
- ☐ Developing competence to support future services (e.g., continuing education in telehealth or distance-based services).
- ☐ Reviewing clinic policies and procedures including clinic layout, booking practices, billing practices (including fees for missed appointments), patient screening practices and evaluating what worked well and what did not.

QUESTIONS?

For public health guidance, please contact the [Government of Alberta](#).

For psychological practice guidance, please contact CAP's professional guidance department at: guidance@cap.ab.ca.