

Providing in-person community care during COVID-19: Guidance for Registrants from the College of Psychologists of BC

Date: May 15, 2020

The following guidance has been developed collaboratively by BC Health Regulators with expertise and direction provided by the Provincial Health Officer (PHO), the BC Centre for Disease Control (BCCDC) and WorkSafeBC. It is intended for all registrants in community practice. It is applicable for the duration of the COVID-19 pandemic.

Note: This guidance reflects the best evidence available at this time and it will change as required to reflect updates in our understanding of the virus and its transmission.

I. Overview

During COVID-19, registrants of the College of Psychologists of BC were directed to suspend in-person services and to provide virtual care whenever possible except for rare circumstances that met exceptions as specified by the PHO.

With recent announcements from Premier John Horgan and Dr. Bonnie Henry, registrants can begin to resume in-person practice in a way that promotes safe care to patients/clients and continues to prevent the spread of the virus. As this new normal is being defined, registrants will have to adjust how they deliver care, conduct business, and attend to physical environments to ensure best infection and prevention control practices. In some cases, the ongoing use of digital technology to provide virtual care may still be a very good, or the preferred, option.

This document is intended to assist registrants in their decision-making regarding their services. All registrants must take the time to review this document and the reference documents cited within it in order to ensure compliance with safe practice adjustments for community practice.

The BCCDC has developed interim guidance for registrants who work in outpatient and ambulatory care settings which has been approved by the Provincial Health Officer. The College expects registrants to read this guidance and follow the expectations for infection prevention and control as they resume work in community settings. Registrants who work in multi-profession settings should actively engage with the other health professionals to ensure appropriate collaboration and consistency in prevention and control practices.

While in-person services are permitted to resume on **May 19, 2020**, there is no requirement that they do so by this date. We remind registrants that the PHO and CPBC are **not** directing registrants to begin to provide in-person services at this time. Registrants are expected to continue to use their professional judgement to determine their readiness to resume in-person services, their compliance with PHO/BCCDC/Worksafe BC guidelines, and the appropriateness of providing in-person versus remote psychological services on a case by case basis.

II. Guiding principles and assumptions

The following guiding principles and assumptions are foundational for reintroducing health-care services in the context of COVID-19:

1. All registrants will follow the guidance, expectations, and direction provided by the PHO.
2. Registrants employed by hospitals, health authorities, and long-term care facilities should refer to guidance provided by their employers and the PHO.
3. The direction in this document pertains to the delivery of care outside of the settings listed above, including, but not limited to, private practice clinics, private mobile or community-based practices, and school-based practices.
4. Some services can be safely and effectively provided virtually. Other services require in-person visits including direct client/patient care. *College Code of Conduct* standards apply, regardless of whether services are provided virtually or in-person.
5. Wherever possible, physical distancing shall be maintained during the delivery of care.
6. In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the client/patient and the health care provided.
7. The Registrant is accountable and is the person best positioned to determine the need for, and urgency and appropriateness of, in-person services.
8. Registrants are expected to follow the directives and recommendations provided by BCCDC and WorkSafeBC in determining any need for PPE, and also to act to conserve PPE through its judicious use.
9. Registrants must consider if they are the most appropriate health-care provider to address the client's/patient's needs, and make referrals when this is in the client's/patient's interest.
10. Registrants must not recommend unproven therapies for treating COVID-19.
11. Registrants must not prescribe or offer any COVID-19 treatments or therapies if infectious diseases are not within their scope of practice.
12. Registrants are accountable to provide clear, honest, transparent communication regarding their policies and procedures related to COVID-19.

III. Prioritization of patient care services

When services resume registrants may face difficult decisions regarding which clients/patients to see and the prioritization of service provision. The registrant is accountable for prioritizing access to in-person services based on clinical judgment and with consideration given to the client/patient perspective and the referral source. When determining priority for in-person care, registrants should reflect upon the following considerations:

1. acuity of the client/patient's condition
2. functional impairment or impact of the condition on health-related quality of life
3. the impact of not receiving services (e.g. delayed access to resources and support due to inaccessibility of a psychological assessment)
4. appropriateness of service provision via virtual care
5. necessity of services which can **only** be provided in-person
6. duration of client/patient wait times for care

IV. Ongoing pandemic best practices

Public health officials have indicated that COVID-19 is expected to continue to circulate in the general population for an extended period. As such, ongoing measures to control the spread of the disease are anticipated, including requirements to practise physical distancing of at least two metres (six feet) and increased screening for signs, symptoms and risk factors for COVID-19.

Registrants must:

1. Adhere to all BC Centre for Disease Control (BCCDC) and BC Provincial Infection Control Network (PICNet) guidance regarding infection prevention and control measures applicable to the practice environment, including PPE use where required and environmental cleaning best practices to enable safe practice.
2. Adhere to all BCCDC and WorkSafeBC guidance regarding occupational health and safety exposure control plans to ensure a safe work environment for staff. This includes robust policies, procedures and organizational cultures that ensure no employees associated with the practice attend work when they have symptoms of illness.
3. Registrants are reminded that if they are exhibiting signs of COVID-19 or respiratory illness, including cough, runny nose or fever, they **must not** provide in-person care and should not be in attendance at clinics or other practice settings where other staff and clients/patients are present.
4. Follow BCCDC and WorkSafeBC guidelines for self-isolation when an employee is sick with any respiratory illness, support access to primary care provider assessment and testing, and provide sick-leave support where possible until symptoms have resolved and it is safe to return to work.
5. Implement COVID-19 screening practices for clients/patients:
 - The BC CDC has on its website a self-assessment tool, developed with the BC Ministry of Health. The tool helps to determine whether a person may need further assessment for COVID-19 testing by a healthcare provider.
 - Clients/patients can complete this assessment for themselves or the assessment can be completed by someone else on behalf of the client/patient.
 - Registrants may wish to use this tool as a screening measure for clients/patients as well as themselves and clinic staff: <https://bc.thrive.health/covid19/en>
 - Clients/patients should also be encouraged to make use of COVID-19 resources by calling 811 or visiting healthlinkbc.ca.
6. If client/patient screening reveals risk factors for COVID-19, or symptoms of COVID-19, where reasonable, defer services until signs and symptoms have resolved.
7. The College does not expect any registrant to provide services unless, in their professional opinion, it is safe to do so for both clients/patients and staff.

V. Personal protective equipment

Use of PPE in the practice environment should follow the directives and recommendations provided by BCCDC and WorkSafeBC. BCCDC has general PPE information found at [PPE](#) which should be updated next week. Please check the BCCDC site regularly for any updates.

VI. Informed consent

The CPBC advises all registrants that they must, as part of obtaining informed consent, ensure that clients/patients who participate in in-person psychological services are advised of, and provide their acknowledgement of, the registrant's obligation to provide contact information to appropriate health authorities for contact tracing when required. This situation could arise when a registrant tests positive for COVID-19, when the client/patient tests positive for COVID-19, or when another client/patient who has attended the same physical space or any other contact of the registrant has tested positive for COVID-19.

VII. Resources

1. Practice standards and guidelines

- *CPBC Code of Conduct*
[http://www.collegeofpsychologists.bc.ca/docs/sept1/Schedule%20F%20\(Code%20of%20Conduct\),%20Sept%201,%202014.pdf](http://www.collegeofpsychologists.bc.ca/docs/sept1/Schedule%20F%20(Code%20of%20Conduct),%20Sept%201,%202014.pdf)
- *CPBC Practice Support Checklists*
<https://collegeofpsychologists.bc.ca/registrants/practice-support/>

2. BCCDC

- *Personal Protective Equipment* <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
- *Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings* http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf

3. WorkSafeBC

- *Health Professionals: Protocols for Returning to Operation*
<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/health-professionals>
- *In-person Counselling: Protocols for Returning to Operation*
<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/in-person-counselling>

VII. FAQs

1. I would like to offer in-person service to those clients who want it and continue virtually with the others. Is this ok?

In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the client and the health care provided. The registrant is responsible for considering the risks of in-person service and the appropriateness of telepsychology service in each case. In the event the registrant determines in-person services are warranted, the registrant is also accountable for prioritizing

access to in-person services based on clinical judgment and with consideration given to the client perspective and the referral source. Client preference alone cannot be the determining factor.

2. I am anxious about returning to in-person services as I (or a family member) have personal risk factors that make me vulnerable if I were to become infected. What should I do?

All registrants are obliged to consider what is in the best interests of their clients. If any personal matter interferes with a registrant's ability to provide care that is in the best interests of any client, there are Code standards that apply. Standard 3.27 requires registrants to refrain from accepting or continuing psychological work in any area if they know or should know there is a substantial likelihood that a personal problem will prevent them from fulfilling obligations and commitments or from performing in a competent manner, or will otherwise cause harm. In the case of a new client, if the best interests of the client are served by a service a registrant is not comfortable providing, then the registrant should not accept the client.

In the case of an existing client, registrants must consider the best welfare of the client in additional ways. For example, is it necessary to consider risks versus benefits of changing service providers during the course of treatment or an assessment? Standard 3.6 requires registrants to make or recommend a referral to other resources when this is in the best interests of the client. Standard 4.2 requires informed consent for services, including informing the client of all appropriate significant information concerning the service. This would include that another form of service is recommended. Standard 5.2 requires registrants to give a truthful, understandable, and appropriate account of the client's condition to the client, and the client's right of freedom of choice regarding services. Standard 13.6 requires registrants to document various information, including issues related to informed consent.

3. After reading through all guidance I realize that I still need to make decisions on a case by case basis regarding whether I provide services in-person or via telepsychology. Does this have implications for my record keeping?

Code Standard 18.1 requires all registrants to maintain current working knowledge of applicable laws, professional standards, and policies, and to conduct themselves consistently with these requirements. As PHO guidance evolves over the course of the COVID-19 pandemic, registrant practices and decision-making may evolve as well. Standards 7.19 and 13.6 specify requirements related to documentation. Standard 13.6 in particular requires registrants to include in the record various pieces of information, including relevant information pertaining to the substance of services. Decision-making regarding each case in the context of evolving guidance, such as whether to defer a service or to proceed via telepsychology or in-person, is important information that will provide a context for the other elements of the clinical record. Standards 3.18 and 11.11 specify requirements related to the disclosure of limitations to opinions, and registrants must also include statements of any limitations, if relevant, such as may arise due to the modality of service provision, in their record keeping.