



Nova Scotia Board of Examiners in Psychology

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COVID-19 Return to Work Guidelines FAQ

As promised, to support the [Return to Work Guidelines](#) approved by the Chief Medical Officer of Health, NSBEP has developed a Frequently Asked Questions document and intends to provide updates to this document on a regular basis. If you do pose a question, please be aware that we may not be able to provide an individual response, but please check the updates for an answer to your question.

- Q. My question is, as a non-private practice psychologist, do I need to ensure that my organization considers all these points when developing their own guidelines?**
- A. It would be the responsibility of each organization to ensure that they have guidelines in place that meet Public Health Guidelines. It is not a requirement of the psychologist in this case to ensure that their employer implements the information from NSBEP. This document was in response to the need of regulators to develop guidelines for those explicitly named in the Emergency Order (private practices) that were prohibited from completing in-person care for elective and non-emergency care. With that said, you are certainly welcome to share them with the organization if you feel they would be helpful.
- Q. Does direct client contact refer to in person sessions in which clients are 6 feet from therapist and, or divided by plexiglass?**
- A. No.
- Q. What does worn in public mean? Does this mean walking or bicycling home in the same clothes? Can one stop for gas (especially if about to run out before reaching home) if one pays at the pump?**
- A. Worn in public refers to coming in direct contact with others without being able to physically distance properly. These activities should not pose a problem provided one does not enter into any building on the way and maintains physical distancing.
- Q. Is a change of clothing a concern for all psychologists or those working with children in play therapy, etc. or in fields such as OT or Physio?**

A. The concern relates to those psychologists having direct contact with clients, e.g., play therapy.

Q. Can we require (and presumed to be responsible) for clients washing or sanitizing their hands?

A. This was required by the Chief Medical Officer. In his letter of approval Dr. Strang noted *“As regulated private health care providers, you are responsible to not only operate in accordance with the Proposal, but also have an obligation to ensure your clients / patients comply with them.”* In the context of the pandemic, the Board views such required public health measures to be in line with protection of vulnerable persons and society.

Q. Is there an expectation of NSBEP that practices provide psychologists with a minimum level of mask (e.g., at minimum surgical)?

A. It is not a requirement where psychologists can physically distance or have a plexiglass partition. However, private practices may choose to provide masks for psychologists and clients.

Q. Can I use a waiver to protect me or my clinic from a client who wants to hold me responsible if they are exposed to or contract COVID-19 as a result of attending my clinic?

A. The Board is aware that such a waiver was proposed by for use by psychologists by a liability insurance company. The waiver had been posted on the CPA website and was subsequently taken down and replaced with a consent form. The waiver read, in part, “A best practice would be to consider having your client/patient sign a waiver acknowledging they will not hold you and/or your clinic, employees or agents responsible if they are exposed to and/or contract COVID-19 as a result of attending at your clinic/office/facility.” The document went on to suggest that psychologists consider their professional and ethical obligations prior to implementing a waiver into their practice. NSBEP **does not endorse** the use of a waiver as a “best practice”. Requiring clients, as a condition of service, to sign away their rights to pursue redress resulting from their contact with a psychologist raises significant ethical concerns, especially with respect to Responsible Caring. Furthermore, refusing treatment to clients who do not want to sign away their rights is not in the best interest of clients and the Board does not endorse such practice. Instead, registrants who are seeing clients in person might want to, in addition to following all public health expectations to minimize risk, clarify as part of the informed consent process that if they choose to proceed with in-person services, it is impossible to guarantee freedom from virus exposure. Here is the URL of the CPA webpage currently housing the consent form:
<https://cpa.ca/corona-virus/covid-19-member-messages/#bms>

Q. What about the furniture our clients sit in?

A. The guidelines were reviewed and approved by the Chief Medical Officer. Public Health did not recommend specifically adding in furniture. However, the guidelines do state the following:

Reduce the number of common surfaces that need to be touched (e.g. no-touch waste containers).

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

Some psychologists are choosing to cover furniture with a material that can be easily disinfected or replaced between clients (e.g., plastic wrap, etc.) or replacing it with a type of furniture that can be easily disinfected.

Q. Government has further loosened some restrictions for reopening. How will this affect psychologists?

A. The direction of Government is that we must continue to follow the Guidelines that have been approved by the Chief Medical Officer. They will advise us when they allow changes to guidelines, but for now Government have advised that the current Guidelines approved for each regulated health profession remain in force. Should there be a change in any of the guidelines we will be informing registrants.

Q. I'm aware that we need to keep a private attendance record in case there is a need for contact tracing, does this private attendance record have to be submitted to the relevant health authorities in full or do I as the clinician contact each client individually to inform them of a potential/actual Covid-19 instance in the office? The reason I ask is that I want to ensure that each person is making as full an informed choice as possible if they engage with in-person sessions.

A. Public Health would be responsible for contacting individuals in such a case where there was possible exposure to COVID-19 identified, not the practitioner. If it is necessary for Public Health to request this record from the practice, the record would need to be provided to them. Akin to other provinces, Public Health has the legal authority in matters and would be handling contact tracing.

Q. Autism spectrum disorder assessment was halted (across the province) as they would be invalid using COVID-19 related adaptations (e.g., masks, no sharing materials, plexiglass). We are completing COVID-19 screening 2-3 days prior to every assessment, then again on the day of the assessment, and practicing continual hygiene/sanitizing within our offices (e.g., materials, tables, etc.). Can an exception be made for ASD assessments?

A. The Chief Medical Officer of Health, Dr. Robert Strang has approved making an exception to the PPE requirements for ASD assessments. We were advised that Dr. Strang does not need to review an amended set of guidelines, but rather this can be issued as supplementary direction from the regulator. NSBEP would expect that psychologists proceeding with these assessments would follow all other guidelines, including using their clinical judgement regarding the need for the assessment, using appropriate informed consent of the risk with parents/caregivers, and maximizing procedures they follow with respect to sanitizing.

Q. As part of the screening process, clients, clinicians and staff are asked if they have travelled outside of Nova Scotia and if they say yes, they are not permitted to attend the office until self-isolating for 14 days. Given the Atlantic bubble, should this question be changed?

A. The screening question asking about one travelling outside of NS should be amended to ask if one has traveled outside of the provinces that are part of the Atlantic bubble. With respect to this question, it would apply to whatever bubble NS is in involved in. It will be important for everyone to maintain awareness of what bubble NS is in and apply the question accordingly. On September 14th, the NS Government amended the requirement so that rotational workers are allowed to attend healthcare appointments with a regulated health professional, where in-person treatment is required. A rotational worker is someone who has a set schedule where they alternate between living in Nova Scotia and working outside the province. The changes are only for rotational workers who are residents of Nova Scotia who travel to another province or territory in Canada to work. They do not apply to rotational workers who work outside of Canada.

Q. Regarding the announcement that was made on July 24, 2020 regarding mandatory masks in public spaces in the province, will NSBEP be providing further guidance regarding the wearing of masks in a private practice?

A. Under the new ruling from the province, decisions on whether to require the patrons/clients to wear masks inside the private business setting has been left to discretion of the private business (practice). Private practices already have to follow strict requirements approved by the Chief Medical Officer via NSBEP's existing COVID-19 Return to Work Guidelines. NSBEP's position, since the Guidelines were approved, has been that masks could be worn by anyone in the private practice, but masks inside the practice are not mandatory unless physical distancing or plexiglass separation is not possible.

Q. Does the waiting room of the psychologist's practice office constitute a public space in relation to the mandatory mask announcement?

A. Not if the waiting room is part of the space rented or owned by the psychology practice. However, the rules for waiting areas described in NSBEP's existing COVID-19 Return to Work Guidelines still apply. Under the July 24th ruling, any public spaces used by the client on the way to the private practice office would require the wearing of masks, (lobby, elevator, public hallways and common areas, etc.)

Q. I read that personal services businesses are required to have all patrons masked. Wouldn't this apply to a psychology private practice?

A. No, psychology private practices are not considered personal services businesses. This description includes businesses such as hair and nail salons, spas, body art facilities.

Q. If, as a result of the announcement on July 24, 2020, everyone inside of the practice chooses to wear masks, does this impact other requirements?

A. No. Choosing to wear a mask does not supersede requirements of the NSBEP COVID-19 Return to Work Guidelines for private practices, which have been approved by the Chief Medical Officer.

Q. If a psychologist discovers that a client, who should be self-isolating, is choosing not to do so, is there a duty to report?

A. The obligation to report under law would be the same as at any other time; however, we are not aware of specific legal requirements to report because of COVID-19. Provincial legislation pertaining to public health (NS Health Protection Act), does outline certain healthcare professions that should report, but it does not appear to have a requirement for psychologists to report.

Clients, however, should be encouraged to self-identify and seek medical advice as to how to proceed.

There are a number of pieces of legislation that pertain to Public Health (e.g. Quarantine Act- federal, NS Health Protection Act) that members of the profession could refer to.

The privacy legislation is also relevant. In general, the Personal Health Information Protection Act (PHIA), and other Privacy legislation such as FOIPOP, would generally suggest a duty to maintain client privacy and the confidentiality of client health information unless required by law to act otherwise. This is congruent with the Canadian Code of Ethics for Psychologists and NSBEP Standards of Practice in general.

As you will note from the above, there does not appear to be any legal requirement for reporting. From an ethical point of view, the dilemma of course is protection of the public versus respect for the individual. If, for example, it was known that a person who had been diagnosed with COVID-19 was planning on attending a small gathering unmasked, then it would be appropriate to utilize the CPA decision making tool.

Ethically speaking, the Code and the other NSBEP Guidelines generally expect members to abide by prevailing laws, and we would refer members to the following exceptions to confidentiality from the Code:

I.45 Share confidential information with others only to the extent reasonably needed for the purpose of sharing, and only with the informed consent of those involved, or in a manner that the individuals and groups (e.g., couples, families, organizations, communities, peoples) involved cannot be identified, except as required or justified by law, or in circumstances of possible imminent serious bodily harm. (Also see Standards II.42, IV.17, and IV.18.)

An individual psychologist may determine the above criteria is met in a specific case, but the Board has not come to any global conclusions that failure to self-isolate triggers the need to breach confidentiality.

Should there be a change in legislation requiring mandatory reporting it is advisable to seek legal consultation.

We also point out that NSBEP advice on this matter is not intended to be a substitute for legal consultation. For legal advice on specific situations, please speak to your own lawyer or contact the pro bono legal hotline of your professional liability insurer.

Last Revised: September 10, 2020