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Face to face working in the time of COVID-19: considerations for clinical psychologists

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Context and Background

Many different guidelines have been produced by the government and by professional organisations, yet none seems to fit exactly for clinical psychologists and the ways in which we work. The nature of our work poses particular challenges when trying to define or adapt COVID-19 working guidelines. In this document we try to gather the most relevant advice and information as of August 2020. If you are in Scotland, Northern Ireland or Wales, please look at the guidelines for your national region.

This guidance has been developed by a group of clinical psychologists and neuropsychologists and a Public Health physician and in consultation with the specialist indemnity insurance company Howden.

This document is informed by the features of infection transmission, which are what underpin the contact tracing stipulations. In these, a person coming into contact with someone who has COVID-19 either within 2 metres for more than 15 minutes, or within 1 metre for 1 minute or longer is considered to be at high risk of infection and must then isolate for 14 days. In our type of work, as in all everyday activities, it is important to remember that approximately 30% of people with COVID-19 are asymptomatic (1) and one recent trial in the UK has found that 69% of people testing positive had no symptoms at the time of testing (2).

COVID-19 symptoms and transmission

Current NHS and WHO guidance describes the main symptoms of COVID-19 as including a new, continuous cough, a high temperature and a loss of, or change to, sense of smell or taste (3, 4). Anyone who has one or more of these must get a swab test and isolate until the result is known.

The Centers for Disease Control and Prevention (CDC) note that people with COVID-19 have had a wide range of symptoms. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills (a fever = a temperature of 37.8C or higher)
- Changes in or loss of taste or smell
- New persistent cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle, joint or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting

- Diarrhoea
- Rash
- Sore eyes

COVID-19 spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. However, there have been reported outbreaks of COVID-19 in some closed settings where people may be shouting, talking, or singing. In these outbreaks, aerosol transmission cannot be ruled out - particularly in indoor locations that are crowded and/or inadequately ventilated, where infected persons spend long periods of time with others. More studies are urgently needed to investigate such instances and assess their significance for transmission of COVID-19. Clinical psychologists should take seriously the risk of aerosol transmission of the virus.

There are multiple factors related to the transmission of COVID-19 including viral load and shedding, the amount of viable virus shed, droplets expelled, contact with others and infection control procedures used. Evidence is also emerging of the virus being present in urine and faeces.

Testing

Swab tests are available for anyone who has symptoms of COVID-19. These can be booked via the NHS website or by calling 119.

Antibody tests are available from private organisations, and for some NHS staff. There is no robust evidence yet available to indicate that once you have had COVID-19 you will develop long lasting immunity. The results of antibody tests should be therefore interpreted with caution.

The working environment

The NHS in England has made the wearing of face masks mandatory for all staff, patients and visitors to hospital and clinical settings. However, some clinical psychologists may feel that wearing a mask may make some types of therapeutic and assessment work difficult or unfeasible, such as work with children, people with hearing loss, those who cannot tolerate masks or where the nature of the psychological difficulty may be exacerbated by a face covering. Some types of therapy for emotional or relationship issues that depend on the fine nuances of interpersonal communication may be hard to do while wearing a mask. You will need to consider each individual client's situation carefully, for example in terms of mental health issues, as to whether to return to face to face working or not. Clients will vary greatly in their response to the remote environment and the extent to which it works for them.

Some psychologists may work in rooms without fresh air ventilation or even without any windows at all, and some may have a consulting or clinical space that does not allow a minimum of 2 metres distancing. Even where a distance of 2 metres is achievable, there are questions about an accumulation of viral shed within the single room space because of the length of time we spend with individual clients and perhaps families (5). Other considerations include the number of clients being seen in one day, and the ability the clinician has to clean the room between clients. In some specialties (such as medico legal work) clinicians may see multiple new (non-repeat) clients (as opposed to having a reasonably static client list), putting them at risk due to exposing themselves to a greater range of unknown people and people from multiple households. The number of contacts people have from outside their immediate household is directly related to the risk of infection if no mitigation is used.

For those who work in NHS settings including inpatient wards, both psychiatric and medical, please consult your organisation's Infection Control and Occupational Medicine departments for guidance as applied to the specific nature of our work.

Remote working for clinical psychologists is often a very reasonable approach, and is working well for many psychologists. It may be that a thorough risk assessment would conclude that this method of working should continue for the majority of clinicians. However, some clinical psychologists may not be able to work in this way, such as those undertaking neuropsychological testing and those working with certain client groups. For these clinicians, a thorough risk assessment must be undertaken prior to undertaking this work and the correct mitigation measures observed by both client and clinician.

The situation and infection rates are changing rapidly. Local lockdowns and adjustments to restrictions may be necessary at short notice. Travelling to a workplace and meeting people indoors may become restricted with only a day's notice. Psychologists will need to adopt agile and flexible working practices. If you have decided to return to face to face working be prepared to have contingency plans, such as switching quickly to online or telephone sessions.

It is a legal requirement for all businesses to complete a risk assessment before resuming trade. If you are self-employed (or employ fewer than 5 people), you do not legally have to produce a written risk assessment. However, it would be considered good practice to have a document to demonstrate that you have undertaken a risk assessment, which you can share as required.

Ultimately, all psychologists have a duty to ensure that they are aware of applicable health and safety legislation, and that any relevant safety policies

and procedures are in force and acted upon at the workplace, such as incident reporting. Furthermore, psychologists must establish safe environments for practice, which minimise risks to service users, those treating them and others. This legal requirement is clearly documented in the HCPC standards of proficiency (6).

Practical Considerations

Clinical psychologists must use their professional and clinical judgement to assess what is safe, reasonable and effective practice for themselves, their clients and the wider community, considering the context of their work during the COVID-19 pandemic.

Consider the number of clients to see

The government recommends that working safely in the workplace involves remaining in set teams as much as possible, in order to minimise the number of different people you come into contact with on a daily basis (7).

A recent research paper (5) recommends that, if possible, workers should be divided into groups ('cohorts') consisting of fewer than 5 members. While it is noted that this particular paper is not yet peer reviewed, it would be sensible to limit the number of clients you are actively seeing face to face, and to think carefully before introducing new people into the 'cohort'.

Prepare your clients

Explain to your clients about COVID-19 and why special precautions are needed at this time: to protect them, to protect professionals working with them (including you) and to protect the community.

Provide information in a form they can understand and check their understanding. Ensure that they understand that they should not attend an appointment if:

- They have any symptoms of COVID-19
- Anyone in their household has COVID-19 symptoms
- They or anyone else in the household are in self isolation due to exposure to COVID-19.
- They have recently returned from abroad and should be in quarantine

Discuss with the clients whether to attend if they or anyone in their household are in a higher risk group or falls under the shielding category.
Ensure that they understand and consent to being seen by their psychologist wearing PPE, and that they too will wear appropriate PPE.

Ventilation

The Health and Safety Executive (HSE) observes that good ventilation will reduce the risk of the spread of COVID-19. Where possible fresh air should be maintained and increased with the opening of doors and windows. For psychologists this advice may not be possible to implement due to confidentiality issues.

Air conditioning can be used and the risk of the spread of COVID-19 through this route is low provided there is a supply of fresh air and ventilation. As noted previously, this is not always possible for psychologists, and the HSE advises that wherever possible fresh air ventilation is to be used instead of air conditioning (8). Air conditioners that recirculate used air should be turned off.

The lack of available ventilation should be a consideration for psychologists undertaking risk assessments, particularly if they will be wearing PPE which may cause feelings of heat and risk discomfort.

Waiting areas

Waiting areas should not be used and if necessary must be cordoned off or shut. Only one client should arrive at a time, no earlier than five minutes before the appointment time. Clinics where more than one psychologist is working should make sure that arrivals are staggered. If clients are minors or require a carer to attend, then the carer should also be fully informed of the risk to themselves, complete a risk assessment and be prepared to attend wearing PPE. Only one parent, family member or carer should attend with the client, and then only if entirely necessary. If it is unavoidable that more than one additional person attends with the client, you should carry out a full risk assessment and consent process with each person coming to the session.

What PPE should I use for face to face working?

The correct PPE worn for face to face working will depend on the circumstances in which you are seeing a client, including the size of the room you are working in, whether you can ventilate the room, whether you are likely to come into physical contact with the client or with something they have touched (which may be the case for neuropsychological assessments) and whether you are working in your own clinic room or in the client's own home.

Although a multitude of guidance has been produced on PPE and use of face coverings in different settings, the context of face to face psychological therapies and counselling is not explicitly named in any of them and so is open to some interpretation. People working within NHS organisations including inpatient healthcare settings must follow their organisation's policies

on infection prevention and control. In addition to the guidance produced by Public Health England (PHE) on PPE recommendations in outpatient settings, the government has now introduced regulations for the public on the wearing of face coverings in a number of settings. From 8 August 2020, these have been expanded to include premises providing 'professional services' which could be interpreted to include settings where clinical psychologists work. In addition, the guidance strongly advises the wearing of face coverings in all indoor settings (outside the home). A range of exceptions apply to this legislation, where circumstances might mean that for health, age or equality reasons wearing a face covering is not advisable. Face coverings are not compulsory for employees of indoor settings although their use should be considered when appropriate and other mitigations are not in place. The work of clinical psychologists could be seen to fall under these exemptions.

We have included here the most recent (as of August 2020) PHE recommendations for different environments. Please remember that the guidelines may change across the United Kingdom as time goes on.

PHE recommendations in outpatient settings

The British Medical Association states that wearing masks by staff and face coverings by the public will play a role in preventing the spread of infection so that clients can attend practices without fear of contamination.

The government recommendations for PHE in outpatient clinics can be found here. (9) There is also a clear illustrated guide to PPE in community and outpatient settings here. (10)

The government recommendations state that clinicians in mental health settings should use:

- A single-use IIR fluid-resistant mask (this can be used sessionally and changed when there is an interruption in duties)
- Single use disposable gloves
- Single use disposable plastic apron – only required if you are in direct contact or likely to be touching the client or shared equipment, or with a client who is coughing
- Face/eye protection (single or sessional use)

As a minimum, a mask that fits well is strongly advised, even if you are working at a distance of 2 metres or more. If you are working within close proximity, a mask is very important, but it should be noted that it will not exempt you or your clients from self-isolation in terms of the contact tracing requirements. Remember that a mask is only as effective as the way in which you are taking it on and off ('donning and doffing'). Where possible, you should avoid

adjusting or touching the mask unless you are putting it on or taking it off, and you should wash your hands or use hand sanitiser before either of these actions. (11)

You should not wear your mask by one ear, below your nose, on your forehead or chin. It should either be covering your nose and mouth, or not worn at all.

A visor, face shield or eye protection can be used in addition to a mask, but should not be used without a mask. A visor on its own is not advised as it does not protect against respiratory transmission. It may protect the mucous membranes of the eyes but as sole protection is not recommended. A Perspex 'splash' screen will only offer adequate protection in this length of consultation if it is sealed on all sides to the wall, a base and the ceiling. Stand-alone screens in the middle of the room or on a desk will not offer sufficient protection.

You and your client might want to practise wearing a mask prior to your session. Ideally you will be used to wearing the mask for as long as a usual session will last. Clients can be helped to get used to wearing a mask if they have anxiety or worries about face coverings. Appendix 3 contains an infographic that could be used with clients to help with mask anxiety. Clinical psychologists are ideally placed to use cognitive behavioural therapy, ACT and systematic desensitisation approaches to overcome such concerns.

PHE recommendations for home visits

Identify and minimise who will be present in the room or household.

Plan entry and use of space in the home in order to ensure that social distancing can be maintained throughout your visit.

The government recommendations state that clinicians visiting people in their own homes should use:

- A single-use IIR fluid-resistant mask
- Single use disposable gloves
- Single use disposable plastic apron
- Face/eye protection (single or sessional use)

Recommendations for group work

Some clinicians may need to run groups that cannot be coordinated remotely, although running groups via video link should seriously be considered in the first instance.

Group work should only be undertaken where there is a clear rationale for not being able to see the clients in any other way. If you cannot avoid seeing people in a group use rooms that have appropriate ventilation, and which are large enough for chairs to be spaced according to social distancing regulations.

Appropriate PPE should be worn by all attending the group, according to your risk assessment. It may be necessary to remind participants about social distancing during breaks, and before and after the group. People may need to have staggered arrival and leaving times, and clear guidance about how to avoid proximity in stairwells, corridors, doorways and toilet areas. Do not use waiting areas. Participants should only arrive at the directed times.

Recommendations for neuropsychology work

Some neuropsychological assessments cannot be undertaken remotely. You should refer to the manufacturer, publisher or author of the assessment materials in order to ascertain whether it is reasonable to undertake an assessment via video. Where the manufacturers are stating the tests can be used via video assessment the clinical psychologist needs to be aware that there may not be a normal comparison sample to compare findings to and as such their interpretation of data collected in this manner is compromised.

Some assessments, such as the Autism Diagnostic Observation Schedule (ADOS) will not be interpretable if they have been administered remotely or using a mask.

It is acknowledged that neuropsychological testing may be essential and need to be done face to face. In this instance it is recommended that time in the clinic is reduced as much as possible by completing remote interviews before the testing session and breaking testing sessions down into serial assessments over several sessions (as would be routine with large test batteries).

When carrying out testing appropriate PPE as per your risk assessment can and should be worn. In addition to masks clients may need to wear disposable gloves when manipulating testing materials as some are made of card and cannot be cleaned. If they are not able to wear gloves, ask them to wash their hands before touching the testing kits.

Social distancing can and should be maintained. Use of tools such as QInteractive can facilitate distanced administration of most tests. Where Q interactive cannot be used the clinician should give consideration to setting out testing tools before the client attends. For example, this may mean holding the administration booklets at a distance or placing score sheets in front of the client's seat before he or she enters the room, for instance.

Practical considerations such as hearing and eyesight need to be considered when employing socially distanced testing.

Where social distance cannot be maintained, a detailed risk assessment needs to be undertaken. You should document fully why the testing is being done and if the benefit of testing actually outweighs the risk of potentially contracting COVID19 for you, the client and their wider family networks.

Clients must be fully informed of the risk of attending and provide their consent. After the assessment all tools should be fully cleaned with disinfectant wipes; laminating materials can help with this process.

Summary of Guidance on Face Coverings

In short, although guidance on the use of face coverings and other PPE exists for both healthcare settings and non-healthcare indoor settings, the context of psychological therapies is not explicitly mentioned and therefore could be considered to fall under either set of guidance. Therefore, in practical terms, the decision to wear PPE will be based on an individual risk assessment of the particular circumstances. Although it may be possible to maintain a distance of 2 metres or greater in a well-ventilated room while consulting, the fact remains that the work will still represent a number of indoor face to face contacts (often for up to or more than one hour) with people from outside the household or immediate usual working cohort. Evidence increasingly shows that risk of infection decreases with physical distance maintained from other but also with the wearing of a mask or face covering.(13)

Accepting that there are a number of features of the work of clinical psychologists that make the wearing of masks and face coverings less than ideal, face coverings still likely represent the best method of mitigation of the risk of infection inherent in the work. Decisions on exceptions and alterations will need to be made on a case by case basis. The evidence suggests that clinical psychologists returning to face to face work should recommend face coverings both for themselves and their clients.

Drinks

It is not advisable to offer (or accept if you are attending someone's home) drinks, including tea and coffee. Plates, cups and cutlery and food preparation equipment should not be shared. Any shared kitchen areas in the clinic should be cordoned or shut off, or cleaned thoroughly after each use.

It is acknowledged that clients may require a drink of water during the course of a session, and therefore suggesting they bring their own water bottle to a session may be a solution to the above. Ask clients to bring their own cups or

provide disposable ones if necessary. Face coverings would have to be removed briefly to drink, but should be immediately replaced.

Clothing

Clinical psychologists should consider procedures for the safe management of their clothes worn following client meetings, (12)

PHE recommends that:

- Clothing worn by healthcare professionals should be transported home in a disposable plastic bag or reusable cloth bag that can be laundered.
- Hand hygiene should be performed after removal of uniform and placing into bag for transport.
- Plastic bags should be disposed of into the household waste, cloth bags should be laundered with the uniform.
- Uniforms should be laundered
    - Separately from other household linen
    - In a load not more than half the machine capacity
    - At the maximum temperature the fabric can tolerate, then ironed or tumble-dried

Hand hygiene

Consistent with government guidelines on safe travel to and from work, hand-washing facilities should be available on arrival at your premises for you and others.

Hand washing frequently for at least 20 seconds should be maintained as often as possible. The NHS provides guidance as to the best way to wash your hands. If hand washing is not possible, use hand sanitiser with a minimum of 60% alcohol.

Hand washing stations or hand sanitiser should be provided to clients upon arrival at your clinic; their use by everyone entering the clinic building or room should be mandatory.

Cleaning the environment

You must leave sufficient time between clients (or colleagues) to ventilate and thoroughly clean the room, using an effective cleaning agent. Wipe-down furniture and floor surfaces are preferable to fabric-covered ones.

Remember to clean any equipment or toys that you may need to use in your sessions and keep these to an absolute minimum. Clean all common areas, such as door handles, light switches and side tables. Consider what to

provide as tissues, for instance individual packs rather than shared boxes. If you are in the habit of providing handouts for your clients, email these rather than hand over paper copies in the session. (14)

Summary of Practical Considerations

- Work remotely with your clients wherever possible.
- Only consider working face to face on the basis of strong clinical need.
- If you are unable to maintain a 2-metre distance, the scientific evidence indicates that you should be wearing a face mask and you should ask your client to wear a face mask or covering.
- The government has advised as of 31 July 2020 that in all settings we should be wearing a face covering when we are indoors with someone we do not normally come into contact with (15).
- A visor can be used in addition to a mask, but should not be used without a mask.
- A freestanding Perspex 'splash screen' will not provide adequate protection against COVID-19 in face to face therapy or during an assessment session.
- If you can you should open windows to provide adequate ventilation. If the ventilation system in your room does not provide an adequate supply of fresh air, it may not be safe to use that space during the COVID-19 pandemic.
- You should leave adequate time between clients to ventilate the room, and then clean all surfaces.
- Waiting rooms should not be used.
- Hand washing should be maintained or use of hand sanitiser if this is not possible.

Risk Assessment and Setting Terms & Conditions

Advise your clients of the precautions you have put in place, as well as aspects that you require them to adhere to. Issue a written list of conditions, which are accepted by dint of coming to the sessions.

In Appendix 2 there are template examples that you may wish to use with clients before commencing face to face work, including an informed consent template, COVID-19 position statement, and a risk assessment template.

You should draw up your own checklist when preparing for face to face working. Appendix 4 provides an example checklist to guide risk assessment before, during and after a session. This is an example of things to include:

- Asking clients to wash their hands before coming in
- Having hand sanitiser in the room and on entry to the building
- Between appointments cleaning door handles, light switches and other areas
- Increased gaps between appointments to allow for complete cleaning and full ventilation with fresh air between sessions
- Spraying furniture with an effective disinfecting spray or using plastic covers (you might need to insist on plastic covers or wipe-clean furniture if the current items are fabric covered)
- Cordon off the waiting room
- Only one parent or carer allowed to attend the appointment, or with only one other person as agreed beforehand
- Increased gaps between appointments to avoid contact between clients
- Keeping the window open during the session
- Making it mandatory that you are informed if anyone coming to the session or anyone in the household has tested positive, has been asked to isolate by a healthcare worker or by NHS Test & Trace, or has symptoms (fever, anosmia, new cough) - if the answer is yes to any of these you should not see them until their full isolation period is completed and, if they have been unwell, they no longer have a fever without the use of paracetamol
- You will provide their details if asked by NHS Test & Trace about your contacts, if you have come within 2 metres of a client or client's family member for more than 15 minutes or 1 metre for any length of time.
- They must include you in contacts if asked by NHS Test & Trace if they have come within 2 metres of you for more than 15 minutes or 1 metre for any length of time.

A landlord's or organisation's responsibilities

Building owners and employers have a legal duty under health and safety legislation to protect the health and safety of their employees and those who may be exposed to risk as a result of the employers' activities, including members of the public, service users and contractors. They also have a legal duty to do everything reasonably practicable to manage risks. As such buildings and employers have a legal responsibility to follow PHE guidelines. These involve the provision and use of PPE, carrying out risk assessments in the building spaces, management of work spaces to allow social distancing, ventilation, washing facilities, safe routes and provision of cleaning equipment and training in its usage. Psychologists working in independent practice need to work closely with their landlord to follow both building-specific advice as well as this professional guidance.

What if I feel under pressure to return to face to face working?

Each situation is different. However, we must remember that we are scientist-practitioners as well as psychological therapists. We have the privilege of an education that allows us to assimilate and interpret complex scientific and research information. One of the responsibilities that we hold towards our clients is to help them understand the risks and the reasons for those risks so that they too can make an informed choice about attending a face to face session, or staying with online work. If that is the safest choice for you, then it can be helpful for you to explain the reasons to your clients.

Psychologists feeling under pressure from other sources such as agencies should reflect on their own risk assessment and their position as independent practitioners. The agency you work for should provide you with a comprehensive risk assessment if they are asking you to return to face to face working. Ultimately, every clinical psychologist is responsible for their individual practice, regardless of the agencies with whom they may work. Again, you are referred to the HCPC guidance on establishing safe environments for practice (which minimise risks to service users, those treating them and others). As a practitioner psychologist you undertake to accept this responsibility, not the agency through whom you work.

Indemnity insurance

Each insurer has its own policies regarding precautions and requirements for working with clients during the pandemic so make sure you are aware of your insurer's policy.

It is good practice to complete a risk assessment checklist and an assessment of the premises, and to have a written procedure that includes fully informed consent and takes duty of care into consideration. Appendix 4 shows an example checklist.

Bear in mind that were a client to make a claim he or she would need to prove that the virus had come from the clinician rather than from somewhere else and that the clinician had been negligent in transmitting the virus to the client. This could include not following government guidelines, for example. In all instances insurers expect compliance with the law and with published government guidelines, many of which inform this guidance document.

The Big Question:
Should I Return to Face to Face Working?

The over-arching advice is no, not if you can possibly avoid it.
The advice is to continue remote working if at all possible; any consideration of a return to face to face work should be taken very carefully, balancing the risk to health with the risk to the client of not being seen face to face. If the person is being seen face to face then both of you should be wearing a mask.

As clinical psychologists we are experienced at assessing risk, and helping others manage uncertainty. However, we normally have more definite information within which to do so, and we are not usually in the same situation as our clients. We have a duty of care to ourselves as well as to our clients and their families, and the wider population. The information about COVID-19 is emerging rapidly and on an ongoing basis, but the basic information has not changed since the early weeks of 2020: this is a highly infectious virus that can be transmitted between people in a number of ways, notably via droplets but also evidence is emerging of its presence in urine, faeces and having the potential to survive on surfaces for a considerable amount of time, up to 72 hours for hard surfaces (16).

It may seem that some professions, such as hairdressers, are returning to work using various types of protective mitigation and a lack of social distancing, but as a profession we believe it is important to weigh up the responsibilities that come with a duty of care to our clients as well as to ourselves. Our circumstances are also very different to some other professions, in that much of our work can be undertaken online. However, this is not the case in all areas of work that clinical psychologists provide. It is essential that a thorough risk analysis is undertaken to ascertain whether the risks of face to face working are indeed necessary. You should take particular care when planning support for clients who may be at risk of suicide or who pose a significant risk to others – they may need additional services at this time.

Questions to Guide your Decision about Face to Face Work:

- Is it essential?
- Is it strongly indicated on the basis of clinical need?
- Is it as safe as it can be?
- Do you have other options?
- How much can you control your environment?
- Can you open a window and maintain confidentiality?
- Is air conditioning available and switched on? Does it recirculate air?
- Have you mapped out the possible scenarios, such as touch points, bathroom use, hand cleaning facilities?
- Have you practised both your and your patient's journeys into and around the workspace? Map them carefully and practice before anyone arrives.
- Are there additional risks, such as using public transport?
- Will you be using a waiting room, and what protocols are in place for waiting areas and communal areas?
- Are people taking vulnerable members of their family into account?
- Is your contact mutually agreed?
- Have you carried out a workplace risk assessment?
- Is the landlord or organisation supporting risk management and adhering to guidelines?
- Have you prepared your advance list of conditions to be agreed before any in-person work takes place?
- Have you ensured that you have appropriate PPE?

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Appendices

Appendix 1: Example Risk Assessment Form

Client information	
Name:	Date of Birth
Address:	Contact Number / Email
COVID19 Risk Assessment Yes / No	
1. Do you have / have you had any symptoms* of COVID-19 in the last 14 days?	
2. Have you been in contact with anyone who has any symptoms of COVID-19 in the last 14 days?	
3. Are you or anyone in your household self- isolating?	
4. Are you or anyone in your household shielding due to health risks that would make you or them vulnerable of serious infection / death if you or they contracted COVID-19?	
5. Have you or a member of your household been in close contact with a known or suspected case of COVID-19 in the last 14 days?	
If the answer to any of the above is yes, please cancel your appointment and do not attend.	

Signed Dated

*Known COVID 19 symptoms include – High Temperature, New persistent cough, loss of or change to taste or smell, muscle or joint pain, difficulty breathing, nausea or vomiting, diarrhoea, confusion, reduced mobility.

Appendix 2: Example consent and policy forms

CONSENT FORM

This document contains important information about our decision (yours and mine) to resume in- person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to Meet Face-to-Face
We have agreed to meet in person for an appointment.

Risks of Opting for In-Person Services
You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transport.

Your Responsibility to Minimise Your Exposure
To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, our families, my other staff and other clients), safer from exposure, sickness and possible death. Please initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free: [ ]
- You will wait in your car or outside until our appointment time: [ ]
- You will wash your hands or use the available alcohol-based hand sanitiser when you enter the building: [ ]
- You will adhere to the safe distancing precautions we have set up: [ ]
- You will wear a face covering in all areas of the office, as will I and my staff: [ ]
- You will keep a distance of 2 metres and there will be no physical contact (e.g. no shaking hands) [ ]
- You will try not to touch your face or eyes with your hands. If you do, you will immediately
- wash or sanitise your hands: [ ]

Your Confidentiality in the Case of Infection
If either of us tests positive for coronavirus, we are each required to notify NHS Test & Trace if we have been in close proximity. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visit(s). By signing this form, you are agreeing that I may do so without an additional signed release.

Informed Consent
This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

_____ (Patient/client) _____ (Date)

Statement Regarding Appointments during COVID-19 Restrictions

This documentation is to be read in conjunction with the COVI-19 policy attached.

I have been asked to arrange a face to face appointment with you. As such I wish to draw your attention to the following information so that you can choose if you wish to attend. I take the COVID-19 risk of infection very seriously and as such wish to offer a collaborative plan to ensure a safe assessment under the current circumstances of the COVID-19 pandemic. The following steps will be followed:

1. A socially distanced face to face assessment during which I will be wearing PPE and you are strongly advised to also wear PPE.

2. The assessment will be conducted in a large room where a social distance of two meters will be adhered to.

3. The waiting room for the appointment is closed and only the person whose name is on the appointment letter will be allowed into the building at the time of their appointment. If you cannot attend the appointment alone please contact us (details above) to discuss this. The only exception to this rule are minors or people with disabilities who require a carer.

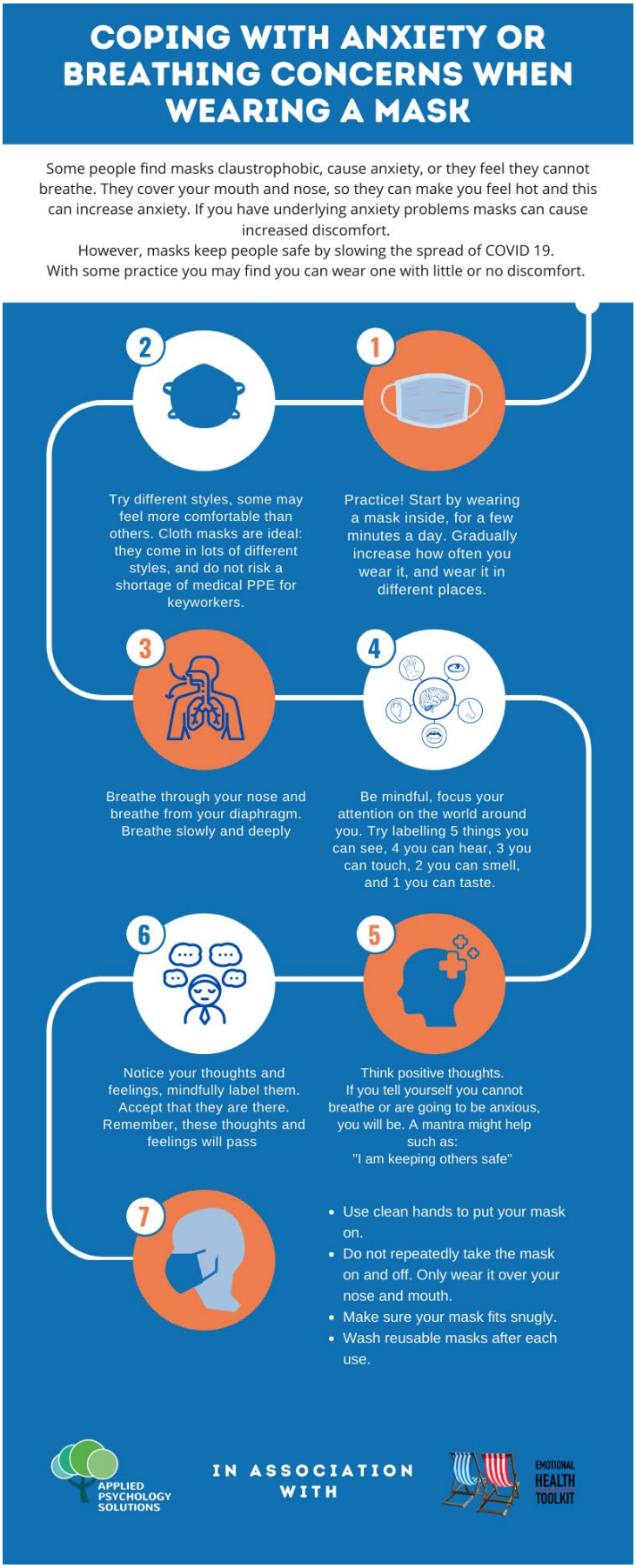
4. Proceeding with any to face assessments during this time involves a necessary balance of risks. I have completed a risk assessment regarding my clinic facilities and regarding my own health. However, you need to consider your own health and the possible consequences to you and your family should you contract COVID19.

5. The evidence base indicates that being in a room with someone for a period over 15 minutes increases risk of transmission. These assessments will be in large ventilated rooms however you may need to be present for over 60 minutes. You need to consider how this increases your risk and what the health outcome may be should you contract COVID19.

6. As per our attached policy, if you choose to attend for a face to face assessment our expectations of you are as follows:
   - We insist that if you are showing any signs of being unwell you cancel your appointment.
   - As per government guidance, if you have been contacted and requested to socially isolate you cancel your appointment.
   - You will be provided with hand sanitiser and we ask that all clients wash and sanitise their hands upon arrival and when leaving our clinics.
   - We will not shake hands during the appointment and will remain 2 meters away from you, please provide us with the same socially distanced respect for infection control.

7. To assist you in deciding if you wish to attend a face to face appointment, we have attached a risk assessment checklist. Please ensure you complete this on the day of your appointment prior to attending and if you feel unable to attend due to risks highlighted then please contact us to cancel the appointment.

Appendix 3: Coping with anxiety when wearing a mask



Appendix 4: Face to Face Working Checklist

Prior to the appointment:

- Assess whether the client has a clinical need to be seen face to face. Consider remote work as a first option.
- Carry out a workplace risk assessment.
- Ensure that you have adequate PPE for yourself, and whether you will be providing PPE to your client. You should both wear a mask, and a visor can be used in addition to a mask.
- Consider your clinic day – limit numbers of clients being seen face to face, and ensure that you have adequate time to ventilate and clean your room between appointments.
- Consider how your client will attend the appointment – waiting rooms should not be used – cordon these off if possible. Will they wait in their car? How will you inform them that you are ready for them to enter the building?
- Map out the possible scenarios, such as touch points, bathroom use, hand cleaning facilities.
- Ensure you have hand washing facilities or hand sanitiser available upon entry to your building and within your clinic room.
- Check your therapy space. Open windows if possible, ensure air-conditioning does not recirculate air.
- Set up your room to ensure 2 metres between you and your client, consider how you and the client will navigate from the door, to the hand washing station, to the chair, and back out of the room while not coming into close contact with your client.

Ensure that your client:

- Has read and completed your risk assessment and informed consent forms.
- Knows that you must be informed if anyone coming to the session or anyone in the household has tested positive, has been asked to isolate by a healthcare worker or by NHS Test & Trace, or has symptoms. If the answer is yes to any of these you should not see them until their full isolation period is completed and, if they have been unwell, they no longer have a fever without the use of paracetamol
- Is aware that you will provide their details if asked by NHS Test & Trace about your contacts.
- Is aware that they should attend alone, or if appropriate with one parent or carer.

When your client arrives:

- Check that his or her health or risk situation has not changed since they completed their risk assessment.
- Ensure that they have brought a face mask or covering or provide one for them.
- Ask them to wash or sanitise their hands.
- Remind your client of safe distancing precautions

After your client has left:

- Wash your hands. Remove and dispose of your apron and gloves if you are wearing them
- Ventilate the room, and then clean all surfaces including tables, door handles, light switches and other areas.
- Spray furniture with an effective disinfecting spray

At the end of the clinic:

- Clothing worn during your clinic should be transported home in a disposable plastic bag or reusable cloth bag that can be laundered.
- Wash or sanitise your hands after removal of your clothing.
- Launder your clothes separately from other household linen, in a load not more than half the machine capacity and at the maximum temperature the fabric can tolerate, then ironed or tumble-dried

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