



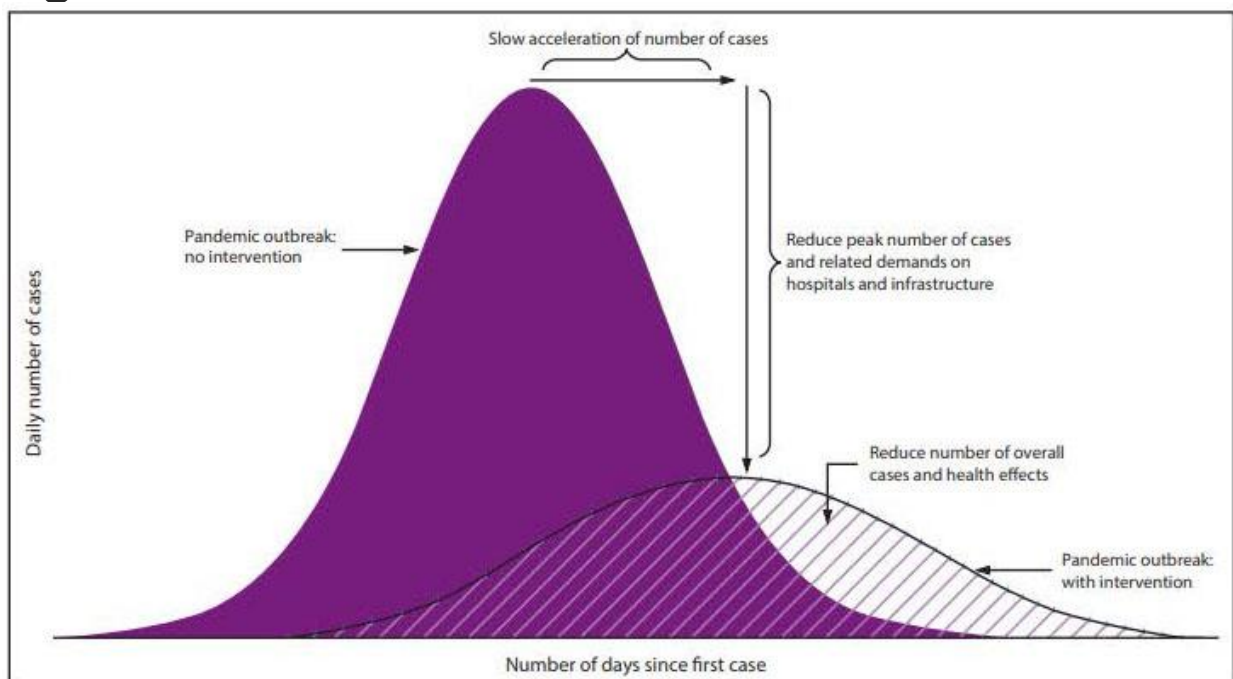
March 13, 2020

DECISION-MAKING PROCESS REGARDING COVID-19

1. CURRENT LEVEL OF RISK

At this time, the Public Health Agency of Canada assessed the current public risk level associated with COVID-19 to be still low. However, given its progression and spread in other countries, they advise that the situation can change rapidly. For this reason, it is fundamental that methods of infection prevention and control are in place to protect vulnerable individuals, and prevent a massive peak of demand that can overwhelm hospitals, services, markets, etc. The goal is to reduce this peak, and flatten the curve of demands on health systems, the economy, etc. Figure 1 provides a visual representation of case eruptions and management measures in the public sector. It has been copied from the Public Health Agency of Canada website.

Figure 1: Goal of Public Health Measures



Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. <https://stacks.cdc.gov/view/cdc/11425>.



2. WHO IS AT HIGH-RISK FOR CONTACTING COVID-19

In order to make a decision about how to implement best measures in your practice, psychology or community clinics, consider the risk level for yourself and your clients. Here are some categories of people who are at highest risk of contracting the virus:

- Family members and those in direct contact with individuals who tested positive for the COVID-19 and/or have symptoms
- Recent travelers to other countries, especially high-risk countries, including the US
- Those who travel frequently as part of their jobs or life-circumstances
- People whose work involves a high degree of social or direct contact with others, such as healthcare providers, front-line workers, first-responders, business-people
- People who are of have been exposed to crowds and masses

3. VULNERABLE CATEGORIES:

From what we know so far, these are the categories that would be most impacted in the absence of strict measures of spread control:

- Aged 65 or over
- With compromised or low immune systems
- With premorbid medical conditions
- Isolated communities with low or no access to health services
- Poor socio-economic status

4. DECISION-MAKING PROCESS FOR YOUR PRACTICE

In the decision-making process about service management and policies at your workplace or private practice, conduct a risk-assessment. Consider the following: the size of your caseload, the diversity of the population served, the level of difficulty in tracking cases, and of course, individual clients' risk of exposure. Consider if you are serving or not vulnerable categories. Reflect on your clients' likelihood to comply with measures of spread control. Think about your clients' individual mental health struggles, and consider personality traits that can play a role in their compliance with public health measures (e.g., level of conscientiousness, problems with authority, agreeableness).

Assessing the level of risk at your workplace or in your private practice is an individual process, therefore it is hard to provide blanket solutions. However, this is a time when it is best to err on the side of caution – clients and you can collaboratively work on a real-life situation that triggers anxiety for both parties. Consider moving to online sessions if your assessment of your clientele's level of risk for spread is moderate or high.



5. COMMUNITY-BASED MEASURES TO MITIGATE RISK OF SPREAD:

A. Preventive:

Practitioners can create handouts, posters, or e-documents that outline these measures. Post them in your workplace or private clinic, share them with your clients, make them available online, or send bcc emails to all your clients to educate and encourage compliance.

- i. Hand hygiene
- ii. Respiratory etiquette
- iii. Environmental Cleaning and Ventilation
- iv. Social distancing:
 1. *Isolation*
 2. *Voluntary self-quarantine*
 3. *Protective self-separation (for already vulnerable categories, section 3, e.g., seniors)*
 4. *Voluntary avoidance of crowded spaces*
 5. *Mandatory quarantine*
- v. Self-monitoring – for those at higher risk of contracting the virus (section 2)

B. Reactive measures:

These refer to an increase in virus activity in your clinic, workplace, or in the larger community. For example, a confirmed case of COVID-19 in your workplace or a change in public level of risk from low to moderate or high might trigger an immediate response for you. Reactive measures can include:

- i. Altering cancellation policy (e.g., allowing last-minute cancellations without penalty, rescheduling, etc.)
- ii. Moving to providing online sessions only for individual clients whose risk of contracting the virus changed from low to moderate or high
- iii. Clinic closure and virtual sessions only after a surge of cases in the community, or after someone in your clinic has been tested positive for COVID-19

C. Pro-active:

These measures are implemented before a substantial transmission occurs. They seem more radical and tend to be associated with a substantial and immediate negative impact on businesses in the short-term. However, these measures tend to be associated with higher chances of flattening the curve, protecting the vulnerable, fewer deaths resulting from infection, and preservation of some income in the longer-term (economic or business benefits). They are most helpful before the peak of an outbreak in the community.



Applicable to private practices and psychological services, such measures could involve the following (before a severe outbreak in the community is announced):

- i. the decision to close the clinic for a determinate or indeterminate amount of time
- ii. shifting to online services for all psychotherapy clients
- iii. cancelling all assessment appointments when they can only be performed in person. virtual sessions, cancelling all,