

The Psychological Society of
Ireland
**COVID-19 | Guidance for
Psychologists Returning to
Face-to-Face Sessions**



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This guidance has been prepared by the Psychological Society of Ireland (PSI) Special Interest Group for Psychologists in Private Practice (SIGPPP). This information is purely from a guidance perspective for those that have opened, or are thinking of opening, their practices.

It is important to note that this guidance takes into consideration one-person practitioners who have access to their own offices and provide one-to-one psychological assessment and therapy, not practitioners who share offices in co-operative type work environments or who provide group therapy. Depending on the exact circumstances of your working arrangements, you may need to adapt this guidance to suit your own circumstances.

The purpose of this document is to provide guidance should you decide to provide face-to-face consultancy on the request of a client and where it is necessary for their well-being. Online or telephone options should continue to be offered, where possible, in conjunction with the Psychological Society of Ireland (PSI) [Guidelines on use of Online or Telephone Therapy & Assessment](#)¹. This is in line with [Irish Government advice that social care is an essential service](#)² (for essential cases), and providing that Government and National Public Health Emergency Team (NPHET) protocols and [guidance on social distancing](#)³ are followed. It is up to individual psychologists to assess and decide whether to meet clients face-to-face or through remote means upon request.

Please be aware that this guidance cannot take account of every risk in every situation or circumstance. Therefore, you are advised to conduct your own risk assessment and initiate your own measures to cover any issues that you identify that are not addressed here. You should not take this guidance as a substitute for Government and/or Health Service Executive (HSE) guidelines. This document draws on relevant and available official guidance.

This document will be updated in line with Government and HSE updates as they arise. Any material changes will be included in subsequent versions of this guidance. The onus is on individual psychologists to ensure that they are accessing the most of-to-date version of this guidance document. Individual practices should implement a suitable infection prevention and control plan to prepare their practice for reopening and minimise the risk of infection. This will vary from practice to practice but can be informed by [HSE guidelines](#)⁴, [World Health Organisation \(WHO\) guidance](#)⁵ and [European Centre for Disease Prevention and Control \(ECDC\) guidance](#)⁶.

Assessing: face-to-face or online/phone sessions

Face-to-face may be considered if the client	Online/phone may be considered if the client
<p>1) Has not experienced symptoms of coughing or a high temperature and is not in isolation.</p> <p>2) Does not have a member of their household currently in isolation.</p> <p>3) Requires urgent care: i.e. there is significant distress or a risk of harm, or the client is a frontline worker prevented from working.</p>	<p>1) Has experienced symptoms of coughing or a high temperature or is in isolation.</p> <p>2) Has a member of their household currently in isolation.</p> <p>3) Does not need urgent care: i.e. it could be safely delayed and does not prevent a key frontline worker from fulfilling their role.</p>

Considerations for face-to-face sessions

- Provide face-to-face sessions only to people who are not in the category of ‘vulnerable person’ (a person aged 70 or over, or anyone who has an underlying medical condition).
- Ahead of the first face-to-face session with an existing or new client, ask the client to confirm to you in writing/by email that:
 - 1) they are not in the category of ‘vulnerable person’ (as described above);
 - 2) to the best of their knowledge they have not recently been in contact with someone carrying symptoms or a diagnosis of COVID-19;
 - 3) they are not in close or ongoing contact with a vulnerable person (as described above);
 - 4) they wish to attend face-to-face sessions rather than attend remotely.
- Clients should attend on their own where possible – where not, the person who accompanies them is advised to wait outside.
- Recommend that clients are punctual and make sure you have sufficient time between appointments in order to avoid any overlap.
- Ensure that all relevant surfaces are sanitised before the client arrives and that all non-essential items are removed from any public areas, i.e. magazines, leaflets, toys, etc.
- Regularly wash your own hands.

- Assuming that your office has a doorbell, meet your clients at the door of your building to ensure minimal contact with objects or surfaces in the building.
- Tell your clients in advance that you will be opening and closing all doors as they enter and leave so that they do not touch doors or door handles.
- You may decide to provide your clients with disposable gloves at the point of entering your building as this would eliminate the requirement for you to sanitise any objects or areas after your clients' departure.
- Do not make physical contact with clients, i.e. do not shake hands on their arrival or departure.
- If a client arrives who is clearly sick, you should proceed no further with a face-to-face session and suggest arranging a session online or by telephone.
- Have hand sanitiser readily available.
- Unless you have provided your clients with disposable gloves, ensure that clients use hand sanitiser before taking a seat.
- Refrain from offering water to further minimise the opportunities for touching items or surfaces. You may consider keeping a supply of disposable cups in the event that you are asked for water.
- The use of face masks may be considered as appropriate in conjunction with [Government guidance](#)³. When used, clients should provide their own masks and continue to wear them until they have left the building.
- Ensure that there is, at least, a 2-metre (6 feet) distance between your chair and the client's chair (see Figure 1). If this is not possible in your office, then you should not offer face-to-face sessions.
- Ideally, arrange for clients to pay you electronically. If they pay you in cash, ensure that you sanitise your hands immediately after you have handled cash.
- Minimise any further opportunities for virus transmission. For example, it is suggested that you should take notes relevant to any psychoeducation that you conduct and, afterwards, photograph and send these to your client. Where contact with objects or surfaces in your office has unavoidably arisen, you should sanitise these as early as is possible, and ahead of seeing other clients.

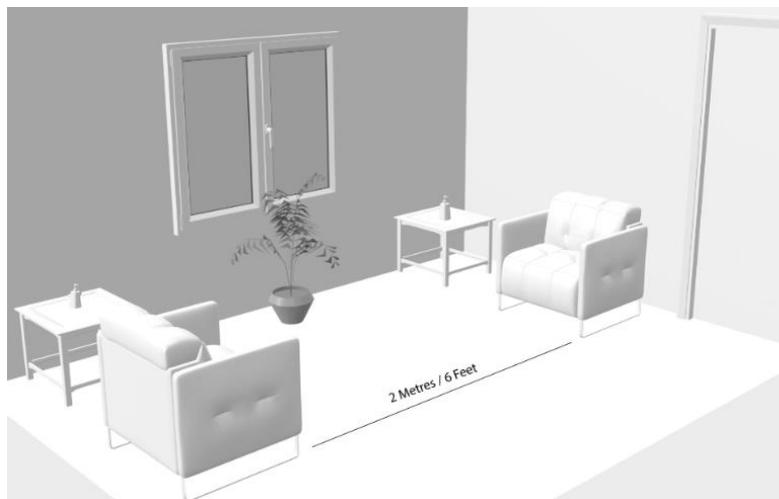


Figure 1: Recommended distancing of 2 metres (6 feet)

References

1. Psychological Society of Ireland (PSI), 2020, *Guidelines on use of Online or Telephone Therapy & Assessment*
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3. Government of Ireland, 2020, *Return to Work Safely Protocol*
<https://dbei.gov.ie/en/Publications/Publication-files/Return-to-Work-Safely-Protocol.pdf>
4. Health Service Executive (HSE) Health Protection Surveillance Centre (HSPC), 2020, *Infection Prevention and Control Guidance for COVID-19*
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6. European Centre for Disease Prevention and Control (ECDC), 2020, *Infection prevention and control and preparedness for COVID-19 in healthcare settings*
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