



COVID-19 Re-Opening Guidelines for Counselling Therapists in Community or Private Practice

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Background

The Government of Nova Scotia has announced that self-regulated health professions, whose practice has been restricted under the March 23, 2020 order of the Chief Medical Officer of Health, can resume non-urgent/elective practice effective June 5, 2020, provided that registrants are ready, can do so safely, and there is an approved plan by Public Health.

The current public health environment is fluid, and it is critical to appreciate that the requirements that health care providers must adhere to may change rapidly. Accordingly, RCTs and RCT-Cs are urged to monitor updated guidance from the Government of Nova Scotia and NSCCT.

NB: These Guidelines are current as of the date of publication and reflect the rules and requirements for counselling therapists. In the event of a discrepancy between this information and the directives of provincial public health authorities, the directions of the provincial public health authority take precedence.

As regulated health professionals, counselling therapists are required to:

1. Follow all direction from public health authorities regarding your personal and professional conduct. As a regulated health professional, you have a fiduciary responsibility to follow all civil orders that originate from any level of government.
2. Read and adhere to all communication from the NSCCT.

The NSCCT continues to consult with stakeholders, including the Nova Scotia Department of Health and Wellness (DHW) and the Chief Medical Officer of Health (CMOH). NSCCT's mandate is to protect the public, and these guidelines are created to ensure the health and safety of both the public and counselling therapists while instilling client confidence in their ability to safely access counselling services.

Please note that although the province may permit businesses to reopen, *this is not mandatory*. Members are encouraged to exercise their own judgment regarding what is in the best interests of their clients, the community and themselves, with respect to re-opening their practice to in-person service.

Core Principles for all Nova Scotians

COVID-19 is spread through contact with droplets released by an infected person. Helpful information about COVID-19 and its transmission can be found [in this resource developed by the Government of Canada](#).

In addition to being regulated health professionals, counselling therapists are respected members of their community. As such, they should continue to exercise due care both in their practice and in their daily interactions with others. NSCCT encourages all counselling therapists to adhere to the following core principles, which are designed to minimize the risk of transmission of the coronavirus both in clinical settings and everyday life:

- Stay informed, be prepared and following public health advice
- Ensure physical distancing when outside of the home
- Practise good hygiene (*i.e.*, hand hygiene, avoid touching face, respiratory etiquette, disinfect frequently touched surfaces)
- Limit non-essential travel
- Increase environmental cleaning and ventilation of public spaces and worksites
- Stay home and away from others when symptomatic
- In daily interactions outside of counselling therapy practice, consider using masks or face coverings in situations where physical distance cannot be maintained
- Wear medical masks if symptomatic and in close contact with others, or going out to access medical care. If not available, use a non-medical mask or face covering

Nova Scotia is taking a consultative approach to reopening, and will make ongoing decisions based on meeting health criteria as outlined by the CMOH. Future restrictions may be introduced as outbreaks of virus activity appear.

Current Requirements for Counselling Therapy Practice

This guidance document applies to counselling therapists in community-based or private practice. Counselling therapists working in the public sector will be provided with guidance by their employer, including the NSHA, the IWK, and centre for education. If there is a conflict between the profession-specific guidance provided by your employer and that provided by NSCCT or public health authorities, counselling therapists are expected to follow the guidance which provides the greatest degree of public protection. Counselling therapists are encouraged to discuss their concerns with their employer should such a situation arise.

Counselling therapists are responsible for ensuring that the appropriate controls are in place for the setting(s) in which they provide care.

These guidelines include requirements regarding:

1. Determining if in-person care is necessary
2. Client screening
3. Infection Prevention and Control (IPAC)
4. Providing services outside of the clinic or office environment
5. Exclusion or work restrictions in the case of counselling therapist or staff illness

These guidelines should be thoroughly reviewed, understood, and applied before you open your practice to the public. Counselling therapists (and, where applicable, clinic owners) are responsible to ensure that staff have read and are able to ask questions regarding these guidelines. If you have any questions, please contact the NSCCT for clarification.

1. Determining if in-person care is necessary:

Primary Guidance: Except where it is clinically inappropriate, NSCCT strongly recommends members continue providing counselling services virtually or by telephone (“e-counselling”), rather than in person.

NSCCT policy requires that videoconference systems used to provide counselling services be PIPEDA compliant and that its servers be located in Canada. For additional guidance in using technology in counselling practice, please see [these resources](#) provided by the Canadian Counselling and Psychotherapy Association (CCPA).

(a) Assess Whether In-Person Services Are Necessary

A key first step in your return to in-person practice is to assess whether it is necessary or appropriate to provide in-person services based on your client’s care needs.

Consistent with the public health advice provided by the Government of Nova Scotia, NSCCT expects that members will provide services by way of e-counselling to the extent that is reasonably possible. However, NSCCT also recognizes that there are specific circumstances in which it would be necessary or appropriate to provide in-person services.

From a mental health perspective, consider whether there is clinical justification to resume in-person therapy with a small subset of your clients, such as those who appear to be worsening or are in acute crisis, and those who need a more intense level of care that is not being met via e-counselling (*e.g.*, in some cases of suicidal plan and/or behaviour).

To determine whether e-counselling is a good option for the client, consider:

- Does the client have the ability to access secure videoconferencing platforms or a telephone in an appropriate environment, and are they able to use it?
- If this is ongoing treatment, is the client making progress? Is there a decline?
- Is the next phase in treatment feasible for continuing remotely, or does it require face-to-face contact?

Members must continue to evaluate their clients’ individual care needs on an ongoing basis, recognizing those clients who continue to benefit from e-counselling and those limited circumstances in which in-person contact with a client may be indicated. Unless it is not possible to do so, new clients should initially be assessed remotely to determine whether

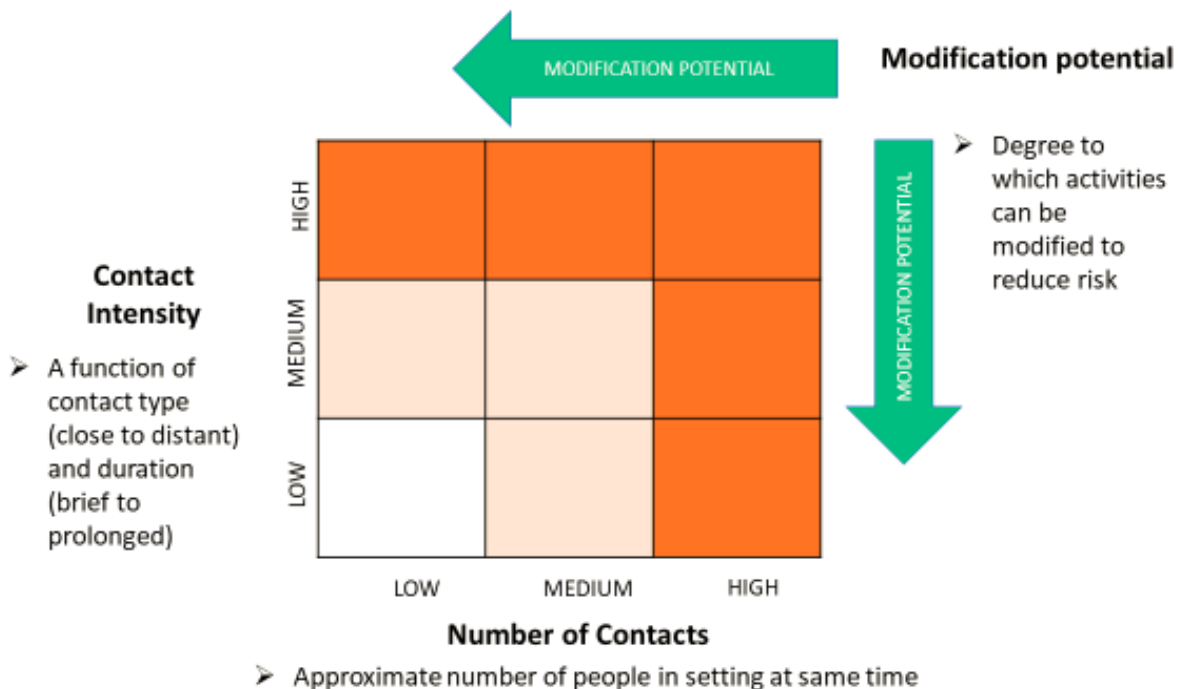
ongoing care via e-counselling is appropriate or whether in-person services are indicated. This will also help to ensure that clients are only seen in-person for the portion of their care that requires direct assessment.

(b) Evaluate Risk of Transmission in Your Practice

An important step in your return to in-person practice planning is to assess the risk of infection transmission in your own practice. The greater the risk of transmission that exists in your particular practice setting, and inherent in the specific type of treatment being offered, the less likely it is that in-person services are appropriate. Consider the following:

- The intensity of your contacts with clients (*e.g.*, how much time do you spend with people and how close are you); and
- Your overall number of contacts (*e.g.*, people in the setting at any given point in time)

For example, play therapy, which could involve close contact with young clients who may have difficulty following public health guidelines, and the use of difficult-to-disinfect objects, creates a greater risk of transmission than traditional “talk” therapy.



(c) Documenting the Result of Your Assessment

Documentation is critical, especially if the client insists on seeing you in person and you do not believe it is safe to do so. Record clients' clinical progress, discussions regarding the benefits of e-counselling, plans for next steps, and a clear rationale for why you believe providing services via e-counselling is appropriate, or why you believe in-person care is necessary.

Remember that counselling therapists can refuse to see clients face-to-face, especially if they have any vulnerabilities related to age, health condition or cohabitation with others who may have such vulnerabilities. Do not unnecessarily jeopardize your health, the health of your family, your staff, or your clients.

In order for clients to be able to provide informed consent for in-person services, they should be made aware of any changes in clinic procedures that would affect their visit as well as the possibility that their name may need to be disclosed if required by contact tracing. If both the client and counselling therapist agree that meeting in person is required, then creating a waiver acknowledging they will not hold you or your clinic, employees or agents responsible if they are exposed to or contract COVID-19 as a result of attending at your clinic may be advisable. *It is suggested that counselling therapists consult with their insurance provider and/or legal counsel on specifics of what should be included in a waiver form. NSCCT cannot provide legal advice to members.*

2. Client screening:

If you have determined that in-person care is necessary, you **must** screen the client for the current presence of COVID-19 symptoms, or exposure to someone who tested positive for COVID-19 in the past 14 days, prior to providing any in-person care. Ideally, this should be done virtually before the client comes to the clinic. Clients should also be informed of public health measures within the office space prior to arrival.

The counselling therapist or their staff should conduct a simple pre-screen at the time of booking the appointment, and again in-person at the time of the client's visit to the practice. Any individuals who accompany clients, such as parents, caregivers or companions, must be screened with the same questions as the client, or encouraged not to attend if possible.

(a) Screening Questions

NSCCT recommends that clients be screened by requiring them to complete the Government of Nova Scotia's online assessment available here: <https://when-to-call-about-covid19.novascotia.ca/en>

At the time of publication, the following is a current list of pre-screening questions for COVID-19; however, note that these symptoms may be updated by public health authorities and

counselling therapists are encouraged to monitor the 811 website for any updates:

1. Do you have any one of the following symptoms?
 - Fever (i.e. chills, sweats)
 - Cough or worsening of a previous cough
 - Sore throat
 - Headache
 - Shortness of breath
 - Muscle aches
 - Sneezing
 - Nasal Congestion/runny nose
 - Hoarse voice
 - Diarrhea
 - Unusual fatigue
 - Loss of sense of smell or taste
 - Red, purple or blueish lesions, on the feet, toes or fingers without clear cause
2. Have you traveled outside of Nova Scotia within the last 14 days?
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (*e.g.*, individuals exposed without appropriate PPE in use)?

Clients and/or companions exhibiting any symptoms should not receive in-person counselling services at this time and should be directed to call 811.

Signage indicating screening criteria should be posted in a location that is visible before entering the practice.

If you encounter a client who has gone through the screening process and enters a treatment room, yet still exhibits signs and symptoms consistent with COVID-19, you must:

- Establish and maintain a safe physical distance of two meters
- Have the client complete hand hygiene
- Provide a new mask for the client to don
- Segregate the client from others in the practice
- Explain the concern that they are symptomatic, discontinue treatment and reschedule the appointment
- Advise the client they should self-isolate and call 811
- Clean and disinfect the practice area immediately

(b) Contact Tracing Registry

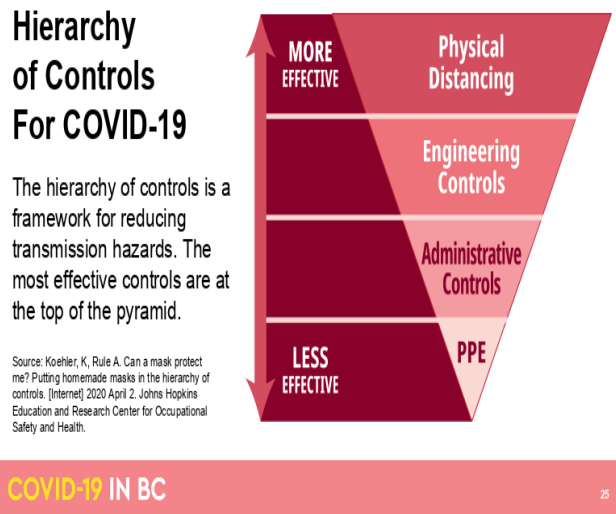
Public Health authorities may require counselling therapists to assist with contact tracing if a positive case of COVID-19 affects their practice. **Therefore, a registry of all people entering the practice should be kept to aid in contact tracing if required.** This includes individuals who are not clients (e.g., couriers, maintenance staff, guardians accompanying a client, etc.). The registry should include the identity of the individual, when they arrived on the premises, and when they left. To protect privacy, do not use an open sign-in book; rather, this record should be kept and managed privately by the counselling therapist or clinic staff. This registry must be kept while these guidelines remain in place.

3. Infection Prevention and Control (IPAC):

In situations where in-person care is necessary, you must implement Infection Prevention and Control (IPAC) measures in the clinical setting.

The extent to which IPAC measures can be implemented in the setting, and the effectiveness of those measures, must be carefully considered as part of an overall risk assessment. The diagram below illustrates the domains that are within the control of individuals, employers and organizations and sets out a range of IPAC measures that could be implemented, which are listed based on the order of the effectiveness of those interventions. Controls that appear in the top band are considered most effective, while those appearing in the lowest band are considered least effective.

The hierarchy of controls is a common model applied in occupational health and safety. The diagram used in this document was adapted from resources developed by the Government of British Columbia (*Key Steps to Safely Operating your Business or Organization and Reducing COVID-19 Transmission, Government of British Columbia, April 2020*).



Examples:

- Eliminating in-person therapy and substituting with e-counselling wherever possible.
- Providing services outdoors while distancing (*e.g.*, walking therapy).
- Adding physical barriers such as translucent screening.
- Spacing office furniture to meet recommended guidelines.
- Increasing ventilation and cleaning schedules.
- Establish and communicate effective policies, providing education and training to staff, clients and visitors.
- Screening all staff, clients and visitors including passive (*e.g.*, signage) and active (*e.g.*, pre-session by phone and onsite).
- Reducing number of persons in the setting at any given point in time to only essential staff, clients and essential visitors.
- Limiting gatherings in the setting (*e.g.*, meetings, lunches).
- Posting educational signage regarding cough/sneezing etiquette and use of PPE.
- Making hand sanitizer, tissues and a wastebasket readily available.
- Using PPE appropriately.

(a) Hand hygiene

Hand hygiene is recognized as the single most important IPAC practice to break the chain of transmission of infectious diseases, including respiratory illness such as COVID-19.

Hand hygiene can be accomplished by either washing hands with soap and water then drying with single-use cloth or paper towels, or using alcohol-based hand sanitizer. Alcohol-based hand sanitizer must be approved by Health Canada (DIN or NPN number), with a final concentration of 60-80 percent ethanol or 60-75 percent isopropanol.

A significant component of hand hygiene is not touching your face. In addition to proper hand hygiene, counselling therapists and staff must also avoid touching their face and practice respiratory etiquette by coughing or sneezing into their elbow or covering coughs and sneezes with a facial tissue and then disposing of the tissue immediately. When contact with the face or a tissue is made, hand hygiene must occur before resuming any activities in the practice environment.

It is recommended that hand sanitizer dispensers be placed at the office entrance, treatment room entrances, and at the reception desk, as applicable. Counselling therapists should also ensure that individuals with accommodation needs, such as clients with disabilities, have appropriate access to hand hygiene facilities.

Hand hygiene is required to be performed by:

- Counselling therapists or staff when:

- entering the practice
 - prior to physical contact with a client (if strictly required for assessment or intervention)
 - after physical contact with each client
 - after interacting with materials/objects touched or handled by clients
 - after body fluid exposure or risk of body fluid exposure
 - before donning PPE
 - after donning PPE
 - after doffing PPE
 - after cleaning surfaces
 - after financial transactions or administration of paperwork involving clients
- Clients when:
 - entering the practice
 - entering the counselling therapist's office if the client does not proceed directly to the office upon entering the practice
 - before and after use of assessment equipment or other office items
 - prior to processing payment

(b) Environment cleaning and disinfection

Effective cleaning and disinfection is essential to avoid the possible spread of COVID-19, which is spread through contact with respiratory droplets or contact with contaminated surfaces. The COVID-19 virus can survive for differing periods of time depending on the surfaces it lands on. Frequent cleaning and disinfection is necessary to prevent spread of the disease.

Cleaning products remove soiling such as dirt, dust and oils, but do not always sanitize surfaces. Disinfectants are applied after cleaning to sanitize, resulting in the destruction of germs.

Disinfectants with an 8-digit Drug Identification Number (DIN) are approved for use by Health Canada. During the pandemic, only the Health Canada-approved disinfectants with a virucidal claim are appropriate for the elimination of viruses in the practice environment. The disinfectant product manufacturer's instructions must be followed for use, safety, contact time, storage and shelf life.

Alternatively, following Nova Scotia Department of Health and Wellness guidelines, you can make a 1000 ppm bleach/water solution by mixing 20 ml (4 teaspoons) of unscented, household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.

The frequency of cleaning and disinfection is dependent on the nature of use/contact of the surface/item in question:

- Assessment materials or other equipment or items handled by multiple clients should be cleaned and disinfected after each use.
- 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 and keyboards.
- Payment terminals must be cleaned after each client encounter.
- Clipboards that clients contact must be disinfected after each client encounter.
- Pens/pencils used by clients must be disinfected after each client use or be single-use only.

Counselling therapists should read, understand and apply the cleaning standards from the [Health Canada guide on cleaning and disinfecting public spaces during COVID-19](#).

Disinfectant should be provided to all staff so that they can clean and disinfect their work areas a minimum of twice a day.

(c) Required practice environment adaptations

The clinic environment must be adapted to ensure compliance with IPAC measures:

- Books, magazines, toys and remote controls must be removed from client areas
- Limit the exchange of papers; if documents must be exchanged, leave them on a clean surface while maintaining a 2-metre distance; client-accessible literature displays must be removed; relevant literature should preferably be provided electronically
- Self-serve candy dishes, baked goods, *etc.* and other consumables should be removed
- Cloth upholstery on furniture that can be properly disinfected may continue to be used; however, if the cloth upholstery cannot be properly disinfected, it should be removed from the clinic environment
- Reduce the number of common surfaces that need to be touched (for example, use no-touch waste containers)
- Offer contactless payment methods to minimize the use of cash, if possible
- A regular schedule for periodic environmental cleaning must be established and documented
- For **home offices** it is strongly recommended that to aid in physical distancing, clients should wait in their vehicle or another external area until their appointment time. Be aware that all areas of a residence that clients have access to (hallways, bathrooms, *etc.*) are subject to the same IPAC standards as clinic/office space.

(d) Physical distancing

Requirements for managing practice space:

- Physical distancing requirements take priority over occupancy limits
- Members of the public must be two meters from each other (people who live together are exempt from this requirement with each other, as are caregivers and companions that are required to attend with clients). This applies in the following spaces:
 - Counselling therapist offices
 - Waiting areas: seats must be spaced to maintain at least a two-meter distance
 - Transition areas
- Non-clinical staff and the public must be two meters from each other
 - Reception and payment area: If two meters cannot be maintained in the reception/payment area, either staff must be continuously masked or a plexiglass or plastic barrier must exist to protect reception staff.
- The counselling therapist must be two meters from the public when conversing
- Reinforce general practices to maintain physical distancing, such as avoiding greetings like handshakes.
- Restrict access to the practice environment to those who must be present, including clients, client chaperones or companions, and staff members.
- Occupancy and gathering limits include all individuals in the office, including staff.
- To aid in physical distancing, give consideration to having clients wait in their vehicle or another external area until their appointment time.
- Where possible, provide visual cues, such as floor markings, to promote 2 metre physical distancing and to establish a directional flow throughout the office space.
- When possible, additional visitors to the office, such as delivery persons, should be discouraged or scheduled after hours. If possible, delivery packages should be left at the entrance.
- The use of common areas should be minimized (*i.e.*, kitchens) as should sharing of common utensils, plates and drinking cups.
- Wherever possible, members and staff should refrain from sharing phones, desks, offices and other tools and equipment, or otherwise disinfect them between shared use.
- Identify a space where staff or patients can be isolated from others if they display symptoms of COVID-19.
- To the extent possible, encourage support staff to work from home, and equip them with the means to do so.

(e) Managing the practice schedule

- Ensure that booking practices (duration of treatment visits and number of clients in the practice at any given time) comply with ongoing CMOH directives on group gatherings and occupancy limits.
- Ensure booking practices enable physical distancing between clients during treatment sessions and provide adequate time to clean and disinfect the practice environment between clients.
- When scheduling, give consideration to dedicated and/or off-hours treatment for high

risk populations (*e.g.*, those who are medically or otherwise compromised, or who reside with other people who may be medically at risk)

(f) Personal Protective Equipment

Personal protective equipment (PPE) is an essential element in preventing the transmission of disease-causing microorganisms. If used **incorrectly**, PPE will fail to prevent transmission and may facilitate the spread of disease.

Counselling therapists who cannot, for whatever reason, maintain adequate physical distancing of at least 2 meters between themselves and clients and/or co-workers, must wear a surgical/procedure mask at all times, and in all areas of the workplace. This recommendation is to further limit the exhalation/droplet spread of the healthcare worker, further limiting the risk to clients and co-workers.

NSCCT strongly recommends that counselling therapists who determine that in-person care is necessary in a specific instance wear an appropriate (surgical or procedure) face mask during direct client interactions. In specific instances where wearing a mask would seriously impair the counselling process (*e.g.*, a client who has a hearing impairment and is reliant on seeing lip movement), appropriate physical distancing must be maintained at all times, or alternative PPE such as a transparent face shield or a plexiglass partition should be used.

All other staff must be masked when a physical distance of two meters cannot be maintained or a plexiglass partition does not separate the staff person and client.

One mask may be used for a work day, but it must be discarded and replaced when wet, damaged or soiled, when taking a break, or at the end of the day. N95 respirators are not required. Cloth masks are generally not recommended for staff or counselling therapists, as they are not approved for health-care settings.

Use of PPE by Clients

Counselling therapists should also require clients to wear an appropriate non-medical face covering (consistent with Public Health guidelines) in any circumstances where it is impossible for the counselling therapist, staff and/or the client to maintain appropriate physical distancing. If possible, clients should be encouraged to wear non-medical face coverings in all other instances where in-person care is being provided.

Counselling therapists are not required to provide surgical masks for clients; however, they may choose to do so. If a counselling therapist chooses to provide a mask for clients, the counselling therapist or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.

- **Proper Use of PPE:**
 - **Donning masks:**
 1. Perform hand hygiene.
 2. Open mask fully to cover **from nose to below chin**.
 3. Put on mask.
 4. Secure ties to head (top first) or elastic loops behind ears.
 5. Mold the flexible band to the bridge of nose (if applicable).
 6. Ensure snug fit to face and below chin with no gaping or venting.
 - **Doffing masks:**
 1. Perform hand hygiene.
 2. Do not touch the front of the mask.
 3. Carefully remove mask by bending forward slightly, touching only the ties or elastic loops. Undo the bottom tie first then undo the top tie.
 4. Discard the mask in the garbage.
 5. If the mask itself is touched during doffing, perform hand hygiene.
 6. **Never reuse masks.**

A video showing the proper procedure for donning and doffing masks is available [here](#).

*NB: In the event of supply chain issues related to the availability of PPE, counselling therapists should be prepared to use non-medical grade masks. It is important to note that non-medical masks **ARE NOT CONSIDERED PPE**; and may not offer the same level of protection as PPE. If counselling therapists or staff must use non-medical masks due to prevailing circumstances, they should follow any recommendations from public health authorities that exist at the time they are used.*

4. Providing Services Outside of the Clinic or Office Environment

Providing Services in a Home

Providing care in client's homes has the potential for elevated risk due to the variability of the environments in which the care is provided and relative lack of control the care provider has compared to a clinic setting, **and should be considered only where such care is necessary from a clinical perspective, and in the client's best interests**. Engineering controls are more difficult to implement than in a clinic setting, elevating the importance of other types of controls (elimination/substitution, administrative, and PPE). Generally, the requirements for in-home care are consistent with the clinic setting. Consider the following:

- Eliminate non-essential travel: As within a clinic environment, a determination should be made that in-home care is required and that an acceptable outcome cannot be achieved through e-counselling. Reasons for this determination must be documented.
- Screening:
 - Clients/companions: When able to call ahead prior to providing care, have the client complete the screening checklist online or ask them the questions over the

phone. When the practitioner arrives at a client's home, always do a point-of-care risk assessment, and ask the screening questions again. All household members must complete the self-assessment prior to providing client care. If any individuals are experiencing symptoms, recommend the individual contact 811 for direction and reschedule treatment. If no symptoms are reported, don appropriate PPE for entry to the residence (in most cases, a surgical or procedure mask). When you are calling clients to complete the screening checklist, ask them to place a small garbage can by the front door so you can doff and dispose of your PPE safely. Let the client know they'll need to dispose of your PPE/mask.

- Staff/Counselling Therapist: Follow the same screening procedure used for the clinic setting.
- Personal Hygiene:
 - Cough/Sneeze etiquette: Follow same procedure used in the clinic setting.
 - Hand Hygiene: Follow same procedure used in the clinic setting.
- Environmental cleaning and disinfection:
 - Proper disinfectant products: If you make use of any reusable equipment or supplies, they must be disinfected as per Health Canada's guidelines. Consideration should be given to providing dedicated equipment whenever possible.
 - Required environment adaptations: Home care may limit options for implementing engineering controls; however, all applicable risk assessments should be completed to identify and mitigate hazards and risks within the client's home.
- Social Distancing: All household members should be instructed to maintain social distancing from the care provider of at least two meters during the entire visit.
- Use of PPE: Follow the same procedure used in the clinic setting, with the following additional precautions:
 - When proceeding with client care (all risk assessments/screening procedures have been completed) practitioners should wear a surgical/procedure mask at all times if they cannot maintain adequate physical distancing from residents and co-workers.
 - All clients should wear a mask if receiving in-person care (this may be a Non-medical grade mask, however, it should meet Public Health Guidelines). There may be rare exceptions to this. These cases must be evaluated carefully by the counselling therapist. If providing masks for clients, the counselling therapist or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.
 - The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet or whenever the practitioner feels it may have become contaminated.
 - Masks need to be disposed of upon leaving the client's home. Follow procedures to doff appropriate PPE.
 - To dispose of appropriate PPE, surgical/procedure masks when completing a

home visit:

- When you are calling clients to complete the Pre-Screening, ask them to place a small garbage can by the front door so you can doff and dispose of your PPE safely. Let the client know they will need to dispose of your PPE/mask.
- Before you doff your PPE, make sure to ask clients and anyone else in the home to remain 2 meters away.
- Put the mask in a black garbage bag and dispose of it in the client's garbage can.
 - If either of these cannot be done, remove PPE once you are outside of the client's home. Dispose of the PPE/masks by double bagging black garbage bags. If non-medical masks are being used due to supply chain issues, counselling therapists must safely transport and launder soiled masks to minimize opportunity for cross contamination (*i.e.*, in separate, labeled bags).

Providing Services to Workplaces Other than Your Own Office or Clinic

Counselling therapists may provide care or consultation in various business/employer settings. Whether providing in-person care to a client in their place of employment, or consulting with an organization, the counselling therapist must be aware of and follow all physical distancing and personal protective measures in addition to the protocols enacted by the organization/site. The counselling therapist must wear a mask and have an adequate quantity of approved hand sanitizer to ensure they are able to practice good hand hygiene. The counselling therapist must adhere to all appropriate site-specific safety protocols.

5. Exclusion or Work Restrictions in the case of Counselling Therapist or Staff Illness

Staff and counselling therapists must self-screen for symptoms before arriving at work with the same symptom screening questions used for clients. If screening is positive, staff and counselling therapists must not physically attend at the office or clinic.

Counselling therapists and staff must complete a recorded formal screening upon arrival at work. This screening history must be kept while this directive remains in place. Screening questions are updated regularly by Public Health. Currently, a positive screen is any one of a list of symptoms updated at <https://when-to-call-about-covid19.novascotia.ca/en>.

As directed by the CMOH, counselling therapists and staff who screen positive according to these questions above are not eligible to work and should self-isolate. Individuals who are awaiting test results, or who test positive, must continue to self-isolate and must not return to work, until 10 days have passed from symptom onset or until symptoms resolve, whichever is longer. However, if the test results are negative, the individual may return to work when their

symptoms have resolved, and as long as the individual is not deemed a close contact of a positive case.

Counselling therapists and staff must also immediately inform their direct supervisor (if applicable) at the onset of any symptoms from the screening questions.

Counselling therapists who become symptomatic while treating clients must stop seeing clients immediately, apply a surgical or procedure mask, self-isolate, and contact 811 for guidance. These requirements are subject to change and counselling therapists are advised to stay up to date with the directives of the CMOH. Counselling therapists are reminded that employers may also set additional requirements for return to work, providing that those requirements are not less stringent than those established by the CMOH.

All workplaces must develop a workplace illness policy, as per the Government of Nova Scotia's requirements. A reference guide for workplaces is available [here](#).

6. Additional Resources

General

- [Nova Scotia's Novel Coronavirus \(COVID-19\) Disease Health System Protocol](#)

Screening

- [Screening checklist](#)

Hand hygiene

- Health Canada: [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- Nova Scotia Coronavirus Resources: [How to HandWash](#)
- Nova Scotia Coronavirus Keeping Hands Clean: [How to Use Alcohol-based Hand Rub](#)

Environmental cleaning and disinfection

- Health Canada: [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- Health Canada: [COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities](#)

Personal Protective Equipment

- [Nova Scotia Donning/Doffing Mask Poster](#)
- [AHS Provided: For Healthcare Workers: How to Wear a Mask](#)

Exclusion or work restrictions during staff or counselling therapist illness

- [Screening checklist](#)
- [COVID-19 assessment tool for health-care workers](#)
- [COVID-19 information: Workplace Guidance for Business Owners](#)