Authors Note: The data on COVID-19 is continually evolving and the CDC and local public health officials are continually revising their recommendations. Therefore, these recommendations should be considered as interim and subject to further change.

It is hoped that Americans can return to a state of semi-normality by this summer, although much depends on the impact of the more infectious COVID-19 variants, the speed with which the population becomes vaccinated, and the extent to which Americans comply with public safety measures. Despite the widespread desire to resume normal life, psychologists need to consider the impact of resuming in person services on their health and the health of others while the state of emergency is still in effect.

Until they feel safe, nothing requires psychologists to see patients for in-person services. No one should feel compelled to return to in-person services at the risk of their personal safety or the safety of others. Conversely, nothing prohibits psychologists from seeing patients for in-person services either, although such decisions require thoughtful consideration and adequate public safety measures.

Psychologists who are considering resuming or increasing in-person services while the state of emergency is in effect will need to consider practical issues concerning personal and patient safety. Psychologists need to make these decisions based on their unique circumstances. For example, some psychologists work in offices where they have control over physical conditions because there may be only one entrance to the office or a bathroom unique to their office. Other psychologists may work in offices in large buildings where their patients must use a heavily trafficked common entrance, must ride a commonly used elevator for several floors, or use a bathroom shared by many people. Also, some psychologists work in counties where the rate of infection is low, while others work in counties where the rate of infection is higher.

Below is a checklist of factors for psychologists to consider if they are moving to in person services while the state of emergency is still in effect. The selection of items on the checklist is informed by comments of many psychologists, OSHA (2020) and CDC (2020; 2021) recommendations, an article from the American Psychological Association (Galietti, 2020), and recommendations from Pennsylvania’s Alliance of Health Care Professionals.

**Checklist for Resuming In-Person Psychological Services During the COVID-19 State of Emergency**

**Before the Appointment**

Is your decision to resume in person services informed by local health conditions and the recommendations of state and local public health officials?
Have you spoken to your patients about the advantages and disadvantages of in-person sessions?

Have you informed patients of the option of being seen by telehealth, if appropriate?

Do your patients sign an informed consent agreement for in-person sessions during the pandemic? APA has a sample form which can be found at https://www.apaservices.org/practice/clinic/covid-19-informed-consent. After the state of emergency ends, this an informed consent form will no longer be needed.

Are your safety precautions on your website or otherwise communicated to your patients via phone, email, letter, or text ahead of their appointments?

Do you tell your patients not to come in person if they have tested positive for COVID-19 or had recently been exposed to someone with COVID-19 and have not yet spent time in isolation or received a negative COVID-19 test since the exposure?

Do you tell your patients to take their temperature before leaving home and not to come to the office if their temperature is 100 degrees or higher? Did you tell your patients to stay home if they have a fever, shortness of breath, or a cough? Do your patients know that you or your staff may be taking their temperature when they enter the office?

Do you tell your patients to bring a mask with them to the office?

Do you tell your patients to wash their hands before they come to the office?

Do you encourage patients to get a COVID-19 shot and a flu shot?

Do you explain to patients that you put these precautions in place to ensure their safety as well as the safety of others?

In the Office

Do you adjust your public health requirements to meet the specifications of your practice? For example, a psychologist who has a small office with a dedicated waiting room and one secretary may need to adopt a different set of in-office policies than a psychologist who works in a group practice with a shared waiting room and several support staff members.

Are your safety protocols clearly posted in your office?

Is the office seating arranged to encourage physical distancing (such as having a “Do Not Sit Here” sign between seats)?

Is your office well ventilated?
Do you and your patient wear a mask? Do you have an extra mask available if the patient forgets to bring one?¹

Do you keep hand sanitizers in the office or waiting room?

Do you schedule appointments so that you have time to disinfect the office between appointments? Do you also regularly disinfect the waiting room, doorknobs, or other commonly touched areas? (The EPA has a list of approved disinfectants for COVID-19 at https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19). If you have control over the bathroom facilities, do you ensure that they are frequently cleaned?

Do you ask your patients to stay outside until their appointment time OR do you inform patients to stay in their cars and you will text them when they can come inside?

**Within Office Procedures**

Do you require your employees to follow the same public health measures as you and your patients follow?

Do you offer sick time to employees, require them to stay home if they are sick, or allow them to work from home when appropriate?

Do you take steps to minimize staff contact when dealing with patients, such as when patients are paying bills? For example, when paying with credit cards does the staff sanitize the machine after the patient touches it?

Are you especially scrupulous about sanitizing their workspaces and, for example, avoid sharing computer keyboards or phones or, if they are shared, ensure that they are sanitized?

**References**


¹ The question of whether masks should be worn if both the psychologists and patient have been vaccinated is difficult to answer. Although the CDC recommends that vaccinated persons “can visits other fully vaccinated people indoors without wearing a mask” (March 8, 2020), as of March 17, 2020 they have not yet updated their mask wearing guidance for health care settings. Consequently, this recommendation should be seen as tentative, pending further clarification as it applies to vaccinated patients.


