

COVID-19: PRACTICE GUIDELINES FOR REOPENING SOCIAL WORK PRACTICES

May 2020

During the COVID-19 public health emergency, the federal government, states, and localities issued emergency orders requiring the temporary closure of non-essential businesses, including clinical social work practices. As a result, many clinical social work private practices have been closed or have shifted to virtual, versus in-person, service provision.

As governments begin to lift these orders and permit the reopening of non-essential businesses, the National Association of Social Work (NASW) offers this guidance on resuming the provision of in-person services. It is intended for solo practitioners as well as those in group practices.

WHEN TO REOPEN

Decisions to resume in-person services should be based on the context of local circumstances, as well as professional and personal considerations such as:

- Age of practitioner(s) and any underlying medical condition(s) of practitioner(s) and age or underlying conditions for those in their household
- Client demographics (such as age, occupation, health status, behaviors that may put them and/or you at risk)
- Physical characteristics of the office setting (such as size of the therapy room(s) and waiting area, ventilation system, shared space with other employers/providers)
- Physical characteristics of the office building (such as size, public access to restrooms, etc.)

- Practitioner interest in and ability to provide services via telehealth (as an alternative to face-to-face services, for some or all clients)
- Client receptivity to and ability to effectively engage in telehealth (again, as an alternative to face-to-face), and/or need for in-person services (is there a deterioration?) Does the client have access to the necessary technology (such as video conferencing platform, smartphone or landline) and the ability to use it?

Some clients may insist on seeing you in person, but you are not professionally or ethically required to provide in-person services.

Before deciding to reopen your office, you should also consult guidance from relevant federal, state or local governments, as well as from your state social work board.

MAKE A PLAN

Pre-opening planning is vitally important to the success of your practice reopening.

- Consider starting with a period of “soft reopening” where you can reopen incrementally, seeing a few clients face-to-face per day. Continue to provide services via telehealth for certain clients or begin providing those virtual services. To ensure that clients are not coming into close contact with one another, utilize a modified schedule to avoid high volume or density.
- Assess your personal protective equipment (PPE) needs and alternatives such as cloth masks. As much as possible, have supplies delivered in advance before you reopen.
- Plan how you will handle staffing and cleaning if you or a client is diagnosed with COVID-19.
- Develop guidelines for determining when and how long those who interacted with a diagnosed patient will be out of the office.
- Consider directing administrative staff who do not need to be physically present in the office to stay at home and work remotely.

- Consider bringing employees back in phases or working on alternating days or different parts of the day, as this will reduce contact.
- Limit client companions to individuals whose participation in the appointment is necessary based on the client's situation (e.g., parents, children, spouse or other companion of a vulnerable adult).
- Develop any policies on the use of face masks or other PPE for clients and staff. Consistent with CDC guidance, practices should require all individuals who visit the office to wear a cloth face covering. Be sure to check any state-specific guidance regarding additional PPE requirements. This expectation should be clearly explained to clients and other visitors before they arrive at the practice. Visitors and clients who arrive to the practice without a cloth face covering or mask should be provided with one by the practice if supplies are available. Reroute these visitors to virtual communications such as phone calls or videoconferences.
- Develop policies on requiring clients to take their temperature before any in-person session to ensure they do not have a fever (generally considered to be 100 degrees Fahrenheit or above).
- For visitors who must physically enter the practice (to do repair work, for example), designate a window of time outside of the practice's normal office hours to minimize to the extent possible interactions with clients, clinicians or staff.
- Develop personal health requirements clearly to clinicians and staff. For example, employees should know that they should not present to work if they have a fever, have lost their sense of taste or smell, have other symptoms of COVID-19 or have recently been in direct contact with a person who has tested positive for COVID-19. Consider screening employees for high temperatures and other symptoms of COVID-19. Records of employee screening results should be kept in a confidential employment file (separate from the personnel file).
- Consider rearranging open areas to increase the distance between individuals, including employees and clients. Also, consider having dedicated workstations and therapy rooms to minimize the number of people touching the same equipment.

- Establish open communication with facilities management regarding cleaning schedules and protocols regarding shared spaces (e.g., kitchens, bathrooms), as well as reporting of COVID-19 positive employees in the office building.

PREPARE MATERIALS

Informed Consent Forms: You may wish to develop an informed consent form addressing the transmission of communicable diseases and any special protocols for transitioning to in-person sessions. The issues surrounding consent forms are nuanced and will be addressed in a separate article addressing legal considerations for the return to in-person services.

Updated Policies and Procedures: You may also wish to develop materials to inform clients of changes in policies and procedures such as office hours, cancellations (such as allowing last-minute cancellations due to suspected COVID-19 infection), use of PPE, and emergencies, and whether you will require clients to wait in their car or outside the office instead of in an office waiting room. Once you develop the materials:

- Post them on your office door, in your waiting room and on your web site, and share by email or postal service mail.
- Review changes with clients immediately upon their return to the office.
- Request clients to sign an informed consent form verifying that the new office procedures were discussed with them.

UPDATE THE OFFICE SETTING

- Post signs on entrance doors and in the office directing patients to wash their hands or use hand sanitizers.
- Make available hand sanitizer for patients and others to use as appropriate.
- Make available tissues for coughing and sneezing.
- Make seating arrangements at least 6 feet apart to adhere to social and physical distancing policies.

- Disinfect doorknobs, desks, chairs, and any telephones used after each session.

BUSINESS CONSIDERATIONS

Contact Third-Party Payers: Notify third-party payers when resuming in-person office activities especially if telehealth services were not provided during the public health emergency. If the practice was officially closed, re-enrollment procedures may be required by third-party payers.

Updates are provided through NASW's COVID-19 Web site at <https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus> and NASW State Chapters.

Contact Your Insurers: To ensure that clinicians are protected from medical malpractice litigation, Congress has shielded clinicians from liability in certain instances. As the practice reopens, however, there may be heightened risks caused by the pandemic which do not fall under these protections. Contact your medical malpractice and general liability insurance carriers to discuss your current coverage and whether any additional coverage may be warranted. As much as is practicable, you should protect your practice from liability and lawsuits resulting from current and future unknowns related to the COVID-19 pandemic.

CONFIDENTIALITY AND PRIVACY

Institute or update confidentiality, privacy and data security protocols. Results of any screenings of employees should be kept in employment records only (but separate from the personnel file). Coworkers and clients should be informed if they came into contact with an employee or client who tested positive for COVID-19, but the identity of the individual and details about their symptoms generally cannot be shared with clients or employees without consent.