

NSCSW Practice Guidelines

Re-opening in-person private practice services during the Covid-19 pandemic



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Introduction

As Nova Scotia continues to develop its strategy for reopening and resuming delivery of services, there is a common message for everyone – there will be a “new normal.” This will include accounting for physical social distancing, ensuring appropriate use of personal protective equipment (PPE), adopting proper cleaning and disinfecting protocols, and other measures to assist in reducing transmission of COVID-19 moving forward. These guidelines are designed to support the physical reopening of Private Practice services and include guidelines for clinics, home offices and home services through the lens of the NSCSW Standards of Practice.

Continue telepractice

It is recommended that wherever Social Workers can and where it is in the best interest of the client to do so that they continue to deliver services through telepractice in order to protect Social Workers, staff and clients

For further information on best practices and [Standards for Technology and Social Work Practice](#) please visit <http://nscsw.org/transitioning-to-telepractice/>

Social Workers using telepractice tools to deliver services must adhere to the NSCSW Standards of Practice

[9.1 Telephonic, Electronic and Web-Based Services](#)

9.1.1. Social Workers providing services via telephone or other electronic means shall act ethically, ensure personal professional competence, protect clients and uphold the values of the profession.

9.1.2. Social Workers shall be proficient in the technological skills and tools required for the conduct of their practice and shall seek appropriate training and consultation to stay current with emerging technologies relevant to practice.

9.1.3. Social Workers who use technological means to provide services shall make reasonable effort to become and remain knowledgeable about the advantages and drawbacks of professional online relationships, and the ways in which technology-based social work practice can be safely and appropriately conducted.¹

9.1.4. Social Workers who use technological means to provide services shall abide by all regulations of their professional practice with the understanding that their practice may be subject to regulation in both the jurisdiction in which the client receives services and the jurisdiction in which the Social Worker provides the services.

9.1.5. Social Workers who use technological means to provide services shall represent themselves to the public with accuracy.

Assess the need and risks of in person sessions.

Some clients may request, or even insist, on seeing their Social Worker in person, it is important that the process of determining if an in-person meeting is necessary is done so through the standards of self-determination and informed consent. Social Workers and

clients should both assess the needs and risks of meeting in person and the ability to maintain confidentiality and the clients must ability to self-determine and to give informed consent. If an in-person visit is deemed essential for care, consideration should be given to planning an initial tele practice visit with clients prior to the in-person visit. This will ensure that clients are only seen in-person for the portion of their care that is required

1.1 Confidentiality

1.1.1. At the earliest appropriate opportunity in their relationship, and throughout the relationship as required, Social Workers shall discuss with clients the nature of confidentiality and limitations of clients' rights to confidentiality, and shall review with clients when disclosure of confidential information may be legally or ethically required.

1.2 Self-determination & Informed Consent

1.2.1. Social Workers shall respect the self-determination and autonomy of clients, actively encouraging them to make informed decisions on their own behalf to the extent possible and given the situation.

1.2.2. Social Workers shall be aware of a client's capacity to give informed consent as early in the relationship as possible.

1.2.4. Social Workers shall provide services to clients only with valid informed consent or when required to by legislation or court order.

3.1 Responsibilities in Professional Relationships

3.1.1. Social Workers shall establish the nature of their professional relationship with clients, and shall ensure that the relationship serves the needs of clients over the needs of the Social Worker.

3.1.2. In establishing a professional relationship, Social Workers shall consider relevant contextual issues, while ensuring that the dignity, individuality, and rights of all persons are protected

Reflecting on the following questions can help assess the need for in-person meetings:

- Does the client have access to a telehealth platform? Do they have technology and internet capacity to utilize them, and are they able to use it?
- Is it safe for the client to receive services through tele-practice services? Are they able to maintain confidentiality? Are there other people in their home that make it unsafe for them to engage in the supportive process?
- If services and supports have been ongoing, is the client making progress as assessed by both the social worker and the client? Is there a decline?
- Is the support or service being provided feasibly delivered through telepractice, or does it require face-to-face contact?

It is important to remember for the Social Worker to examine their own contextual issues when seeing clients face-to-face, especially if they have any vulnerabilities related to age, health condition or cohabitation with others who may have such

vulnerabilities. Discuss with the client your concerns with jeopardizing your health, the health of your family, your staff, or your clients.

Assessing physical health

It is also important to assess the risk and likelihood of spreading the Coronavirus. Social Workers need to be aware and inform their clients of the physical health risks and possibility for virus transmission during in-person sessions. It is imperative that both the Social Worker and client together assess the health of the client and whether their occupation, health status or behaviours put them at heightened risk of contracting the virus and then spreading it through an in-person visit. Details on symptoms and risks can be assessed

<https://novascotia.ca/coronavirus/when-to-seek-help/>

Screening questions that must be asked of clients and companions:

1. Do you have current symptoms of COVID-19, A suggested way for Social Workers and clients to assess physical health is to complete the 811 [screening checklist](#) together.
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 should also be informed of public health measures within the office space prior to arrival. In the physical office space there should be clear signage indicating screening criteria in a location that is visible before entering the practice. (For in-home visits it is recommended that you create a handout to present to clients of the screening procedure.)

A registry of all people entering the practice should be kept to aid in contact tracing if required. This would include people in the practice aside from clients (e.g. couriers, guardians accompanying a client, etc). This is not an open sign-in book and should be kept and managed privately by the practice. This registry must be kept while these guidelines remain in place.

Clients who have symptoms

Social Workers who have identified that clients and/or companions exhibiting symptoms should inform the clients of their need to be tested and direct them to call 811.

If a Social Worker encounters a client who has gone through the screening process and it is determined that you will meet in person and during the session they are still exhibiting signs and symptoms consistent with COVID-19, the Social Worker must:

- Establish and maintain a safe physical distance of two meters.
- Have the client complete hand hygiene.
- Provide a new surgical/procedure mask for the client to don.
- Segregate the client from others in the practice.
- Explain the concern that they are symptomatic and reschedule the appointment until testing for COVID-19 is negative.
- Advise the client they should self-isolate and call 811.

- Clean and disinfect the practice area immediately.

Assessing mental health

From a mental health standpoint, consider whether a small subset of clients would benefit from resuming in-person support, such as those who appear to be worsening or are in acute crisis. Decision must be made that are in the best interest of clients and should be documented.

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' progress, discussions regarding the benefits of telepractice, plans for next steps, and a clear rationale for why you believe providing services via telepractice is appropriate, or why you believe in-person care is necessary.

[7.7 Record Keeping](#)

7.7.1. The records are the responsibility of the private practitioner and shall be kept for a reasonable amount of time, being mindful of no limitation on the time for complaints. (See Section 9.3 of this document).

[Informed consent](#)

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 Social Worker 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 and contract COVID-19 as a result of attending at your office or you visiting their home is recommended.

It is suggested that Social Workers connect with their insurance provider on specifics of what should be included in the waiver form.

[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.

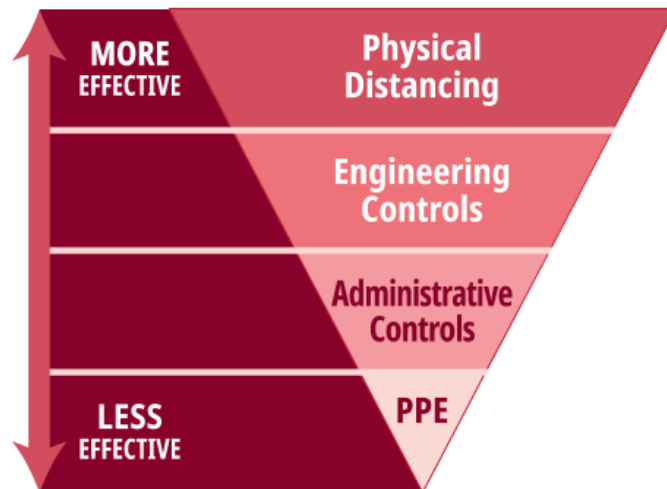
The hierarchy of controls is a common model applied in occupational health and safety. The diagram used in this document was adapted from resources developed by the Government of

British Columbia (Key Steps to Safely Operating your Business or Organization and Reducing COVID-19 Transmission, Government of British Columbia, April 2020).

Hierarchy of Controls For COVID-19

The hierarchy of controls is a framework for reducing transmission hazards. The most effective controls are at the top of the pyramid.

Source: Koehler, K, Rule A. Can a mask protect me? Putting homemade masks in the hierarchy of controls. [Internet] 2020 April 2. Johns Hopkins Education and Research Center for Occupational Safety and Health.



COVID-19 IN BC

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Examples:

- Eliminating in-person therapy and substituting with e-counselling wherever possible.
- Providing services outdoors while distancing and where confidentiality can be maintained (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.

Public health guidelines for maintaining office and home offices

Hand hygiene

Hand hygiene is recognized as the single most important infection prevention and control (IPC) 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, Social Workers 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. Provide increased access to handwashing facilities (e.g. by placing hand sanitizer dispensers in at office entrance, treatment room entrances and at reception desk) and ensure accessibility for staff and clients with disabilities or other accommodation needs.

Hand hygiene is required to be performed by:

Social Workers:

- entering the practice,
- If there is appropriate physical contact with clients,
- 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.

Staff when:

- entering the practice,
- after body fluid exposure or risk of body fluid exposure,
- before donning PPE,
- after doffing PPE,
- after cleaning surfaces,
- after financial transactions or administration of paperwork involving clients.

Clients when:

- entering the practice,
- entering the Private Practitioner's office if the client does not proceed directly to the office upon entering the practice.
- prior to processing any paper work.

Environment cleaning and disinfection

It is important that Social Workers work with their landlords and officer partners to ensure effective environment cleaning and disinfection, accommodations may be required to lease agreements. Effective cleaning and disinfection are 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 are necessary to prevent spread of the disease. It is important to provide sanitizing wipes so staff can clean their own workspace).

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.

Read, understand and apply the cleaning standards from the Health Canada guide on cleaning and disinfecting public spaces during COVID-19.

Proper disinfectant products

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, per NS Dept of Health and Wellness cleaning guidelines, you can make a 1000ppm 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 as above.
- 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

- The payment machine must be cleaned after each client encounter. It is recommended that you contactless payment methods (i.e. avoid use of cash), if possible.
- 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

Required practice environment adaptations

- Books, magazines, toys and remote controls must be removed from client areas.
- Discontinue client-accessible literature displays and directly dispense to clients or move to electronic distribution.
- Self-serve candy dish, baked goods and other open or unsealed consumables should be removed.
- A regular schedule (at minimum twice daily or whenever objects are visibly soiled) for periodic environmental cleaning including objects or machines used in therapies must be established and documented.
- Clean and disinfect essential shared equipment (medical and non-medical) before and after use.
- Staff should be provided access to tissues, no-touch trash receptacles, hand soap, alcohol-based hand sanitizers approved by Health Canada (DIN or NPN number), disinfectants and disposable towels.
- Limit the exchange of papers. If documents must be exchanged, leave them on a clean surface while maintaining a 2 metre distance. Avoid sharing pens and office equipment. Disinfect after each use.

Physical distancing

Physical distancing (keeping a distance of 2 metres/6 feet from others), is proven to be one of the most effective ways to reduce the spread of illness. This will mean reflecting on general practices to maintain physical distancing, such as avoiding greetings like handshakes.

Requirements for managing practice space:

- Physical distancing requirements take priority over occupancy limits.
- Members of the public must be two meters from each other. This applies in the following spaces:

- o Social Workers' offices
- o Waiting areas - seats must be spaced to maintain two-meter distance
- o Transition areas
- o People who live together are exempt from this requirement with each other.
- o Caregivers and companions that are required to attend with clients are exempt from this requirement.
- Non-practice employees and the public must be two meters from each other.
 - o Reception and payment area - If two meters cannot be maintained at reception/payment area, either staff must be continuously masked or the installation of a plexiglass or plastic barrier must occur to protect reception staff.
- Reduce the number of common surfaces that need to be touched (e.g. no-touch waste containers).
- The Social Worker must be two meters from the public when conversing.
- Restrict access to the practice environment to those who must be present, including clients, client chaperones or companions, and staff members.
- Use visual cues (i.e. floor markings) to promote 2 metre physical distancing to establish directional flow throughout the office space.
- Occupancy and gathering limits include all individuals in the office, including staff.
- For **home offices** it is suggested that to aid in physical distancing, consider having clients wait in vehicle or another external area and text messaging or calling when appointments are ready.
- When / if 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. While storage/meals, etc., will be specific to each practice setting, staff should be encouraged to bring meals from home, rather than going out and returning to the office at lunch or introducing additional individuals to the workplace [i.e., meal delivery services]. If the professional office is in a clinic setting, the use of common areas should be discouraged and 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 clean them between shared use and at the end of the day.

- Minimize support staff physically in the office. To the extent possible, have support staff work from home, and equip them with the means to do so.
- Identify a space where staff or patients can be isolated from others if they have symptoms of COVID-19

Cleaning and sanitizing information is available at
<https://novascotia.ca/coronavirus/staying-healthy/#clean>

Managing the practice schedule:

- Ensure that booking practices (duration of visits and number of clients in the practice at any given time) comply with ongoing Chief Medical Officer of Health (CMOH) directives on group gatherings and occupancy limits.
- This includes ensuring booking practices enable physical distancing between clients during sessions and provide adequate time to clean and disinfect practice equipment between clients.
- When scheduling, consider 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)
- Offices that have lab, diagnostic and ancillary services within their clinic should consider pre-booked appointments and other measures to maintain public health requirements for physical distancing.

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.

Staff and Practitioner PPE

- If Social Workers are providing direct client care, wear a surgical/procedure mask continuously, at all times, and in all areas of the workplace if they are involved in direct physical contact with a client or cannot maintain adequate physical distancing from clients and co-workers. This recommendation is to further limit the exhalation/droplet spread of the healthcare worker, further limiting the risk to clients and co-workers.
- In the event of supply chain issues related to PPE, Social Workers should be prepared to use non-medical grade masks. Supply chain issues could be related to Public Health orders to secure adequate supplies for the public health system, or market conditions. If non-medical grade masks are used, the mask must meet the current recommendations of Public Health at the time they are used. Public Health's recommendations for laundering must also be met.

- Non-medical masks are recommended for individuals in the community while travelling to access health care services and experiencing symptoms or if they will be in close contact with others while symptomatic.

PPE requirements

- ***Social Workers should be masked at all times while providing service, if they cannot maintain a physical distance of two meters or with a patient who has symptoms compatible for COVID-19.***
- Surgical or procedure masks are the minimum acceptable standard.
- Non-medical masks can be considered in the workplace if a physical barrier (e.g. plexiglass at reception desk) is not in place or if physical distancing of 2 metres/6 feet cannot be maintained.
- 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.

NSCSW strongly recommends that Social Workers 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 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.

One mask may be used for the entire work shift, but must be discarded and replaced when wet, damaged or soiled, when taking a break and at the end of the day. *Cloth masks are not advised to be worn by staff or Social Worker as they are not approved for health-care settings.*

- Information regarding appropriate use of non-medical masks may be found through the [Public Health Agency of Canada's website](#).

Client provision of PPE

Practices are not required to provide surgical masks for clients. However, Social Workers may choose to provide masks for clients. If Social Workers chooses to provide masks for clients, the Social Worker or staff must educate the client on the proper donning and doffing of masks and observe that it occurs properly.

Exclusion or work restrictions in the case of staff or Social Worker illness

Staff and Social Workers must self-screen for symptoms before arrival at work with the same symptom screening questions used for clients. If screening is positive, staff and Social Workers must not come to the practice and must call 811.

If a Social Worker/staff develop symptoms of COVID-19 in the workplace they must immediately apply a surgical/procedure mask and be excluded from work. The individual must be directed to call 811 to arrange for COVID-19 testing. Self-isolation must occur if an individual is awaiting test results or tests positive. If test results are negative, the worker may return to work, when symptoms are resolved and as long as the individual is not deemed a close contact of a positive case.

Per the CMOH, Social Workers and staff must also immediately inform their direct supervisor at the onset of any symptoms from the screening questions. Social Workers who become symptomatic while serving clients must stop seeing clients immediately and follow self-isolation procedures.

This requirement is subject to change and Social Workers are expected to stay up to date with the directives of the CMOH. Social Workers are reminded that employers may also set requirements for return to work, so long as 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.

Public health guidelines for in-home visits

If the Social Worker provides in home services and it has been determined that it is in the best interest of the client to provide in person support then it is crucial that client and practitioner conduct thorough screening. It is also important to assess the risk and likelihood of spreading the Coronavirus. Social Workers need to be aware and inform their clients of the physical health risks and possibility for virus transmission during in-person sessions. It is imperative that both the Social Worker and client together assess the health of the client and whether their occupation, health status or behaviours put them at heightened risk of contracting the virus and then spreading it through an in-person visit. Details on symptoms and risks can be assessed <https://novascotia.ca/coronavirus/when-to-seek-help/>

Informed consent

Social Workers and clients both should assess the needs and risks of meeting in person and clients must be given the ability to self-determine and to give informed consent.

If both the client and Social Worker agree that meeting in person is required then creating a waiver acknowledging they will not hold you or your practice, employees or agents responsible if they are exposed to contract COVID-19 as a result of attending at your clinic is recommended.

It is suggested that Social Workers connect with their insurance provider on what should be included in the waiver form.

Personal Protective Equipment for in-home visits

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**

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 whether travel for this purpose is non-essential and should be eliminated. 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 *telepractice*. Reasons for this determination must be documented.

Screening for in-home visits

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 Social Worker 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/Social Worker: Follow the same screening procedure used for the office setting.

Personal hygiene:

Cough/sneeze etiquette: Follow same procedure used in the office setting.

Hand hygiene: Follow same procedure used in the office 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 office 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 Private Practitioner. If providing masks for clients, the Social Worker 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).

Resources

Screening

- [Screening checklist](#)

Hand hygiene

- Health Canada – [Authorized list of hard-surface disinfectants and hand sanitizers](#)
- Nova Scotia Coronavirus Resources - [How to Hand Wash](#)
- 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](#)
[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 illness

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