

Psychological Assessment During COVID-19

Suggested Guidelines for conducting Face to Face assessment

The Educational Psychology Association of South Africa, in response to the growing concerns related to the risks of inter-personal contact during the COVID-19 pandemic, set up and working task team and invited members to contribute towards this document¹:

Preparation

Preparing Yourself

The practitioner will need to be aware of their own emotional regulation, and the strain they may be experiencing in their preparation for face-to-face work. Additional support and supervision are recommended during this time.

- → It is important for practitioners to be well informed of latest developments on COVID-19.
- → Emphasis should be placed on the need for both the practitioner and the client to be protected.

 Practitioner should be aware of their own health, and any changes or possible symptoms that could be related to COVID-19. It is important to undertake regular symptom screening. If the practitioner experiences any possible symptoms, they should self-isolate, and reschedule the assessment. It is a good idea for psychologists to have knowledge of their own baseline temperature for comparison when assessments begin.
- → Practitioners should familiarize themselves with the requirements laid out by the Department of Health and NICD.

Preparing the Assessment Space:

- → Ensure enough time is provided to sanitize space prior to assessment, as well as following the completion of the session.
- → One should remove any unnecessary materials and items from the room and should have all testing equipment ready and prepared for the requirements of assessment.
- → It may be useful to place plastic sheeting over tables to protect surfaces when alcohol-based sprays are used.
- → Perspex screens or other sneeze screens are recommended. The use of a face shield in addition to a mask can also be considered
- → Good ventilation in the working space is required keeping windows open or using a fan is suggested.

¹These guidelines are to be applied as is reasonable and required according to the demands of your respective practices. The onus is on the practitioner to remain up-to-date with information and recommendations regarding infection control measures.

Preparing the Client

- → The preparation of clients for assessments during this time is essential. They may need the practitioner to attend to the emotional impacts related to interpersonal contact and infection risks. The infection control measures may also have a significant impact on client functioning and should be taken into consideration when interpreting the results of the assessment.
- → Consider the use of videoconferencing for interviews if possible/appropriate. Telephonic clinical history taking is not advised, as it may be difficult to probe for sufficient information.
- → If the assessment is conducted in Alert Level 4 (or higher), the practitioner must send the appropriate permit for the appointment for the client with practitioner's information clearly stated.
- → The practitioner should outline the infection control measures before the client arrives for their first consultation.
- → Ensure that no person unrelated to the assessment accompanies the candidate to the session. The practitioner should remind parties that only necessary participants may be in the assessment room. In the case of children, it may be necessary to accommodate a parent or caregiver in the room or an appropriately set up waiting room. In this case, additional precautions may need to be taken regarding physical distancing and room ventilation. The parent/guardian will also then need to observe all infection control protocol.
- → Children should practice wearing masks before they come for an assessment, so that they can become accustomed to them. Masks can be a distraction for child clients, and the effects thereof should be well documented.
- → The practitioner should inform the client (and parent) to dress warmly so practitioner can allow for as much ventilation as possible within the space.
- → To reduce the number of items being handled by both client and practitioner, the following can be considered:
 - Clients can be asked to bring their own tissues, snacks, water bottle if possible alternatively the practitioner can provide disposable cups, plates etc.
 - Clients can be asked to bring own stationary, however, pencils and pens will still need to be sterilized.

Informed Consent

It is important to obtain **signed informed consent and ensure understanding of consent being granted.** In addition to the informed consent that is required when performing a psychological service, the following should be considered:

- → It may be useful to have plastic sleeve to hand to the signatory in which the document can be placed, so that no unnecessary hand to hand exchange of paper or other material between practitioner and client/parent takes place.
- → Ensure this document has clear info regarding risk of exposure to COVID-19. Face-to-face assessments are considered high risk due to reduced physical distance, as well as the length of time spent in an enclosed environment.
- → The practitioner will need to be clear in their policy regarding temperature screening. While 38 degrees is typically regarded as the upper limit for a COVID-19 screening, a fever is traditionally classified as a temperature above 37.5 degrees. The practitioner should state their policy regarding body temperature in their consent letter. They should also be able to provide revenant contact and referral information.
- → Clients should be informed of the psychologist's need to report recent close contacts to the NICD in the event that the psychologist contracts COVID-19. This may impact the psychologist's ability to maintain confidentiality regarding client identity.

Conducting the Assessment

On arrival:

- → The client is expected to be wearing their mask on arrival. It may be necessary to stock spare disposable masks in the event that the client does not have a mask, or if their mask becomes soiled during the assessment.
- → To reduce risk of exposure to other clients, the client should only enter the premises at the time arranged for the assessment.
- → The practitioner should take steps to put the client at ease with emotional support/understanding. The practitioner should observe the client's level of anxiety; and debrief if necessary.
- → Temperature screening should take place on arrival preferably using a contact-free thermometer. The client and practitioner's temperatures should be recorded.
- → The practitioner should open and close all doors where possible. Frequently touched surfaces should be sanitized regularly.
- → Both client and practitioner's hands should be sanitized on arrival, during and after assessment.
- → Symptom screening should take place upon arrival. This should be documented, and record kept by the practitioner.

Symptom screening

Symptom screening should include (but not necessarily be limited to) the following questions:

In the last two weeks:

- 1. Have you had a sore throat?
- 2. Have you had a fever?
- 3. Have you been coughing?
- 4. Have you experienced nausea or diarrhea?
- 5. Is there any pain in your chest or have you been experiencing shortness of breath?
- 6. Have you been feeling aches and pains in your body?
- 7. Is your sense of smell and sense of taste the same as it normally is? Or have you lost it?
- 9. Have you been in contact with anyone who is exhibiting the above symptoms?
- 10. Have you been in contact with anyone that has tested positive for corona virus, or is currently suspected of having the corona virus?

As an alternative, there are specific cell phone apps that have been developed that assist in screening clients before they enter your practice. The further advantage of these apps is that you have access to a database should someone you have seen contract Covid-19. See www.keepoutcovid.co.za

Assessment Process

- → The assessor should take care to reduce the number of items handed back and forth between themselves and the client.
- → Place pencils and paper on client side of the table before arrival (this may not always be possible with younger clients).
- → Hand sanitizer should be available to both the assessor and client, and within easy reach and regular hand sanitizing by tester and testee is encouraged.
- → Both client and practitioner should avoid touching their own faces unnecessarily. Hands should be sanitized after touching one's face or adjusting one's mask.
- → Tissues should be available, and should be discarded immediately once used
- → Appropriate personal distancing must be maintained whenever possible.
- → If one is using stimulus books for the assessment, they can be covered with a Perspex box. A pointer can be used by the client to indicate responses.
 - It should be noted that stimulus books may pose a risk to other assessors or clients if used again within 72 hours.
- → The use of electronic and online assessment tools (such as Q-Global) should be considered when possible. If these are used, it is important to remember to sanitize the devices (tablets, laptops etc.).
- → Any deviations from standardized testing protocols should be carefully documented and noted.

Other Areas of Concern

- → During lengthy assessment sessions, it may be necessary to allow comfort breaks where the client can eat and drink. These should take place in a well-ventilated space outside, where possible as the client will need to remove their mask.
 - o Disposable cups plates paper towels can be used
- → Access to bathroom facilities must be provided and these are to be cleaned regularly. Paper towel, running water and soap should be provided.
- → It may be advisable to score pencil and paper tests only after 72 hours. The practitioner should sanitize their own hands before and after handling said papers.
 - Additional precautions should be taken if one is not able to wait before handling the test material.
 - When sharing tests between practitioners, it must be noted that test materials can pose risk to others. All efforts to avoid cross-infection should be taken.
- → If possible, payments should be made via EFT. If cash/card machine is used, additional precautions should be taken, including sanitizing the card machine and hands. Cash can be placed in an envelope as an additional precaution.

Moving Forward

EPASSA recognizes the challenging time faced by our members, and we hope to continue providing support as we navigate this pandemic. We acknowledge the rapidity with which guidelines and recommendations change and therefore encourage our members to provide feedback regarding these guidelines, and to reach out if they feel they need support.