

Psychologists Board: COVID-19 Alert Level 3 Guidance

This information was last reviewed on 4 May 2020. Please continue to check the Ministry of Health and Board websites for relevant updates.

At Alert Level 3, phone or videoconference telehealth client contacts should remain the norm for most allied health agencies, private psychology practices and primary care health services. Alert Level 3 does not signal a return to business as usual in these settings.

For DHB secondary and tertiary services, psychologists should follow the guidelines and protocols provided by the DHB or service.

Guidance for Psychologists Working in Non-DHB settings

On 24 April the Ministry of Health's Chief Allied Health Professions Officer Martin Chadwick has advised:

*'Virtual appointments should be provided where possible and is the preferred method of service delivery. Face-to-face appointments may be provided for **urgent care only** so long as professionals can take appropriate measures to manage public health.'*

In a further update, on 29 April, the Ministry's [COVID-19 Allied Health Professionals webpage](#) advised mental health providers specifically:

Some community DHB mental health services, such as urgent/crisis mental health services are continuing with face-to-face appointments as normal.

Non-DHB providers should only see patients face-to-face for urgent care only.

Outside DHBs, only in urgent cases should an in-person, face-to face consultation be considered.

Decision Tree

Many allied health professionals have found the decision tree on page 3 below to be helpful when determining if an in-person consultation is warranted and can be managed appropriately.

The Decision Tree also contains links to information about PPE and hygiene requirements for mitigating risk of contagion.

The Board recommends psychologists consider at a minimum the following 2-step process before offering any urgent care, in-person or kanohi ki te kanohi consultation or visit.

Step 1: Is 'Urgent Care' needed?

First decide if urgent care is required. 'Urgent care' for community allied health services has been defined by the Ministry of Health (MoH) as:

- *a condition which is life or limb threatening OR*
- *treatment required to maintain the basic necessities of life OR*
- *treatment that cannot be delayed or carried out remotely without risk of significant harm or permanent and/or significant disability.*

You must also check that the care cannot be delivered by:

- *a service which is currently operating*
- *health professionals that are already in contact with the patient.*

If your professional opinion is that threshold for an urgent care, in-person consultation or visit has been met and no appropriate alternatives exist, ensure you record your reasoning in your client record.

Step 2: Assess the COVID-19 Protocols for an Urgent Care Consultation

The next step is to consider whether you can put in place protocols needed to maximise safety of the client, the psychologist and any others involved. These include: first checking if the client or whanau has or may have COVID-19, collecting details for contact tracing if required later (and informed consent around this), physical distancing, personal protective equipment (PPE) if required and cleaning procedures. If you cannot provide the necessary levels of protection for your client and yourself, do not proceed with the consultation.

Next: Register All Level 3 Urgent, In-Person Consultations with the Board

The MoH has asked that any (non-DHB) psychologist who sees any client for an in-person, face-to-face consultation at Alert Level 3 registers each such event with the Board.

For each face-to-face urgent care consultation or visit: email covid19@nzpb.org.nz with the word **Register** in the subject line. Please provide:

- Your name,
- Your NZPB registration number,
- Your own contact details (email address and phone number),
- The date and location where the face-to-face urgent care consultation occurred (city and suburb or town of the clinic or agency consultation, or full address of any external visit). For privacy reasons DO NOT provide client details. If these are needed the public health unit will ask you for them.

The rationale for the MoH request is that this register will provide a back-up for contact tracing purposes (e.g. if the client is ill and their whanau don't know the practitioner's name or address). However, **you** remain responsible for ensuring you keep complete and accurate records of each in-person, face-to-face consultation, for contact tracing purposes.

Remember if you have reason to believe you may become infected with the COVID-19 virus, you **must** contact your public health unit and may need to provide client information necessary for contact tracing.

Phone 0800 471 4580 if you have any questions about how to register.

COVID-19 Alert Level 3 and 4 Decision Tree (Non-DHB): Should I Provide an Urgent In-Person Consultation?

