



# Arkansas Department of Health

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Governor Asa Hutchinson  
Nathaniel Smith, MD, MPH, Secretary of Health

Effective May 4, 2020

Modified May 28, 2020

Modified September 2, 2020

## **Guidelines for Psychological Routine Care Reopening**

The Arkansas Department of Health (ADH) recognizes that due to the COVID-19 crisis Arkansans have been unable to receive routine in-person services from a psychologist since their voluntary suspension on April 1, 2020. The ADH in conjunction with the Arkansas Psychology Board now advise that the voluntary suspension will end effective on May 4, 2020, if psychologists adhere to the following measures to address the safety of employees, patients, and themselves.

Individual psychologists may use their judgement to reopen later rather than earlier to utilize in-person services for their practices (e.g., practices that perform assessments using tests with reusable test materials and manipulatives involving prolonged close contact, etc.).

### Screening:

Screening is a key strategy to reduce the risk of COVID-19 transmission in a facility. Signage should be placed at the facility entrance to alert patrons not to enter if they are sick or have symptoms such as cough, sore throat, fever, or shortness of breath. Screen **all** patients, visitors, and staff upon arrival at the facility with temperature checks and a questionnaire regarding COVID symptoms as well as possible exposure to COVID-19 (travel or contact). Do not allow any staff member, patient, or visitor who answers “yes” to a screening question to enter the facility; direct them to contact their PCP. Post signage on windows and doors stating that patients with a fever or cough, or those who have had contact with someone with COVID-19, must reschedule their appointment. A screening questionnaire can be found here: [https://www.healthy.arkansas.gov/images/uploads/pdf/screening\\_tool\\_covid.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/screening_tool_covid.pdf)

Patients who meet the following criteria should **NOT** be treated in-person by psychologists at this time:

- Have a fever of 100.4°F or greater (practices should use a digital thermometer to check each patient prior to treatment);
- Have a cough, difficulty breathing, sore throat, or loss of taste or smell;
- Had contact with a person known to be infected with COVID-19 within the previous 14 days;

Patients in ASA classes I-IV may now be treated. However, when considering visits for patients meeting ASA class IV criteria, use medical judgement as to whether the benefit of receiving the consult or service outweighs the risk of possible exposure and illness from COVID-19<sup>1</sup>.

#### Protective equipment and hygiene measures

- All practitioners and staff must wash hands or use hand sanitizer before and after each patient encounter.
- All practitioners and staff must wear face masks. A cloth face covering is sufficient.
- Wear gloves for any contact with patients. Change gloves after each patient.
- Require patients to wear cloth face coverings or a face mask while in the office.
- Discuss safety protocols with patients as appointments are made, including need to wear a face covering at the visit. Advise that if they become ill prior to visit, they need to postpone the visit.
- Reduce patient and staff contact with paperwork; encourage electronic registration before arrival.

#### Social distancing measures.

- Utilize telehealth visits as often as possible.
- Adjust or remove seating in waiting room and other common areas to ensure physical distancing of 6 feet whenever possible.
- Do not accept walk-in appointments.
- Increase times between appointments to limit the number of patients in the office at one time during this initial phase; this also allows time for sanitizing exam rooms and equipment between patients.
- Allow patients to be accompanied by only one companion and only if necessary. For example, parents/guardians or other caretakers.
- Consider meeting patients at curbside if they need to pick up any items (such as medicines or devices), whenever possible.

#### Infection control and disinfection practices.

- Sanitize equipment (and all things patients touch) before and after each patient.
- Use gloves while cleaning.
- Ensure hand sanitizers are widely available to patients and staff.
- Use proper germicides to disinfect (following CDC guidelines).
  - Products with an EPA-approved emerging viral pathogen claims are expected to be effective against COVID-19. Follow the manufacturer's instructions for these products. For a list of EPA-approved emerging pathogen sanitizers, [click here](#). (Hard surfaces may be sanitized with 1/2 cup of regular, unscented bleach per gallon of water followed by a 5-minute contact time.)
- Disinfect all commonly touched surfaces frequently.

**Note: Modified May 28, 2020**, to allow for the treatment of patients in ASA class I, II, or III, instead of only those in classes I and II.

**Modified again August 24, 2020** to remove screening question about travel as reason not to have treatment as well as allow seeing ASA class IV patients after considering risks/benefits.

<sup>1</sup>American Society of Anesthesiologists Physical Status Classification System can be found at the following link: <https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>