

SAFETY PLAN

For Dr. Hogansen's Neurocognitive Evaluations During the COVID-19 Pandemic

Note: I will do my best to review and update my Safety Plan regularly, as the recommendations pertaining to this pandemic are fluid—based on infection rates, emerging scientific knowledge, and changing professional practice guidelines. I reserve the right to modify these procedures at any time and without prior notification if necessary.

Rationale

Neurocognitive evaluations are typically conducted 1:1 (face to face) in a highly controlled environment over the course of several hours. Given the COVID-19 pandemic, this standard of care is not feasible at this point in time or the foreseeable future. Therefore, in consultation with other professionals and professional organizations, including the Inter-Organizational Practice Committee for Neuropsychology, I have implemented the following policies and procedures designed to balance the health and safety concerns of COVID-19 with the integrity of conducting an evaluation in an ethical manner.

Basis of Safety Plan and other Policies

These COVID-19-specific policies are based on the following:

- A thorough and up-to-date review of Governor Brown's orders, as well as multiple state, local and national protocols. This includes the guidelines published by the various state and national professional organizations to which I belong.
- My understanding of the situation (especially in Oregon), as follows:
 - The virus spreads through two primary means: 1) respiratory droplets and 2) hand-to-face contact.
 - Governor Brown issued social isolation and stay-at-home orders to reduce both forms of disease transmission. In March, Governor Brown permitted "essential" businesses to remain open, with psychological services falling under the definition "essential business." However, those in essential businesses are still encouraged to work remotely as much as possible, and to maintain safety protocols while in our offices. As of May 15, 2020, Benton and Linn counties moved into Phase 1 of Governor Brown's Reopening Process. As of June 4, 2020, Benton and Linn counties are in Phase 2.
 - My routine monitoring of local infection rates, testing rates, and fatality rates as disseminated by the Oregon Health Authority (e.g., in Benton and Linn counties).
- An effort to balance the following factors:
 - A responsibility to keep you, your family, myself, my staff, and the community safe.
 - Recognition that the evaluation process can be stressful to the patient/family and that extending the evaluation process also extends the period of stress the patient/family is experiencing.
 - Each person appraises and tolerates risk differently. I want to provide you, therefore, with choices regarding your and your family's safety—within the scope of the protocols set forth.

Scheduling and Rescheduling

Scheduling

- **Initial Interview and Feedback appointments:** To minimize in-clinic exposure, these appointments will be conducted via telehealth (online video platform Doxy.me).
- **Testing session appointments:** Testing sessions are conducted via a **hybrid remote in-clinic** platform. A video illustration of this platform is available on my clinic website. We will discuss the benefits and risks of this model at the initial interview. Prior to testing, patients will be asked to review and sign the ***In-Clinic Testing Session Informed Consent***.

Rescheduling

- If either party (i.e., you or me) feels that in-clinic testing should not occur as scheduled, you/your child **will not “lose your place in line.”** Your/your child’s testing appointment will be rescheduled for the next available opportunity, once the timing and risk is acceptable to both parties.
- If you or anyone in your home shows **any signs of illness within 72 hours** of an in-office appointment, please call to reschedule. There will be a waiver of any potential late-fee for late cancellations.

The day before the testing session

- On the day prior to the testing session, **my office staff will call to ask you questions** on the Risk Assessment Screener. For everyone’s safety, and to accurately assess risk, it is critical to respond honestly.
 - The Risk Assessment Screener will help both parties (i.e., you and me) to determine the risk level, as well as the level of comfort both parties have with conducting in-clinic testing the next day.
 - If the testing appointment is on a Monday, my office staff will call you on Friday.

On the testing day

1. When you arrive, **stay in your car and call (541-754-1288)** to let my office know you’ve arrived. You will then be directed to enter the front of the building and go through a screening process which includes gathering you/your child’s temperature.
 - a. Facial **MASKS** are required to enter the building. Patients (and the parent accompanying a child) need to wear surgical or commercial grade face masks. You are encouraged to bring your own but they can be provided at the front entrance of the building.
 - b. If you are an adult, you need to attend this appointment alone. Children can be accompanied by ONE parent.
 - c. You can then go to the waiting room of The **Behavioral Health** Department.
2. In the Behavioral Health Department:
 - a. My staff will be behind a glass window. If there are other people in the waiting room, please ensure 6 feet of physical distancing.
 - b. If you are wearing your own cloth mask, staff will provide you/your child with a surgical grade mask.
 - c. My staff will come to take you/your child from the waiting room to the station for washing hands. Staff will be wearing a face mask. After you wash your hands, staff will then escort you/your child to the “testee” room. Either my staff or I will open all doors—both when you arrive and when you leave—to minimize the transmission of germs.

- d. I will greet you from the “tester” room.
 - e. We will wash our hands every 1-2 hours. Hand sanitizer will also be available for use at any time.
 - f. Payments will need to be made either by phone, mail, or through the Patient Portal. My office staff can assist you by phone if you have any questions or need assistance. We are **unable to accept payments in office** at this time.
3. In-clinic testing conducted via hybrid model of remote (virtual) testing and face-to-face testing with Personal Protective Equipment (PPE):
- a. I will conduct a brief pre-testing interview from the “tester” room, a separate room from you/your child. We will be able to see each other through the glass window and virtually on an iPad.
 - b. When I am in the “testee” room with you/your child, I will wear my face shield and mask and you/your child will wear your mask. You will also have access to a clear face shield but you are not required to wear it. When I am in the observation room (you/your child will be able to see me through a clear glass window), we can remove our PPE.
 - c. I will administer most tests remotely, often using a document camera to show test materials. For some tests, I will ask you to put your mask back on and then I will come into the testing room (with PPE). This may include sitting across from one another at the table and use of another computer in the room. You will have access to a face shield. If a mask needs to be removed for a select number of necessary tasks, I have a plexiglass barrier for the table between us.
 - d. When I am in the room, I will try to maintain 6 feet of physical distancing when possible. I will also limit the amount of time we are together to 10-15 minutes. I also have a HEPA air filter running at all times in the testing room.
 - e. I will use latex gloves for some tests and may ask you to wear them for some tests.
 - f. You/your child will be reminded—via posted sign and verbal prompts—to not touch your face, as appropriate. Proper masking procedures will also be visually available and practiced.
 - g. You/your child will not be allowed to touch reusable testing materials (i.e., stimulus books). Many of these materials will be used virtually (through use of a document camera and iPad). For tests that require/allow touching of materials, gloves will be used and/or a pointer will be provided for you/your child to use.
 - h. Some tasks are administered from a desktop computer in the testing room. During these computer-based tests, I will get you/your child started and then I will leave the room to observe from my “tester” room. You can remove your PPE for these tests.
 - i. Breaks will be provided. For young children, breaks with parents will be allowed. You can bring your own snacks/drinks that can be *consumed during breaks outside of the testing room*. No eating can occur in the testing room.
4. **PARENTS** should plan to complete rating forms during their child’s testing session.
- a. At the start of the testing session, you will be provided an envelope containing the rating forms and a pen. These items will have been handled with gloves.
 - b. This task will take 20-30 minutes, depending on the number of rating forms.
 - c. For parents of young children, there is a room available for you in which you can complete the behavior rating scales while your child is being tested.

Between testing sessions

- **I will clean items in my office** (e.g., tables, chairs, pens, etc). This will happen twice: immediately after a patient leaves; and just prior to a patient arriving for his/her testing appointment. CDC guidelines will be followed for proper cleaning and disinfecting.
- My testing office will be used for only **one patient per day** to minimize the presence of airborne droplets.

Patient Responsibility to Minimize Exposure

In order to proceed with this model of testing, I am asking all of my in-clinic testing patients to agree to take certain precautions to help keep everyone safer from exposure, sickness and possible death. In addition to abiding by the procedures outlined above, I'm also asking patients to agree to the following:

- Take steps between appointments to minimize exposure to COVID-19.
- If a patient has a job that exposes them to other people who are infected, they will immediately let me know.
- If a patient's commute, responsibilities, or activities put them in close contact with others (beyond immediate family), they will let me know.
- If a resident of a patient's household tests positive for the infection, they will immediately let me know.

My Commitment to Minimize Exposure

I am taking steps, along with The Corvallis Clinic, to reduce the risk of spreading the coronavirus within the clinic and my office and we have posted our efforts on our website and in the clinic/office. I am also taking these steps in my personal life.

If a Patient or Myself is Sick

I want my patients to understand that I am committed to keeping them, myself, my staff and all of our families safe from the spread of the coronavirus. If a patient shows up for an appointment and I believe they have symptoms or have been exposed, I will require them to leave the office immediately. If I test positive for the coronavirus, I will notify patients so that they can take appropriate precautions.

Confidentiality in the Case of Infection

If a patient tests positive for the coronavirus, I may be required to notify local health authorities that they have come into contact with me. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our contact.

Agreements

All of my patients (or the guardians/parents of child patients) will be asked to agree to this Safety Plan and provide written informed consent for in-clinic services during the COVID-19 public health emergency. If a patient does not feel that this Safety Plan is sufficient to protect themselves and their family, the testing session will be rescheduled.