**Thoughts About Covid-19 and the Return to In-person Play Therapy:**

Many questions have been raised now that British Columbia is in Phase Two of the Covid-19 Restart Plan and the possibility of returning to face to face counselling sessions exists. BCPTA members have voiced concerns, shared thoughts and resources and have expressed a desire for more input into navigating the competing desires of maintaining therapeutic connection and maintaining client and personal safety. Many of the guidelines and standards that have been put in place have been developed for work with adults and, as those of us who work with children are all too aware, are insufficient and not easily implemented in our work as play therapists.

This document has been developed to assist decision-making regarding in-person sessions. We are aware that more questions are raised than answered and appreciate the frustration of not having clear guidance. The thoughts, suggestions, resources and guidelines contained in this document have been generously shared by our members and are not intended as recommendations or protocols that will ensure against the transmission of Covid-19. Members are encouraged to do their own research, follow the requirements of employers and WorkSafeBC, and continue to seek information and check for changes to recommendations and standards as research evolves and more is learned about ways to prevent the spread of this virus.

**Considerations for decision-making about return to in-person sessions:**

• Individual risk tolerance

• Our mandate to hold a safe space for children

• Legal requirements – use a consent form that describes measures taken to prevent transmission and acknowledges that risk still exists.

• Workplace requirements and protocols

• Work Safe BC guidelines. <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/in-person-counselling>

• Association For Play Therapy resources: <https://www.a4pt.org/general/custom.asp?page=InfoCOVID>

• Insurance implications – would you be covered if client develops Covid-19 and it is determined to have come from an appointment with you? A waiver signed by parents maybe recommended.

• Ability to maintain physical distance of at least 2 meters in your space. This, in addition to good ventilation, is equally or more important than cleaning procedures as Covid-19 is primarily spread through droplet contact from one person to another. Meeting outdoors is recommended over meeting indoors.

• How will you maintain physical distance with younger children in a way that maintains the relationship? For example, if frequent reminders to move away are required there is a strong possibility the child will feel rejected.

• Will masks be worn by the child and /or the therapist? How can these be made less threatening or strange? Suggestions have included ordering masks with clear sections (for deaf community), with child-friendly designs or decorating masks. Children could be shown photo of their therapist wearing a mask ahead of time. How will you handle it if a child frequently touches their face to adjust mask or removes their mask?

• Ventilation – is there any air flow in the office? Can a window be opened? Airing out the room between sessions by leaving the door open and a long space of time between sessions have been suggested.

• Physical barrier – one suggestion is to have a large plexiglass barrier made that can sit between therapist and child either on a table or on the floor.

**Minimize risk of transmission of virus by touch:**

• Suggestions: parents wait in car, not waiting room; therapist open all doors for client; declutter office and minimize number of toys; clear play room of hard to clean items like cloth toys, puppets, pillows, blankets, craft materials, dress up items; create separate bins for each child containing a variety of toys and craft materials they use exclusively; avoid handing items back and forth between child and therapist; create separate small sand trays for each child possibly using alternatives such as rice or bird seed;

• Cleaning of anything child may have touched or mouthed or drooled on ( toys and high touch surfaces, doorknobs, etc) between sessions. Soap, hot water and friction are recommended in addition to cleaning with a disinfectant, such as diluted bleach. Consider ways to minimize any toxicity and scent of cleaning products.

• Effective cleaning of sand in a sandtray may not be possible, especially if it is used for multiple sessions in a day. One member consulted directly with WorkSafeBC and was advised to not use sand. Use of spray disinfectants and baking the sand are being used by some therapists. Individual small sand trays which are not shared between children are used by others. Alternatives such as using a defined space such as the lid of the tray, a hula hoop, a sheet of paper instead of sand for the child to “create their world” are another possibility.

• Hand washing for child and therapist at beginning and end of session and after episodes when child contaminates their own hands with oral or nasal secretions. Hand sanitizer can also be used but is not as effective as thorough hand washing.

Ensure parents are aware they must notify you and cancel the session if child or anyone child is in close contact with develops symptoms, is awaiting Covid test results, has returned from travel and is self-isolating. Assure them you will also follow these guidelines.