Using Personal Protective Equipment (PPE) in Assessment

Using personal protective equipment (PPE) in educational/clinical assessment lacks empirical evidence of its impact on test results. To begin, use common sense as a foundation for decision making. Always consider making choices about using PPE in assessment in relation to the assessment task, examinee characteristics, the professional's needs, and organizational/professional/legal PPE requirements. Consultation with peers and professional associations is also recommended.

The information in this document is intended to support professionals as they make informed, well-reasoned decisions. This information is not intended to be comprehensive regarding all considerations for using PPE in assessment. It should **not** be interpreted as a requirement or recommendation to conduct assessment using PPE.

Professionals should use clinical judgment to determine if assessment with PPE is appropriate for a particular examinee, referral question, and situation. There are circumstances where assessment using PPE is not feasible and/or is contraindicated. Documentation of all considerations, procedures, and conclusions remains a professional responsibility.

Please note: Pearson guidance may differ depending on context; for example, guidance from Pearson's Field Research team may be more restrictive in a data collection process than for assessment in clinical use.

General considerations

- The examinee's age may play a factor in deciding to use PPE. Young children may be less understanding about the need to wear PPE and therefore less tolerant.
- A case history review can reveal information about the propriety/viability of providing PPE. Individuals who are sensitive to touch may not be candidates for PPE during assessment or visual field deficits can be confounded by a mask, especially when glasses are also worn.
- Refer to test-specific guidelines to determine how the addition of PPE might impact assessment task inputs by the examiner and outputs by the examinee.
- Follow facility guidelines for donning and doffing PPE for the examiner, examinee, and facilitator, if applicable.
- Establishing rapport between the examiner and examinee is especially critical when considering PPE in terms of becoming comfortable with interaction using PPE, talking about how the PPE feels to the examinee, and evaluating the level of distraction the PPE will create during the assessment. **Using clinical judgment, if the PPE is distracting or cumbersome to the examinee in any way, consider the impact of PPE when interpreting results. This may include not reporting scores and only describing performance.**
- Refer also to Pearson's Disinfecting Testing Materials document after any assessment administration to prepare materials for the next session.

Specific considerations based on type of PPE

Gloves

- Wearing gloves creates motor and sensory changes for the examiner and examinee. These changes lead to accuracy and speed differences in performance.
- The size of the gloves should match the size of the hands. Gloves that are too big or too small will change typical performance.
- Some examinees will not tolerate gloves because of tactile sensitivities.
- Ensure the examinee does not have a latex allergy before using latex gloves.
- It is preferred that examinees not wear disposable gloves for any speeded motor production response task. If wearing gloves is necessary, make sure to observe carefully and consider this in result interpretation.
- For digital tasks, gloves can interfere with response registrations which may impact timing and accuracy of scores.
- When accepting returned materials from the examinee after testing, wear gloves and process the materials per organizational policies.

Gowns/Body covers

- May affect assessment rapport (e.g., by noise, distraction, or other concerns by the examinee)
- May affect gross/fine motor movement or the ability to respond to selected item content

Face shields/Masks

- When wearing a face shield or mask, phoneme-dependent stimuli presentation and/or response may be distorted. For example, articulation, phonological/phonemic awareness, morphology, spelling, or similar tasks are dependent on phoneme-level directions, presentation of stimuli, and/or responses. Consider moving 6 feet away or adding a physical plexiglass barrier and removing the face shield/mask for these types of tasks.
- Oral motor screening tasks (e.g., oral motor strength or weakness) are indicated for many evaluations. Consider moving 6 feet away or adding a physical plexiglass barrier and removing the face shield/mask for these types of tasks. Use good task lighting for internal mouth viewing, if appropriate. Review your organization's PPE guidelines in detail for these clinical needs.
- Be aware of the glare that lighting may create on any clear shield or mask which changes the appearance of the examiner/examinee or test stimuli.
- Face coverings for those who wear glasses can create a "fogging up" effect, which will distort visual capabilities for the examiner or examinee. Consider moving 6 feet away or adding a physical plexiglass barrier and removing the face shield/mask.
- Masks can distort voices, particularly if there are additional sound distractors (e.g., air filters or white noise), making instructions difficult to comprehend. This may impact performance on auditory memory measures, comprehension of auditory stimuli, or other measures of auditory abilities.

Physical barriers

- A large tabletop barrier between the examiner/examinee is a type of nonclothing PPE. Ensure that the barrier is clean, glare-free, and that stimulus materials are as close as possible to the examinee.
- Create a disposable card or strip of paper with a line on it and place it on the table or floor. Instruct the examinee to stay on one side of the line when pointing to test stimuli to encourage distancing requirements.
- Cover stimulus materials with a clear disposable covering to remove the need for gloves. Ensure that there is no glare from lighting.

Alternatives to assessment administration with PPE

- If assessment is required, consider setting up a sanitized area or room for the examinee and complete the assessment remotely from another room in your facility, using a trained/professional facilitator (see The Use of Facilitators in a Remote Test Administration document at **www.PearsonClinical.ca/telepractice**). This "clean room" approach can remove the concerns about lack of connectivity at the examinee's home and/or the use of parents as facilitators.
- Pearson's Q-interactive® digital assessment system can be used at a distance of 6 feet or more. Bluetooth® connections between iPad®s can work up to 30 feet between devices. If you begin the session with PPE, move to 6 feet or more apart and remove PPE for the test administration.

We welcome your ongoing questions and experiences related to using PPE in assessment.

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