

## ██████████ Early Intervention / In-person Re-entry plan during COVID19

On March 19, 2020, Washington State Department of Children, Youth and Families (DCYF), the state lead agency, suspending face-to-face services statewide for the Early Support for Infants and Toddlers (ESIT) Program. Since then, we have been providing telehealth services to our families enrolled in this program. While telehealth has been very helpful, and even in some cases preferable to in-person visits, it does have limitations as a tool for providing support and therapy interventions. In these cases we are being invited to explore resuming in-person interventions for urgent, time-limited pre-approved services that are essential to the child’s progress. Following a framework from the State Interagency Coordinating Council (SICC) Re-entry Task force, we at ██████████ Children’s Center present this plan.

### Equity

- A concern from the SICC Re-entry task force is to ensure equity among those that are served, including those who may be served with in-person interventions. Services at ██████████ are provided without consideration of race, creed, ethnicity, culture or sexual orientation. At ██████████ one of our five values (that include Compassion, Dignity, Justice, Excellence and Integrity) specifically states: *“Justice: We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.”* These core values are part of our everyday lives, and one of the highest ratings we have on our employee satisfaction survey is our living of our mission and core values. We have frequent reminders about these, both visual (signs and screen savers) and didactic.

### • Tracking and reviewing data to ensure equity in utilization of services.

- At our weekly natural environment (NE) staffing meetings, we will determine which children need to have in-person visits. This information will be entered into a spreadsheet that includes the plan of care recommendation as well as race. This will be stored securely on our server, and will be used on an ongoing basis. Data, including race, can be easily extracted and compared with our overall demographics to reflect equity and in the case of discrepancy, can be acted upon.

Name	DOB	Race	Other diversity consideration / determinant	Dates of start of exemption	End date of exemption	Number of visits anticipated	Reason for exemption from telehealth requirement	Services to be provided	Anticipated location of service

## Staff Training

- Training for screening, Personal Protective Equipment (PPE) usage, hand hygiene, disinfecting of items used during interventions.
  - As part of a medical center setting, we have training and processes to well-emphasize hand hygiene as well as use of PPE including masks, gowns and eye protection. This includes our services providers as well as our administrative staff.
  - Staff are regularly updated in appropriate health symptom screening measures for families
  - Staff symptom screening daily.
  - We have strong processes regarding cleaning and disinfection of items and areas used after each patient encounter. Our medical center infection prevention team gives updated guidance on cleaning items, including products used and usage techniques.
  - These processes are dynamic as we learn more. We are able to put out new process updates rapidly and implement training quickly.
  - We also have a training platform (Healthstream) that we are able to use as needed for review or new and just-in-time learning.

## Communication with Families

Before the family comes in for an appointment, the discernment process is performed to ensure that this is appropriate per guidance. Confirmation that the family wants this limited in-person visit(s) is also made, evidenced by the update on the Individualized Family Service Plan (IFSP) if the visit will be taking place in-clinic. No IFSP update is needed if the visit is in the natural environment. As of this writing, no in-home visits will be performed (When DCYF and ESIT opens up this option, this document will be revised). When an in-person appointment is made, the family receives the following information:

- So much has changed in recent months. For us, this means a new landscape in how we deliver care, but with the same commitment to your health that we've always had. Learn about the steps we're taking to protect your health and ours.
  - SCREENING. We conduct routine coronavirus symptom screening on patients, visitors and employees.
  - MASKING. Our facilities have adopted policies that align with recommendations from the Centers for Disease Control and Prevention to have all patients and visitors wear a mask while in the facility.
  - DISTANCING. We're taking steps to ensure appropriate distance between you and other patients, visitors and staff.
  - SANITIZING. Our staff are regularly cleaning and disinfecting high touch surfaces in waiting areas and in exam rooms in-between patient visits. Hand sanitizer stations are also located throughout our facilities.
  - SEPARATING. COVID-19 patients, as well as those caring for them, are safely cared for in designated locations away from the rest of the population.
  - VISITORS. We are limiting people coming into our facilities to those deemed essential. This helps maintain appropriate physical distancing and reduces spread of germs.
  - VIRTUAL VISITS. For on-demand and routine medical care, we offer virtual visits – a reliable way to see your provider from the comfort your own home.
- We've always been a leader in safety. These are just some of the additional protocols we've put in place to help ensure your safety when you're with us for care.

- The client and family will be informed verbally of the risks and benefits of having their intervention in the anticipated setting.

## **Infection Prevention**

### **• Health screening of service providers for symptoms or risks**

- This is well-established. On every workday (whether working in-center or from home) each [REDACTED] caregiver is required to answer a list of questions about their symptoms that have been established by our employee health department that aligns with the CDCs guidance. These questions change as we learn more.
- Our current questions are:
  - Fever = or > than 100 degrees F Y/N? We have a thermometer in-center if needed.
  - Cough Y/ N?
  - Headache Y/N?
  - Sore throat Y/N?
  - Shortness of breath Y/N?
  - Acute general muscle pain (Myalgia) Y/N?
  - Acute Fatigue – (Malaise) Y/N?
  - GI including diarrhea Y/N?
  - Loss of smell or taste Y/N?
  - Chills Y/N?
  - Runny nose or congestion Y/N?
- [REDACTED] caregivers are asked not to come to work when ill.
- If a caregiver comes to work, and becomes ill, they are required to contact employee health and are sent home.
- We have a strong process for safely returning those [REDACTED] caregivers who are positive for COVID-19 whether symptomatic or asymptomatic (that follows CDC recommendations).

### **• Health screening of clients and families for symptoms or risks**

- This is well-established. Before they have checked in, whether natural environment or in-center, the families are requested to perform hand sanitizing, and are screened, including temperature taken and given a mask if they do not already have one. The questions given are made and adjusted by our infection prevention department and CDC recommendations and currently include:
  - Do you have a new fever (>100°F / 38.8°C) or chills?
  - Do you have a new cough?
  - Do you have new shortness of breath?
  - Do you have a new sore throat or headache?
  - New body aches
  - New diarrhea
  - New fatigue
  - Do you have newly lost sense of taste and / or smell?
  - Have you tested positive for COVID-19?
- With any “yes” answer, it is advised that the client’s medical provider be contacted, and the appointment will be canceled and rescheduled. For patients that have tested positive and are no longer symptomatic and it has been >28 days, they may continue to their appointment.
- This process is also expected for family treatment participants in the immediate area when in the natural environment.

- Hand hygiene
- Screening questions
- Temperature check
- Masking

- **Washing or disinfecting hands before and after sessions**

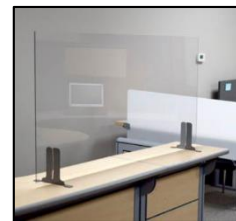
- This is done for all including [REDACTED] caregiver, clients and client caregivers.
- We have soap and water as well as disinfecting foam and gel in each treatment room as well as in our waiting area.
- If we are treating in the natural environment away from handwashing areas, we will bring hand sanitizer

- **PPE protocols including face coverings, gloves, gowns, clothing changes**

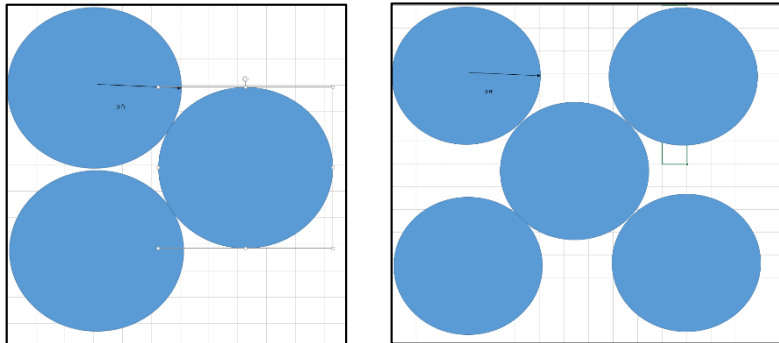
- We use universal masking here at [REDACTED] All people entering the facility are required to wear a mask. Patients who may not be able to mask for age or health reasons (such as for chronic respiratory diseases) are required to maintain physical distancing of six feet or more and will be roomed immediately. Any visitors that cannot wear a mask will be asked to leave. Any other issues with masking we call our COVID command center at 83611 to get guidance.
- PPE is required to be utilized by caregivers whether treating in the natural environment or in-center.
- Goggles or glasses are required to be used by caregivers during interventions.
- Gloves are required if there is a likelihood of soiling or if there are caregiver skin openings. Gloves are required to be changed once there is soiling and between each patient.
- Gowns are available if there is possibility or probability of soiling clothing.
- Special PPE is required in cases of aerosolization or potential for aerosolization. This includes a respirator (i.e. CAPR or N-95 masks), face shields, gloves and gowns. Special assistance from our infection prevention team are readily available as needed. This is not expected to occur for treatments in the natural environment.

- **Strategies for maintaining a six-foot physical distance from the child and family as much as possible (risk increases with time)**

- Our appointment times are staggered, and our therapists meet the clients in our waiting room. This helps to have our wait times at nearly zero.
- Our visits are thoughtfully scheduled with clear goals and plans of care to ensure there are no unnecessary interventions.
- Our treatment rooms are large 22x16x9 feet, and well-ventilated.
- We have a Plexiglas screen at our check-in station. We are getting portable Plexiglas screens for some desktops for use when needed for Speech and other desktop interventions, and can take these to the natural environment if needed.



- If in the natural environment, we will need to ensure that a large enough room or area is utilized. 11x12ft is needed for three participants, while 15x15ft is adequate for up to 5 participants, including the [REDACTED] caregiver. In addition, there needs to be adequate ventilation.



- **Limits on the number of items used during sessions and disinfection protocol for those items**

- If an item is used during a session, it needs to be cleaned and disinfected by the [REDACTED] caregiver. This will self-limit the items used.
- Rooms are expected to be picked up and cleaned after each session. Adequate time between clients is scheduled to allow for this. If help cleaning is needed, the [REDACTED] caregiver is welcome to ask for this help.
- If in the natural environment, items used are cleaned and disinfected before and after using.
- Cleaning disinfection is done per process established by our infection prevention team. This currently involves a product that has been approved for use in health care and effective against COVID-19. The proper contact time will be met according to the manufacturer's instructions for us.

## Environmental Controls

- **Managing the number of people in the in-person session**

- For in-center visits, we limit the visit to the child and the caregiver. This information is given at time of scheduling.
  - We understand that this is not always possible due to a variety of issues.
  - If there are issues with this, the manager is notified as to the issue (difficulty getting childcare, etc). The non-client child should be from the same immediate family or household.
  - Options are investigated by team, including manager (such as a more convenient scheduled time)
  - If indeed there are no other options, the non-client child will be screened, masked, and asked to be well-controlled and maintain appropriate physical distancing.
- If the non-client child does not pass the screening, the appointment will need to be canceled and rescheduled.
- The treatment area is cleaned and disinfected after each client intervention.
- We clean and disinfect the high touch surfaces in our front desk and waiting area frequently throughout the day using products approved by our infection prevention department.
- We have closed certain areas that would be difficult to disinfect with high frequency, including our sensory room that has a ball-pit and our outside therapeutic playground.
- In the natural environment, we will limit the number of intervention participants in an immediate area to 5 or fewer.
- We will need to ensure that there is adequate space and adequate ventilation.

- 11x12 ft is minimum for 3 participants including the [REDACTED] caregiver, and 15x15 ft can accommodate up to 5 total participants.

#### • Service Location

- If appropriate and mutually agreeable for the [REDACTED] caregiver and family, the intervention may take place in a natural environment area such as an outdoor area (such as a park or beach). At this time, we are not meeting at places such as malls (even if open-air) or restaurants (even with seating outdoors).
- If meeting in the client's home (as of this writing, in-home interventions are not being done), assurances need to be made that no-one in the home is ill and no-one has suspected or actual COVID 19 positive.
  - Client and child's caregiver will need to be screened using the questions indicated above prior to the scheduled visit and prior to entering the therapy session.
  - Hand hygiene and PPE must be utilized by the [REDACTED] caregiver.
  - Hand hygiene and masking should be done by the child and child's caregiver.
- If the intervention is held in the natural environment, the hand hygiene, screening, temperature check and masking is done before the intervention.
  - If it is outdoors, we ensure that it is clean, free of hazards and pet waste
  - If it is indoors, the minimum size should be 11x12 ft for three participants and 15x15ft for up to 5 participants
    - Good ventilation is required; having a window open is preferred
- If the intervention is held in-center, our office is set up to have the screening upon entry to the facility. Here they are stopped and asked to use hand hygiene and mask. They are then asked the screening questions and their temperature will be taken.
  - They then come to the front desk that is Plexiglas screened and are checked in.
  - The therapist is either waiting for them or is called forward to minimize wait times
  - We have ability to have one-way traffic. The escorted client and caregiver are taken through the in-door and to the clinic room (we have eight of these).
  - The door is closed where care is provided. There is adequate ventilation and spacing with rooms 22ft long x 16 ft wide and 9ft high
  - We are obtaining Plexiglas desk screens for desk work.
  - The client and family are asked to use hand hygiene and are escorted in the one-way hallway and to the exit.

#### Discernment Process

- These are questions that will be asked during the discernment process. Personnel involved at the clinic level includes at least one service provider, and Family Resources Coordinator (FRC) and clinic manager.
  - Why does this need to be in-clinic?
  - Why can it not be done via telehealth? Are there barriers?
  - Is this a parental preference? Parental need? Is there a cultural need to have in-person therapy instead of telehealth.
  - Is there a barrier to family coaching to get this done via telehealth?
  - What are the other options to delivering care versus into our clinic?
  - Has an IFSP review been started or completed with review?
    - If the intervention is occurring in the clinic, an IFSP update is required

- If the intervention is occurring in the natural environment, no update to the IFSP is needed.
- After this review and discernment, the IFSP will be updated and include the justification.
- The outcome of the discernment will determine and be documented to reflect:
  - If the intervention outside of telehealth is justified.
  - The reason for the justification of non-telehealth intervention.
  - The frequency and duration of the non-telehealth interventions.
  - Race and other determinants that are relevant and support the justification

#### **Examples of needs to justify exemption for NE requirement**

- Vision or motor therapy assessments
- Manual therapy intervention
- Fitting or monitoring of adaptive equipment or augmentative communication devices
- Recent change in swallowing function and growth patterns
- Urgent feeding assessments
- Infant feeding assessment/interventions
- Assessment for positive behavioral supports
- Engagement with families for whom the exchange of information is otherwise not possible (e.g., no access to services through technology, homeless)
- Engagement with families to initiate services and build relationships for those hard to reach

#### **Examples of need that do not qualify for NE requirement exemption**

- Child does not engage with the screen (provider needs to engage parent through coaching)
- Parent prefers in-person services (IFSP team as a whole must determine this based on the needs of the child)
- Conducting general developmental evaluation and assessment, including eligibility evaluations (general development evaluation and assessment will be done remotely)
- Provider preference and comfort with virtual services (professional development resources and supports should be provided to build provider comfort and capacity.)
- Intake activities for provider convenience or preference (intake activities should be completed remotely whenever possible)