

***O'Brien Speech, Language
& Learning PLLC.
Discover, Encourage, Grow***

**Protocol to Resume in Home/Office Services
During COVID-19 Pandemic
July 1, 2020**

OBSLL primary focus is to maintain the safety-of the families we service and our providers. The Department of Health believes that Telehealth Services during the pandemic is currently the safest way to limit the spread of the COVID-19 virus. The DOH has approved the use of in-person services to the children/students that we serve on a case-by-case basis.

Some of the School Districts that we serve have also approved in home/office services.

OBSLL protocols are in place and will adhere to the NYS Department of Health, Department of Education and the Center for Disease Control (CDC) recommendations for the COVID-19 Pandemic.

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Important Information About How COVID-19 Spreads

- The virus is thought to spread mainly from person to person, between people who are in close contact with one another (within 6 feet), through respiratory droplets produced when an infected person coughs or sneezes. Respiratory droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or an object that has the virus on it and then touching their own mouth, nose, or possibly their eyes; however, this is not thought to be the main way the virus spreads.
- People are thought to be most contagious when they are most symptomatic.
- Gloves should be worn on both hands when employing Universal Precautions. Spread of the virus is possible 48 hours before people show symptoms; some individuals with COVID-19 may not show any symptoms.

Considerations about OBSLL's Services

If it is critical that this service be provided now, can this service be done remotely (e.g., phone call, video conference)?

- If YES,
- If NO, then staff should call ahead and ask the clients or family members, if applicable, the questions in the algorithm in Appendix A.

Strategies to Prevent Spread of Infection

Implement daily health screenings for staff:

- Providers experiencing symptoms consistent with COVID-19, exposed in the last 14 days to a COVID-19 positive individual, testing positive for COVID-19 in the last 14 days, or experiencing a temperature greater than or equal to 100.0° F, should not enter a child's home or the workplace.
- Providers who develop symptoms consistent with COVID-19 should stay home, contact their health care provider, and find information about when staff, who had symptoms of COVID-19 or had a COVID-19 test that was positive, can return to work. (Outlined in the May 31, 2020 "Interim Guidance for Public and Private Employee/contractors Returning to Work Following COVID-19 Infection or Exposure".)

Health and Safety Standards

1. Providers will attest to reading Health and Safety Standards (on the OBSLL Website).
2. Providers will adhere to the OBSLL Protocol for return to in-person therapy within OBSLL Office.
3. Providers will adhere to OBSLL Protocol to return to in-person home-based services.

Personal Protective Equipment (PPE)

Consistent with directives from Governor Andrew M. Cuomo, including Executive Orders 202.16 and 202.17, as subsequently extended, the NYS Department of Health requires the wearing of a face covering when unable to maintain social distance. Executive Order 202.16, issued on April 12, 2020, further provides:

“For all essential businesses or entities, any employee/contractors who are present in the workplace/ home or office shall be provided and shall wear face coverings when in direct contact with clients or members of the public.” Individuals are required to wear a face covering in situations and settings where social distance of 6 feet is not possible. Face coverings are not required if wearing one would inhibit or otherwise impair an individual’s health. Children under the age of two are not required to wear a face covering.

Universal Precautions

1. Hand Hygiene
 - a. Providers and children/families should perform frequent hand hygiene.
 - b. Children and staff should practice good hand hygiene to help reduce the spread of germs and viruses including COVID-19.
 - c. Hand washing should occur before meals, before and after therapy, after recess, and other times as appropriate.
 - d. Hand hygiene after removing PPE is particularly important, to get rid of any germs that might have been transferred to bare hands during the removal process.
 - e. Please note, soap and water should be used if hands are visibly dirty.
 - f. Hand hygiene includes:
 - i. Traditional hand washing with soap and warm water (washing and lathering for a minimum of 20 seconds).
 - ii. If soap and water are not immediately available, an alcohol-based hand sanitizer containing at least 60% alcohol may be used.
2. Social Distancing:
 - a. Maintain physical distance. To the greatest extent possible, a physical distance of at least 6 feet should be maintained when inside the home.
 - b. If the services being delivered do not allow for physical distance, PPE should be used and good hand hygiene must be practiced.
3. Respect

- a. Guard Against Stigma Organizations should work to prevent actions that could perpetuate stigma attached to COVID-19. There is no excuse for using the outbreak as a way to spread racism and discrimination. OBSLL will encourage providers to stay informed, remain vigilant and take care of each other.

Use of Gloves

- Use of latex free gloves should be used for instances where you may have direct contact with bodily fluids (i.e. saliva, mucus, blood, urine, feces, etc.). Or when cleaning work areas and equipment, should the cleaning agent call for glove usage.
- Gloves should be worn on both hands when employing Universal Precautions.
- Do not touch anything with contaminated gloves.
- To safely remove gloves:
 - Do not snap or pop the gloves which may cause spray.
 - Hold one of your wrists so that your thumb points to the ceiling.
 - Pinch that glove and lift at the wrist.
 - Roll down until the glove is completely off your hand in a ball in the palm of the other hand.
 - Slide a finger down and inside the glove on the other hand, and pull it off until it's balled around the first glove.
 - Dispose of the gloves.
 - Immediately wash hands with soap and water for at least 20 seconds and/or use alcohol-based hand sanitizer (at least 60% alcohol).

(Hand Washing Protocol)

Respiratory Hygiene

- The COVID-19 virus, as well as most other viruses spread from person to person in droplets produced by coughs and sneezes.
- Children/family and providers need to cover their mouths and/or noses with a tissue when coughing or sneezing, and then dispose of the tissue appropriately.
- If no tissue is available, using the inside of the elbow (or shirt sleeve) to cover the mouth or nose when coughing or sneezing is preferable to using the hands.
- Always provide hand hygiene after sneezing, coughing and handling dirty tissues and other soiled material.

How to Clean

(Wear disposable gloves to clean and disinfect)

- Clean surfaces using soap and water, then use disinfectant. Cleaning with soap and water reduces the number of germs, dirt and impurities on the surface. Disinfectant kills germs on the surfaces.
- Practice routine cleaning of frequently touched surfaces. More frequent cleaning and disinfecting may be required based on level of use.

- High touched surfaces include: Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets faucets, sinks, toys, therapeutic equipment, etc.

How to Disinfect

- Diluted household bleach solutions may also be used if appropriate for the surface. Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safety of colored clothing or for whitening may not be suitable for disinfection.
- Unexpired household bleach will be effective against coronavirus when properly diluted. (1 teaspoon of bleach to 1 gallon of water)
- The bleach solution must be made daily.
- Toys should be rinsed and dried thoroughly to avoid ingestion of bleach.
- Follow the manufacturer’s instructions for application and proper ventilation.
- Never mix household bleach with ammonia or any other cleanser.
- Disinfecting wipes are also acceptable for daily cleaning of toys.

Safety Protocol for OBSLL Office

Employee/contractor/ Contractor Health Screening

- Each employee/contractor/ contractor will participate in an Health Screening Form.
 - Early Intervention Health Screening Forms
 - Suffolk County
 - Nassau County
 - School Age Health Screening Forms
 - Suffolk County
 - Nassau County
 - Pre-School Health Screening Forms
 - Suffolk County
 - Nassau County
- Inquiry as to whether the employee/contractor has been recently exposed to anyone diagnosed with COVID-19.
- Daily temperature checks. If an employee/contractor’s/ contractor’s body temperature is above 100.4 degrees Fahrenheit, the employee/contractor/ contractor must be sent home immediately.
- Assessment of visible signs of respiratory symptoms present (cough and shortness of breath).

To return to work

- √ Employee/contractor/ contractor must be fever free for at least 3 days without taking fever reducing medications during that time.
- √ Free from any respiratory symptoms (cough and shortness of breath).

- √ At least 10 days have passed since symptoms began.
- √ The employee/contractor may return to work earlier if a doctor confirms the cause of the employee/contractor's fever or other symptoms is not COVID-19 and provides a written release for the employee/contractor to return to work.

Child Health Screening

- Each child will participate in a Health Screening Form
 - Early Intervention Health Screening Forms
 - Suffolk County
 - Nassau County
 - School Age Health Screening Forms
 - Suffolk County
 - Nassau County
 - Pre-School Health Screening Forms
 - Suffolk County
 - Nassau County
- Inquiry as to whether the child has been recently exposed to anyone diagnosed with COVID-19 within the past 14 days.
- Assess for visible signs of respiratory symptoms (coughing and shortness of breath).
- Temperature checks upon arrival. If the child's body temperature is above 100.4 degrees Fahrenheit, the child must be sent home immediately.

To return to therapy

- √ Child must be fever free for at least 3 days without taking fever reducing medications during that time.
- √ Free from any respiratory symptoms (cough and shortness of breath).
- √ At least 10 days have passed since symptoms began.
- √ The child may return to therapy earlier if a doctor confirms the cause of the child's fever or other symptoms is not COVID-19, and provides a written release for the child to return to therapy.

Use of Personal Protective Equipment (PPE)

- All staff are required to wear masks and/or face shields that cover both your mouth and nose. When removing your face mask, immediately put it in a paper or plastic bag if it reusable. If mask is not reusable, than dispose of it in the trash. Immediately wash your hands after mask removal. Avoid touching your face and eyes.
- All adults who enter waiting rooms, use bathrooms, or are in any common areas are required to wear masks that cover both their mouth and nose.
- Children will not be required to wear masks unless traveling through a common area where 6 feet of social distancing cannot be achieved.
- Children will not be required to wear masks during individual sessions where their provider is wearing a mask or during a group session where social distancing can be

met. (Group therapy sessions for Early Intervention are not approved for in-person therapy during the COVID-19 Pandemic).

- Children are defined as 17 years of age and under.

OBSLL Protocol for In-Person Home-Based Services

In addition to the expected items required by the Department of Health, the Bureau of Early Intervention and Department of Education, the following items will need to be available for all sessions:

- Mask and/or face shield (see information regarding PPE above)
- Disinfectant wipes that clearly state that they are effective in killing corona- viruses. (Refer to standards of Health and Safety Manual provided.)

Provider Responsibilities

- The provider will adhere to all of the Safety Protocols established above.
- Provider may NOT enter a home if the they have been exposed to COVID-19 or have been in contact with someone diagnosed with COVID-19 within the past 14 days.
- The provider will be free from colds/fevers/all COVID-19 symptoms.
- The provider will be expected to maintain the use of their masks/shields for the entirety of the session.
- The provider will wash hands prior to providing services and prior to leaving the family's home.
- The provider will NOT bring outside toys for the use of therapy.
- The provider will comply with the approach established by the Department of Early Intervention and the Department of Education and utilize the resources within the home.
- The provider will be furnished with a checklist of COVID-19 symptoms which the family and provider must discuss prior to entering a family's home. (COVID-19 Symptom Checklist)
- If the provider feels that the child or family may become ill, they can immediately terminate the session.

Family Responsibilities

- The family will be free from colds/fevers/all COVID-19 symptoms.
- The family will be furnished with a checklist of COVID-19 symptoms which the family and provider must discuss prior to entering a family's home.
- The family will discuss with the provider their own family-specific precautions that they would like to be taken within their home/with their child.
- The family should disinfect toys prior to and after every therapy session.

In-Person Home Evaluation

- The evaluator will contact the family via telephone to review the family's exposure to COVID-19 and to assess whether the evaluation should progress or be rescheduled due to concerns with COVID-19.
- The evaluator will take the case history over the phone to reduce the amount of time within the home.
- The evaluator will request specific items to have available prior to the evaluation.
- The evaluator will comply with all of the safety protocols outlined above.
- The evaluator will be free from colds/fevers/all COVID-19 symptoms.
- The evaluator will be expected to maintain the use of their masks/shields for the entirety of the session.
- The evaluator will wash hands prior to providing services and prior to leaving the family's home.
- The evaluator will use comparable items found within the home to replace evaluation media whenever possible.
- The evaluator will be furnished with a checklist of COVID-19 symptoms which the family and provider must discuss prior to entering a family's home.
- If the evaluator feels that the child or family may become ill, they can terminate the evaluation.

In-Person Office Evaluation

- An office evaluation should be offered with permission from the County/School District when the family feels that a telehealth evaluation is not appropriate and if the family would prefer to limit access to their home.
- The evaluator will adhere to the safety protocols established for resuming office-based therapy. (See above for details.)
- The parent/guardian is expected to wear a mask throughout the evaluation.
- If the evaluator feels that the child or family may become ill, the evaluation should be rescheduled.

In-Person Office-Based Services

OBSLL will begin providing office-based services on a case by case basis in an effort to limit the number of children and provider's that can be seen in the building at one time. The criteria will include, but is not limited to the below considerations:

- Is it critical that the child receive in-person office-based services?
- Can the child's IFSP outcomes be met utilizing the telehealth platform?
- Does the child have a diagnosis that automatically qualifies them for services by the NYS Department of Early Intervention or the Department of Education?
- Does the child have significant delays in their ability to move and explore their environment, requiring direct therapeutic handling to improve the outcome?
- Does the family have technology issues that have prevented them from getting services via telehealth?

- Have services not been provided via telehealth because the environment was not conducive to the telehealth platform.
- Did the family attempt telehealth services and then discontinue services because the therapeutic team felt that the telehealth platform was not appropriate to achieve the child's IFSP/IEP outcomes.
- A child that the County/School District identifies as needing in-person services.

With the approval from the County /School District, OBSLL will attempt to combine telehealth and in-person services whenever possible in an attempt to provide access to as many children as possible.

OBSLL will gradually introduce children into the office as long as it is able to comply with the Social Distancing Guidelines established by the New York State Department of Health, Department of Education and Center for Disease Control.

Introduce In-Person Home-Based Services

In an attempt to limit the exposure of children and providers, it is recommended by NYS Department of Health, the Bureau of Early Intervention and the Department of Education that telehealth services should be continued to the greatest extent possible in order to prevent the continued spread of the COVID-19 virus. OBSLL will be introducing in-person services in phases while considering all State and County Guidelines.

In-Person Home-Based Services

OBSLL will begin providing in-person home-based services on a limited basis in an effort to initially limit family/caregiver/provider direct contact. The children seen within the home initially will include but is not limited to these criteria:

- Is it critical that the child receive in-person services at this time?
- Can the child's IFSP/IEP outcomes be met utilizing the telehealth platform?
- Does the child have a diagnosis that automatically qualifies them for services
 - by the NYS Department of Early Intervention, NYS Department of Education?
- Does the child have significant delays in their ability to move and explore their environment, requiring direct therapeutic handling to improve the outcome?
- Does the family have technology issues that have prevented them from getting services via telehealth?
- Have services not been provided via telehealth because the environment was not conducive to the telehealth platform?
- Did the family attempt telehealth services and then discontinue services because they felt the telehealth platform was not sufficiently meeting the child's IFSP/IEP outcomes?
- A child that the EIOD deems necessary to receive in-person therapy whenever possible.

With the County or School District's permission, OBSLL will attempt to accommodate as many children as possible by offering a combination of telehealth

and in-person services whenever possible. (Example: Speech 2x per week in the home may look like 1x home and 1x telehealth per week.)

Introduction of In-Person Service within the Home (Multiple Disciplines)

OBSLL will begin to offer in-person multi-disciplinary services to children on a limited basis. OBSLL will attempt to introduce one service at a time in an effort to limit exposure to the child/family.

- The family/therapeutic team will discuss the service that is deemed most necessary and appropriate to facilitate success with the child's IFSP/ IEP Outcomes.
- The family/therapeutic team will assess the service that the child responds to the least via telehealth platform.
- The family/therapeutic team will discuss which service requires the most hands-on approach to meet the child's IFSP/IEP Outcomes.
- With the County/School District's permission, OBSLL will accommodate children by offering a combination of in-person and telehealth services whenever possible.
- Services will not be provided within a daycare setting at this time.

Introduction of Multiple Services within the Home

- Multiple therapies will be offered for in-person services.
- Introduction of additional services into the home when deemed appropriate by the family/therapeutic team.
- Which service/services introduced will be decided by the family/therapeutic team.
- If the family/therapeutic team does not feel that all services can be introduced in the home, telehealth services for other disciplines will continue via telehealth.
- Services can resume in daycare settings where the Child Day Care Center requirements during the coronavirus have been met, and family/provider agree to services within this setting.

Forms and Resources

Early Intervention:

- [Suffolk County Guidance on Resuming In-Home Visits:](#)
- DOH EI – Provider & Family Assessment for Home and Community Based Services
 - [Suffolk County](#)
 - [Nassau County](#)

Health Screening Form:

- [Suffolk County](#)
 - [Nassau County](#)
-

Pre School:

Guidance on Resuming In-Home Visits:

- [Suffolk County](#) (complete for ST, OT, PT and Social Work)
- [Nassau County](#) (complete for ST, OT, PT and Social Work)

Health Screening:

- [Suffolk County](#)
 - [Nassau County](#)
-

School Age:

Guidance on Resuming In-Home Visits:

- [Suffolk County](#)
- [Nassau County](#)

Health Screening:

- [Suffolk County](#)
- [Nassau County](#)

NYS DOE Provision of Services to Students with Disabilities during Schoolwide Closures Due to COVID-19:

- [Supplement #2](#)
- [Supplement #3](#)

[Attestation of Review of Supplements #2 and #3](#)

Attestations:

- [For Providers](#)
- [For Parents/ Guardians](#)

Resources:

- [The Latest from the CDC](#)
- [The Latest from the NYS DOE](#)
- [The Latest from the NYS DOH](#)
- [When and How to Wash Your Hands](#)
- [Symptoms of COVID-19](#)
- [COVID-19 Symptom Checklist](#)