Early Intervention Health & Safety Plan

Commitment:

We know that children thrive in natural environments with trusted caregivers, familiar routines and predictable activities. Our team of interventions have decades of experience partnering with families to create meaningful opportunities for learning out of typical daily routines. Simply put, we believe infants and toddlers are most likely to demonstrate sustainable gains when we meet them where they are, with the caregivers who have the greatest impact on their daily lives.

Yet we know that our current health crisis places necessary limitations on these natural environments, ones that we must navigate with research-based health and safety practices that are diligently enforced. This is not a forever problem, and we know it will take consistent flexibility and oversight, however it will remain our priority as we move cautiously into the foreseeable future.

Considerations:

The decision to re-engage with in-person EI support is a public health issue requiring safety plans, in alignment with OCDEL, prior to the consideration of in-person services. We also understand, that county agencies remain in alignment with Governor Wolf's reopening plan, which includes tele-intervention being strongly suggested to mitigate the risks associated with COVID-19 even in the Green Phase of the pandemic.

As such, CADES is committed to adhere to all of the requirements and recommendations for best-practices when consideration for in-person services are considered. We will partner with Service Coordination to share our plans, and participate in team decision making, discussions, and documentation to justify the need for in-person visitation as necessary.

IFSP Team Guidance: When a need is identified for intermittent in-person delivery of an early intervention service on the IFSP, CADES team members will comply with the following:

1. The interventionist will first discuss the need for intermittent in-person services with CADES Early Intervention Director to confirm that there is ample justification for an in-person visit.
2. The interventionist, who has identified the need, will contact the team consisting of the family and Service Coordinator, to discuss and determine a plan to address the need by considering the following:

    a. Discussion points for families currently receiving tele-intervention:
        i. What are the current concerns?
        ii. What support is needed that you feel cannot be provided through tele-intervention?

iii. What strategies have you been provided and what challenge are you having in following them?

b. Discussion points for children/caregivers who have not been receiving tele-intervention:
   i. What are the current concerns?
   ii. What strategies have you been working on and what challenges have you had in following them?
   iii. Would the family/caregiver consider beginning tele-intervention?
   iv. What devices/technology does the family/caregiver need to consider tele-intervention?

If it is determined and agreed that an in-person visit should take place, and a CADES therapist or interventionist has been identified, the CADES Early Intervention Safety Plan & Guidelines for In-Person Visits will be followed. These guidelines follow the recommendations of:

- DHS/COVID-19 Providers Guidelines https://www.dhs.pa.gov/coronavirus/Pages/OCDEL-Infant-Toddler-Preschool-EI-Operational-Guidance.aspx
- Center for Disease Control https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html
- Early Intervention Technical Assistance Portal to Support EI Work During COVID-10 http://www.eita-pa.org/covidfamilies/

CADES Early Intervention Safety Plan & Program Guidelines for In-Person Visits

As an Early Intervention Provider, CADES acknowledges responsibility to identify any interventionist, or family member in the visiting home, who is at risk of transmitting COVID-19 and the risk of complications if they were to be infected.

1. **Monitor:**
   a. CADES Interventionists are required to answer the first three questions on the *COVID-19 Screening for Families Participating in Early Intervention Services Questionnaire* (attached) prior to each in-person service.

      i. If the provider believes that they are at risk of transmitting COVID-19 or the response is yes to any of the first three questions, the provider must report these findings to CADES Early Intervention Director for monitoring. They must also contact the family to schedule tele-intervention service in place of in-person for the extent of the 14-day quarantine, or until the interventions is symptom free for three consecutive days without the use of pain or fever reducing medications.

      ii. If the provider answers no to the screening questions, move to section (b) for the family screening.

b. CADES Interventionists is also required to contact each family prior to any home visit to complete the *COVID-19 Screening for Families Participating in Early Intervention Services Questionnaire* and document responses for anyone who will be present during the in-home visit.
    i. If the provider believes that anyone residing in the home, or anyone who will be present during the visit, is at risk of transmitting COVID-19, or the response is yes to any of the first three questions, the provider must report these findings to CADES Director of Early Intervention for monitoring. They will also schedule a tele-intervention service in place of in-person for the extent of the 14-day quarantine, or until the individual is symptom free for three consecutive days without the use of pain or fever reducing medications.

2. Prevent:

a. Face Masks:
    i. All CADES Interventionists are required to wear a facemask – either a cloth face covering or surgical disposable facemask that covers the nose and mouth for the duration of the in-home visit.
        - When individuals are identified as deaf, hard of hearing or require lipreading to communicate, the interventionist must consider the use of clear mask for communication.
        - If the mask becomes soiled it must be replaced or laundered prior to going into the home.
        - Per the CDC guidance, cloth masks should be laundered daily.

    ii. Family members who are present during the visit are required to wear a face mask for the entirety of the session.
    In alignment with the CDC, CADES recognizes that wearing masks may not be possible in every situation. The following acceptations will be made for family members regarding mask use:
        - Any child under the age of 2 years.
        - Young children (preschool) who are unable to wear a mask properly for an extended period of time.
        - Individuals with intellectual and developmental disabilities or other conditions where sensory sensitivity challenges wearing a mask.
        - Anyone who is subject to exacerbation of a physical or mental health conditions, leading to a medical emergency, or significant safety concerns.

b. Social Distancing:
    i. Consider outdoor spaces for in-person visits whenever possible.
    ii. As much as reasonably possible, maintain a 6-foot distance between the interventionist/family members/child.
    iii. Before each visit, identify the room or space where social distancing can be achieved preventing movement throughout the home.
    iv. Open or crack windows to improve ventilation whenever possible.
    v. Discuss any materials or supplies that caregiver can disinfect prior to the visit and locate them in the space that will be utilizing during the session.

c. Universal Precautions:
    i. Upon entering the home, the interventionist and family members, who are present for the visit, will wash their hands for 20 seconds with soap and warm water.
    ii. Interventionists will maintain a travel sized bottle of hand sanitizer that will be stored out of the reach of children. Hand sanitizer will be utilized when the interventionist comes in contact with droplets, such as those associated with a child sneezing, drooling or coughing.
    iii. The caregiver is expected to disinfect all high touch surfaces prior to, and during the visit as necessary to prevent the spread of germs.
    iv. The caregiver will be encouraged to ask all family members, not engaged in the session, to remain in an alternative room of the house to limit exposure when it is reasonable to do so.

Responsibility:

It is the responsibility of everyone to practice and promote behaviors to ensure the health and safety of our community. During the COVID-19 pandemic, we encourage all CADES employees and contract providers to comply willingly with all rules and policies designed to keep our community safe and healthy. This means thinking of others, appreciating that their risk tolerance might be lower than others, and adjusting with sensitivity and respect. This also means respecting all policies and expectations in duty to others as evidenced in many ways including:

- How all members of our community wear masks, wash and disinfect their hands frequently, and mind physical distancing norms and rules;

- How all members of our community interact with each other, and take responsibility for maintaining a healthy environment;

- How all members of our community follow self-screening guidelines for symptoms of illness and report these findings as soon as they become known; and

- How all members of our community comply with self-quarantine rules regarding exposure to COVID-19 and recent travel.