



Aging and Disability Services Division - Early Intervention Services Phased Re-Entry Plan

(Updated February 24, 2021)

The following Early Intervention Services (EI) re-entry plan will correlate with the Governor's Road to Recovery: Moving to a New Normal plan. It is meant for all EI providers across the State of Nevada. Telehealth platforms will still be utilized as much as possible in an effort to minimize COVID-19 exposure to all EI children, families, and staff/providers.

Phase 1 – Re-entry of Limited Face-to-Face Encounters

- This phase will include limited in-clinic visits that are difficult to properly evaluate through telehealth to include: EI physician visits, feeding and nutrition visits, Autism Diagnostic Observation Schedule (ADOS) testing, follow up to Newborn Hearing screening, and assessments for motor concerns only (i.e., abnormal tone, torticollis, etc.). These visits will only allow for one clinician in the room to conduct the visit. Any additional required participants must join via telehealth.
- All face-to-face encounters should be performed in rooms large enough where proper social distancing (6 feet) between adults in the room can be maintained.
 - All toys, furniture, and equipment will be removed from the rooms, except for those items that are absolutely necessary for the face-to-face encounter and can be easily cleaned.
- All EI staff involved in the face-to-face visit will wear a facemask throughout the entire visit and will follow all face covering provisions as outlined in Directive 024.
 - Proper Personalized Protective Equipment (PPE) – All EI staff who will be performing any physical assessments will wear a facemask, as well as proper eye protection and gloves per CDC recommendations.
- Each visit will be scheduled with an additional 15 minutes at the end of the visit for appropriate cleaning of the room.

Phase 2 – Re-entry of Increasing Face-to-Face Encounters (Services) (Revised – February 24, 2021)

Phase 2 builds on Phase 1 visits and expands in-clinic visits as follows:

Limited Multidisciplinary Team (MDT) Visits:

- To conduct an evaluation/assessment that cannot be completed virtually (telehealth or telephonic) due to barriers including lack of internet or electronic device that supports the virtual service.
- To conduct an evaluation/assessment that requires hands-on movement to properly identify the child's developmental strengths and needs.

Functional Vision Assessments (FVA):

- To conduct a one (1) time in-clinic visit for an assessment that requires hands-on and/or cannot be conducted virtually.

Limited Therapy Services:

Early Intervention Services

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- To conduct a therapy service as a one (1) time per discipline (Physical, Occupational, Speech Therapy) in-clinic visit to address a needed service that requires hands on demonstration of strategies that could not properly be conducted virtually.
- This visit must be the result of an Individualized Family Service Plan (IFSP) discussion and determination to include parent/guardian and follow 34 CFR 303.126(b) (Natural Environment).

Audiology Testing:

- Expansion of limited in-clinic visits for audiology testing that is difficult to properly evaluate through virtual means.

In-clinic Participation Limits:

- In-clinic visits should remain limited to one (1) EI provider, the child, and one (1) parent/guardian if in separate households **OR** two (2) parent(s)/guardian(s) if in the same household. Additional members must join virtually. The visit may include more than one (1) child for multiples (twins/triplets) that would need to be seen for the visit.
- In-clinic visits may require more than one EI provider to perform hands-on evaluation or assessment of the child. In this scenario, the guidance remains the same and limits one (1) EI provider in the room with the child and parent(s)/guardian(s) at a time. When the first EI provider evaluation/assessment is complete, the EI provider should exit the room and inform the second provider of entry in the room. To the extent possible, all visits should be kept to their allotted scheduled times with limited contact with the child and parent(s)/guardian(s) to minimize the risk of exposure.

ALL infectious disease mitigation measure protocols remain in place as established in Phase 1 and under the sections of this document for Protocol and PPE.

Each visit will be scheduled with an additional 15 minutes at the end of the visit for appropriate cleaning of the room. Due to the addition of phase 2 in-clinic visits with phase 1 visits, scheduling must maintain protocols that limit exposure. There should not be more than one individual checked in at one time. All check-ins and visits must be staggered to limit any exposure between visitors. The recommendation is no more than a total of 5 in-clinic visits per day per discipline.

Phase 3: Resumption of All Face-to-Face EI Services (For Future Release)

- All methods of early intervention services will resume, including in-home visits.
 - Further guidance will be provided as to how to conduct home visits prior to Phase 3 beginning.
- Proper PPE will still be required, as per CDC recommendations.

Protocol for Face-to-Face Encounters (Services) In-Clinic

- During the scheduling of each visit, the parent/guardian will be screened with a series of questions pertaining to ALL members of the household (see “Scheduling Script” provided with Phase 1). Screenings will be completed by designated and trained staff.
- Two (2) parent(s)/guardian(s) will be allowed into the EI clinic with each child as long as the parent(s)/guardian(s) live in the same household. If living in separate households only one (1) parent/guardian is allowed in the clinic with each child to mitigate risk of infectious disease spread.
 - Other children will be asked to stay at home. If accommodations cannot be made for other children to stay at home, then the visit will need to be postponed (except in very unique situations if no other childcare is possible and the visit must be done in-clinic).

- The parent(s)/guardian(s) will be required to wear their own facemask/face covering following CDC guidelines during the entire appointment. The CDC recommends that children (under the age of 2) will not be required to wear a facemask.
 - The parent(s)/guardian(s) are expected to bring their own facemask/face covering from home and will be informed of this during the scheduling of the visit.
- One day prior to the child's visit, the front office will call to confirm the appointment and again ask the parent(s)/guardian(s) the "Scheduling Script" questions and remind them to bring their own facemask/face covering.
 - All Monday appointments will be made in the afternoon to allow a confirmation call with screening questions to be done in the morning prior to the appointment.
- Upon arrival at the EI clinic, the parent(s)/guardian(s) will call the front office and notify them of their arrival. They will be asked the screening questions (by assigned staff) again over the phone (see "Visitor Screening Questionnaire" provided with Phase 1). Individuals with limited/no access to a phone, will have the availability to knock on the door and screening will be conducted using proper social distancing protocols.
- They will wait in the car and the designated and trained staff will go to the car and check the temperature of both the parent(s)/guardian(s) and the child.
 - If the child and parent(s)/guardian(s) arrived via public transportation, cab, ride share, or by foot, then the screening questions and temperature checks will take place outside and they will be allowed entrance into the lobby if they screen negative and have temperatures less than or equal 99.9°F.
- If both the parent(s)/guardian(s) and child screen negative on questioning and have temperatures less than or equal to 99.9°F, the designated staff will escort them into the building and directly into the exam room.
 - If either the parent(s)/guardian(s) or child screen positive or have temperatures greater than or equal to 100°F, they will not be allowed into the EI clinic and another appointment will be scheduled AT LEAST 2 weeks in the future.
 - All lobbies and waiting areas will remain closed to visitors (except in the instance stated above). Toys, magazines, and books should be removed from these areas. These areas should have only a few chairs available that can easily be cleaned.
 - The chairs will be cleaned immediately after use.
 - Lobby restrooms should be designated for visitors only, reserving staff restrooms for staff only.
- Everyone will use hand sanitizer upon entering and exiting the exam room.
- At the end of the visit, the parent(s)/guardian(s) and child will be escorted from the exam room directly outside by the clinician that conducted the visit.
- At the end of each visit, the clinician will be expected to disinfect the exam room using FDA approved cleaner with proven effectiveness against COVID-19.
 - The cleaning log (on the door) must be completed at the end of each cleaning/visit.
- All efforts will be made to avoid having parent(s)/guardian(s) use EI pens, clipboards, etc. If possible, documents will be signed electronically or using a pen that they provide from home.
 - If pens need to be used, they need to be sanitized immediately.
- At the end of each day, cleaning of all spaces will occur according to the cleaning protocols.

During each phase, special consideration needs to be taken for those children, families, and EI employees that fall into a high-risk category for developing severe illness from COVID-19. If a child or their family member(s) are high-risk, all efforts should be taken to conduct visits via telehealth until it is deemed safe to conduct a face-to-face visit. If an EI employee (or their immediate family) is considered high-risk, accommodations will be made to avoid face-to-face encounters until it is deemed safe to resume normal work duties.

Examples of conditions which may place people at higher risk for developing severe illness from COVID-19: Chronic lung disease, moderate to severe asthma, serious heart conditions, immunocompromised (cancer, bone marrow or organ

transplantation, immunodeficiencies, HIV/AIDS), diabetes, chronic kidney disease undergoing dialysis, chronic liver disease, pregnant women, and anyone over the age of 65.

All EI employees will be required to complete the screening questionnaire and record their temperature each morning before entering the EI clinic (see “Employee Screening Questionnaire” provided with Phase 1). The questionnaire must be turned in to their supervisor prior to entering the building for their daily shift.

- If an employee screens positive on the questionnaire or has a temperature greater than or equal to 100°F, then they should contact their supervisor immediately, follow the HR protocol and should NOT enter the EI clinic.
- Employees are expected to be on the “honor system” when answering questions and taking their temperature, as this will be done individually.

PPE Requirements:

- 1) The N95 mask is recommended for practitioners that are performing face-to-face encounters with children that require prolonged and close contact. EI employees wearing a N95 should be fit tested.
 - a. Due to the current shortage of N95 masks and the relatively low-risk nature of EI clinical visits, it is acceptable that all employees wear surgical facemasks or homemade facemasks following CDC recommendations.
- 2) At least three (3) surgical or homemade facemasks for all staff in EI clinics are recommended.
 - a. Employees may also choose to wear their own facemasks from home.
- 3) One (1) paper bag for each employee to store their facemasks for reuse.
 - a. Please see the CDC guidance on storing, reusing, and disposing of facemasks:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>.
 - b. Employees will be expected to wear a facemask the entire time that they are in the EI clinic, except for if they are alone in an enclosed office space and/or eating or drinking.
- 4) One (1) piece of eye protection (goggles or face shield) for all EI physicians and audiologists.
- 5) Non-latex gloves.
- 6) Alcohol based hand sanitizer (at least 60% alcohol) in all rooms and common areas.
- 7) Disinfectant (approved by the EPA for use against COVID-19) in all rooms and common areas.
- 8) Alcohol swabs (70% alcohol) to use to sanitize pens, stethoscopes, thermometers etc.
- 9) No less than two (2) thermometers for each EI clinic site.
- 10) CDC COVID-19 guideline posters to be displayed in all windows and hallways.
- 11) Cleaning logs will be placed on the doors of all exam rooms and waiting areas.
- 12) All staff must be provided training on how to put on (don) and take off (doff) PPE and Re-entry protocols. Programs are responsible for their own training.