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## Aging and Disability Services Division - Early Intervention Services Re-Entry Plan Phase 3 July 1, 2021

Early Intervention (EI) services in Nevada, has taken every precaution to keep children, families, and staff/providers safe during the pandemic. As Nevada recovers from the pandemic and moves to a full re-opening, the EI program is implementing a gradual return to home visiting while continuing protocols to protect a vulnerable population currently not eligible for vaccines. EI services scheduled on or after July 1, 2021 will operate under the updated re-entry guidance as follows:

### Virtual Service Delivery

Virtual visits (telehealth and telephonic service delivery) are a viable, evidence-based, and effective option. This option shall be used to continue to support the education and coaching philosophy of EI services and mitigate risk of exposure to infectious disease.

Virtual visits should be in accordance with professional judgement and consider the needs of the family but are not intended to be the sole delivery method. See the Office of Civil Rights guidance on compliant telehealth platforms.

### In-Clinic Service Delivery

In-Clinic visits are permissible for services that cannot be completed virtually due to barriers including lack of internet or electronic device that supports the virtual service; services that cannot properly be conducted virtually; or at the request of the family due to their concerns regarding risk of exposure to infectious disease.

#### In-Clinic Services Includes:

- Physician visits
- Evaluation and assessment
- Autism Diagnostic Observation Schedule (ADOS) testing
- Audiology diagnosis and testing
- Multidisciplinary Team Meeting (MDT)
- Limited Therapy Services:
  - To conduct a therapy service as a one (1) time per discipline (Physical, Occupational, Speech Therapy) in-clinic visit.
  - 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).

#### 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 face-to-face encounters should be performed in rooms that promote social distancing between individuals.
- All toys, furniture, and equipment will be removed from the rooms, except for those items that are necessary for the face-to-face encounter and can be easily cleaned.

## Home Visit Service Delivery

Guidance permits for a safe and gradual re-entry of home visits that shall be incorporated with virtual visits to mitigate the risk of exposure to infectious disease.

Home Visit Parameters:

- A home visit must be the result of an IFSP discussion based on the comfort level of the family and individual risk factors of the child/family. In the event a family is not comfortable with moving to the gradual introduction of home visits, then services will remain virtual with the option for in-clinic visits as outlined in this guidance.
- Home visits must be incorporated with virtual visits for a hybrid service delivery approach. Home visits should not be the sole delivery model.
- Include communication to each family about the required visit protocols.
- Limit the number of visit participants to keep interactions low. Home 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.
- Limit external materials and equipment for a visit to reduce transmission of germs. **Toy bags are strictly prohibited.**
- Encouraging families to meet in a designated space in the home where surface areas can easily be disinfected and that allows for appropriate distancing or use of outdoors (weather and environment permitting).
- Contact should remain as brief as needed for hands-on demonstrations (model cues, positioning, feeding techniques, etc.). Use coaching practices with the parent(s)/guardian(s) to provide guidance to carry out strategies.

Under the current EI re-entry guidance, risk mitigation and controlled environments are still necessary. As a result, community settings such as child care, library, in person playgroup, etc., are prohibited. These additional settings will be addressed in a future phase of EI re-entry guidance.

## Screening Protocols

Daily screening is an essential tool to help prevent the spread of COVID-19. All EI providers and families must complete screening as follows:

- EI providers will complete the screener before reporting to the office or engaging in any visit with a family.
- EI providers should inform families of screening protocols upon scheduling and should screen the family at the following intervals:
  - Screeners must be completed on children and families to enter any EI building for an in-clinic visit to include verifying temperature with an infrared or no touch thermometer.

- Upon arrival at a home visit, the EI provider will be required to contact the family to complete the screener on **ALL** individuals in the home to include verifying temperature with an infrared thermometer. **ALL** individuals in the home must pass the screener for the provider to conduct the visit.

If the provider or any individual fails a screener or has a temperature greater than or equal to 100°F, the face-to-face visit **MUST NOT** be conducted. The visit should be rescheduled and can be offered virtually until the quarantine period is cleared. Follow CDC guidance on quarantine and isolation periods.

## Personal Protective Equipment (PPE) Protocols

All EI providers are required to adhere to PPE protocols for any in-clinic or home visit. The EI program statewide will strictly enforce mask and face covering requirements for **ALL** EI providers, families, and members of the home. The EI program serves a vulnerable population and reserves the right to hold to stricter protocols than established by the CDC, state, or local guidance.

- All EI providers, families, and individuals in the home must always wear a mask during any visit (in-clinic, home, or outdoor visit) except for:
  - Children under 2 years of age
  - Children with a medical condition that would make it difficult to wear a mask. Special precautions may be needed.
  - Individuals not participating in the visit and are in a separate room from the visit.
- Providers are required to change masks between visits and should follow CDC guidance on donning/doffing, reusable face masks/coverings, and cleaning.
- Providers have the right to refuse any in-person visit (in-clinic, home, or outdoors) in the event any individual does not adhere to mask or other protocols. The visit may be rescheduled virtually.
- Changing clothes between visits is NOT required.
- The use of gowns is NOT recommended, these should be reserved for hospitals and other facilities that provide direct care with COVID-19 positive individuals.

## Cleaning Protocols

Routine cleaning and disinfecting are required following CDC guidance and using EPA approved cleaners for COVID-19 for the following:

- Equipment/materials used during any visit (in-clinic, home, or outdoors).
- High touch surface areas.
- Wash hands or use hand sanitizer.

Home visit supply kits are recommended and may include items such as (not all inclusive):

- Hand sanitizer
- EPA approved disinfectant wipes
- Alcohol wipes (70% alcohol)
- Disposable masks
- Infrared or no touch thermometer
- Disposable gloves

**\*\* The guidance in this document is specific to the safe re-entry of EI services. No information in this guidance supersedes IDEA Part C regulation. Questions regarding regulations should be directed to the Nevada IDEA Part C office. \*\***