



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

2667 Enterprise Road • Reno, Nevada 89512
775-688-1341 • Fax 775-688-2984 • adsd.nv.gov

- 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.



MEMORANDUM

February 24, 2021

TO: All Nevada Early Intervention Service Providers and Community Partners
FROM: DHHS, IDEA Part C Office, ADSD Administration, and ADSD Quality Assurance
RE: Early Intervention Services Re-entry Plan Phase 2, Effective February 24, 2021

Handwritten signature in black ink, appearing to read "Dena Schmidt".

The Department of Health and Human Services-Director's Office (DHHS), IDEA Part C Office, Aging and Disabilities Services Division (ADSD), and ADSD Quality Assurance (QA), have established a gradual, phased re-entry plan to resume limited face-to-face early intervention visits in a clinic setting. Through the Phase 1 implementation, we have incorporated the successes and lessons learned for Phase 2 guidelines. This memorandum serves as official release of the Early Intervention Services Re-entry Plan Phase 2 implementation effective February 24, 2021.

The attached Early Intervention Services Phased Re-entry plan is meant for all early intervention (EI) providers across the State of Nevada and has been amended to address Phase 2 implementation. As a reminder, the Re-entry Plan is a phased approach that correlates with the Governor's Road to Recovery: Moving to a New Normal Plan. This plan should be used as guidance and may change with any new executive order from Governor Sisolak or directives from the COVID-19 Mitigation and Management Task Force.

Phase 1: Limited Face-to-Face Encounters (Services)

This phase included limited in-clinic visits for standardized diagnostic testing for Autism Spectrum Disorder (ASD), Newborn Hearing screening, feeding and nutrition, assessments for motor concerns only (i.e., abnormal tone, torticollis, etc.), and a limited number of visits that require Direct Observation Clinical Encounter Examination (DOCEE) and/or other hands-on physical observation/maneuvers.

Phase 2: Increasing Face-to-Face Encounters (Services) In-clinic

This phase builds on Phase 1 visits and expands in-clinic visits for limited Multidisciplinary Team (MDT) services, Functional Vision Assessments (FVA), limited therapy services, and expanded audiology testing for services that cannot be conducted virtually (telehealth or telephonic) either due to technology barriers or the requirement for hands-on physical observation/maneuvers or demonstration of strategies.

To maximize safety, the use of a layered approach with multiple measures to reduce the risk of COVID-19 spread remain in place, to include:

- A protocol for both family and staff including screener questions, temperature checks, proper Personalized Protective Equipment (PPE) with facemasks/face coverings, eye protection, and gloves per CDC recommendations, to be used by anyone participating in face-to-face clinic visits.
- All face-to-face clinic visits must be conducted in rooms large enough to exercise strict social distancing guidelines while wearing appropriate PPE.
- Appropriate hand washing/sanitizing techniques are required.
- All clinic visits must be scheduled with additional time allotted for cleaning using EPA approved disinfectants, as per CDC recommendations.

Phase 2 will closely be monitored with informed and collaborative decision making that will take into account both Nevada's COVID-19 Mitigation and Management Task Force information and EI program successes with lessons learned

from limited clinical services prior to establishing dates for the re-entry of additional phases. Any test positive must be reported to ADSD and the IDEA Part C office for evaluation. Please see the attached Early Intervention Phased Re-Entry Plan as amended for additional Phase 2 details.

Moratorium for Face-to-face Visits

The moratorium enacted March 16, 2020, for direct, face-to-face EI services or visits including direct patient evaluations, assessments, home or community-based services remains in effect with the exception of limited clinic visits only (Phase 1 and Phase 2). All other alternative services must continue to be provided via telehealth and telephone consultation.

Managers and supervisors of all EI programs are responsible for ensuring that direct service providers receive training and understand this information before programs begin scheduling for Phase 2 visits. In addition, all programs are required to use the enclosed forms as part of the Re-Entry plan. ADSD, Quality Assurance, and the IDEA Part C Office are available to assist programs in navigating through Phase 2 and subsequent phases of re-entry to ensure understanding, equitable service delivery for families and to address any other concerns should they arise. Please contact us as indicated below with any questions.

Thank you for your dedication to Nevada's families.

Sincerely,

Abbie Chalupnik, MA

Clinical Program Planner I

Nevada Department of Health and Human Services

Aging and Disability Services Division | Quality Assurance Children's Services

3811 W Charleston Blvd. | Las Vegas, NV 89102

T: (702) 486-9816 | F: (702) 486-7686 | E: achalupnik@adsd.nv.gov

Rique Robb

Deputy Administrator

Nevada Department of Health and Human Services

Aging and Disability Services Division | Child Services

3416 Goni Road | Carson City, Nevada 89706

T: (775) 687- 0971 | F: (775) 687-0574 | E: riquerobb@adsd.nv.gov

Lori Ann Malina-Lovell, DrPH

Clinical Program Planner I / Part C Coordinator

Nevada Department of Health and Human Services

Director's Office / IDEA Part C Office

4220 S. Maryland Parkway, Suite 121

Las Vegas, NV 89119

Office: (702) 486-3012

Email: lamalinalovell@dhhs.nv.gov

CC: Richard Whitley, DHHS Director
Rique Robb, Deputy Administrator-ADSD Child Services
Margot Chappel, Deputy Administrator, DPBH Regulatory & Planning Services
Jennifer Frischmann, Agency Manager- ADSD Quality Assurance

Enclosure (1): Aging and Disability Services Division - Early Intervention Services Phased Re-Entry Plan, February 2021

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

All Staff Training



Introduction

- The following Early Intervention (EI) phased re-entry will correlate with the Governor's Road to Recovery Plan.
- It is meant for all EI providers across the State of Nevada.
- Telehealth platforms and telephonic consult 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: Limited Face- to-Face Encounters In Clinic

- Autism Diagnostic Observation Schedule (ADOS) testing
- Follow up to newborn hearing screening
- Feeding and nutrition visits
- Limited assessments for motor concerns only (i.e. abnormal tone, torticollis, etc.)
- EI Physician visits

- 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.
- Only necessary toys and furniture in the rooms.
- All adults will wear a facemask or face covering.
 - Staff doing physical assessments will wear proper personal protective equipment (PPE) including a facemask, face shield or goggles, and gloves per CDC recommendations.
- Each visit will be scheduled with an additional 15 minutes at the end to allow for proper cleaning of the room.

Phase 1: Limited Face- to-Face Encounters


Mission: Keep Everyone Safe - Screen Illness Out

Protocol for Face-to-Face Encounters In Clinic

Screening questions during scheduling of visits.



Only one parent/caregiver allowed into the EI clinic with each child.



Parent/caregiver will be required to bring and wear their own facemask/face covering.

- Children under the age of 2 are not required to wear a mask.
- 

Screening questions during appointment confirmation call.

Protocol for Face-to-Face Encounters In Clinic

- The parent/caregiver will call the front office when they arrive and be asked the screening questions.
- A designated staff member will go outside and check the temperature of the parent/caregiver and the child.
 - If both screen negative on questioning and have temperatures less than or equal to 99.9°F, they will be allowed into the clinic.
 - If either screen positive or have temperatures greater than or equal to 100°F, they will not be allowed into the clinic and another appointment will be scheduled AT LEAST 2 weeks in the future.

Keep Everyone **Safe** – Screen **Illness Out**

Protocol for Face-to-Face Encounters In Clinic

- The parent/caregiver and child will be escorted directly to the exam room by a staff member.
- They must wait in their car until cleared to come inside.
- If they arrived via public transportation, cab, ride share, or by foot, then they will be allowed into the lobby.
 - The lobby will be cleared of all furniture, toys, books, magazines, etc. other than a few chairs that can be easily cleaned.
 - Otherwise, the lobby will remain closed to visitors.

Protocol for Face-to-Face Encounters

- Everyone will use hand sanitizer upon entering and exiting the exam room (including children).
- At the end of the visit, the parent/caregiver and child will be escorted from the exam room directly outside.
- At the end of each visit, the exam room will be disinfected.
 - Cleaning log
- All efforts will be made to avoid having parents/caregivers use EI pens, clipboards, etc.
 - If possible, documents will be signed electronically or using a pen that they provide from home.
- At the end of each day, deep cleaning of exam rooms will occur following cleaning protocols.

Visitor Screening Questions

- Have you traveled outside of the country in the past 14 days?
- In the past 14 days, have you, your child, or ANY member of your household been exposed to a confirmed case of Covid-19/Coronavirus?
- Do you, your child, or ANY member of your household have any of these symptoms?
 - Fever $\geq 100^{\circ}$
 - Cough
 - Shortness of breath
 - Sore throat
 - Muscle pain/body aches
 - Runny nose
 - Pain when breathing in
 - Abdominal pain
 - Nausea and vomiting
 - Diarrhea
 - Red or purple rash
 - Sores on toes
 - Chills/repeated shaking with chills
 - New loss of taste or smell
- Temperatures will be taken on both the parent/caregiver and child.

Visitor Screening Questions

If the answer is YES to any of the questions, the parent/caregiver and child will not be permitted entry into the building.

If the parent/caregiver or child have a temperature $\geq 100^{\circ}\text{F}$, they will not be permitted entry into the building.

They will be prompted to contact their health care provider and local health district.

Their assigned developmental specialist will contact them to offer a telehealth appointment.

- 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/Coronavirus.
- Examples of people at higher risk for developing severe illness from Covid-19/Coronavirus: 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.

Special Considerations



Employee Screening

- All EI employees will be required to complete the screening questionnaire and record their temperature each morning before entering the EI clinic. The questionnaire must be turned in to your supervisor prior to entry of daily shift.
 - If an employee screens positive on 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.



Employee Name (print):		Date:				
EI Office:	<input type="checkbox"/> Carson	<input type="checkbox"/> Elko	<input type="checkbox"/> Ely	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Reno	<input type="checkbox"/> Winnemucca

All EI staff/contractors are required to complete the EI Employee/Contractor Screening Questionnaire prior to reporting to the office daily and submit electronically to your supervisor.

1. In the past 14 days, have you **or** any member of your household been exposed to a confirmed case of COVID-19/coronavirus? **YES** **NO** **If yes, please check all that apply:** You Other HH member

2. EI staff/contractor temperature reading today:

3. Do you **or** any member of your household have any of these symptoms?

- | | |
|---|--|
| <input type="checkbox"/> Fever \geq 100 degrees | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea and vomiting |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Red or purple rash |
| <input type="checkbox"/> Muscle Pain/body aches | <input type="checkbox"/> Sores on toes |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Chills/repeated shaking with chills |
| <input type="checkbox"/> Pain when breathing in | <input type="checkbox"/> New loss of taste or smell |

If you answer YES to any of these questions OR you have a temperature \geq 100 - do NOT come in to work and take the following steps:

- ✓ Please contact your supervisor immediately and follow agency established Human Resource COVID-19 protocols.
- ✓ Submit this questionnaire electronically to your supervisor.
- ✓ Follow the recommendations of your health care provider and local health authority.
- ✓ Anyone who has an elevated temperature must remain home until they have been fever free for the preceding 24 hours without fever reducing medications (Acetaminophen and Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, aspirin, and naproxen).
- ✓ Anyone who has tested positive for COVID-19 must remain home until symptom free for 10 days.
- ✓ If you have traveled outside of the country in the past 14 days you must notify your supervisor.

If you answer **NO** to all the questions and your **temperature is below 99.9** you will proceed to the office for your normally scheduled workday. Submit your questionnaire electronically before arriving. If the document is not submitted and temperature is not recorded, you will not be permitted to enter the building. If you do not have a thermometer at home, you may use an office thermometer prior to entering the building to complete your screening.

Safe Use of Personal Protective Equipment



CDC and OSHA Recommendations

- Personal Protective Equipment (PPE)
 - Masks
 - Gloves
 - Face Shields or Goggles
 - Other:
 - Hand Sanitizer
 - Disinfectants
 - Alcohol Swabs
 - Thermometers
 - Posters



CDC and OSHA Recommendations

- **General Safety Procedures**
- Hand washing (at least 20 seconds)
- Social distancing (6 feet)
- Wear your facemask/face covering
- STAY HOME if you are sick!



**Occupational Safety
and Health Administration**



**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

Personal Protective Equipment

- Facemasks/face coverings are REQUIRED to be worn by everyone over the age of 2 years entering an EI clinic.
 - Surgical facemasks or homemade cloth facemasks
 - Limited number of N95 masks are available
 - 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 or cloth facemasks. **All N95's must be fit tested.**
 - Storage: Paper bags are recommended for storing facemasks for reuse. 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>
- 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.
- Programs are required to train all staff/contractors on proper donning and doffing of all PPE.

Other

Alcohol based hand sanitizer (at least 60% alcohol) in all exam rooms and common areas.

Disinfectant (approved by the EPA for use against Covid-19) in all exam rooms and common areas.

Alcohol swabs (70% alcohol) to use to sanitize pens, stethoscopes, etc.

Thermometers for each EI clinic site.

CDC Covid-19 guideline posters to be hung in all windows and hallways.

Programs are required to train all staff/contractors on cleaning protocols.





Additional Resources

[Donning and Doffing PPE](#)

[Get the Facts on COVID-19](#)

[Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#)

[How to protect yourself and others](#)

[Caring for individuals with disabilities during COVID-19](#)

[Caring for children during COVID-19](#)

Materials

- Re-Entry Plan
- Memo Limited Clinic Visits
- Employee Screening Questionnaire*
- Visitor Screening Questionnaire*
- Scheduling Script*
- COVID Exposure Reporting Form*
- Roles/Responsibilities Template*
- Cleaning Log*

For further
Questions:

Children's Services Quality
Assurance Team

Abbie Chalupnik
AChalupnik@adsd.nv.gov

Health Program Manager
Statewide System Liaison
srsprout@adsd.nv.gov

775-600-5070





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

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 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, feeding and nutrition, 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 for appropriate cleaning of the room.

Phase 2 – Re-entry of Increasing Face-to-Face Encounters

- A limited number of Multidisciplinary Team (MDT) assessments, vision assessments and therapy services, and expanded audiology testing that are difficult to properly evaluate through telehealth, will be performed in large rooms where you can maintain proper social distancing (6 feet) between adults in the room.
- PPE (including facemasks) will still be required, as per CDC recommendations

Phase 3: Resumption of All Face-to-Face EI Services

- All early interventions 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:

- During the scheduling of each visit, the parent/caregiver will be screened with a series of questions pertaining to ALL members of the household (see attachment "Scheduling Script"). Screenings will be completed by designated and trained staff.
- Only one parent/caregiver will be allowed into the EI clinic with each child.

- 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-person).
- The parent/caregiver will be required to wear their own facemask/face covering during the entire appointment. The CDC recommends that Children (under the age of 2) will not be required to wear a facemask.
 - The parent/caregiver is 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/caregiver 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/caregiver 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 attachment "Visitor Screening Questionnaire").
- 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/caregiver and the child.
 - If the child and parent/caregiver have 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/caregiver 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/caregiver 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. They 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/caregiver and child will be escorted from the exam room directly outside by the clinician that performed 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 parents/caregivers 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 following 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 do telehealth visits until it is deemed safe to see them in person. If an EI employee (or their immediate family) is considered high-risk, then accommodations will be made to avoid face-to-face encounters until it is deemed safe to resume normal work duties.

Examples of 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 temperature each morning before entering the EI clinic (see attachment "Employee Screening Questionnaire"). The questionnaire must be turned in to your supervisor prior to entry of daily shift.

- If an employee screens positive on 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) 1 N95 mask for all EI employees performing face-to-face encounters with children. 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.
- 2) 3 surgical or homemade facemasks for all staff in EI clinics
 - a. Employees may also choose to wear their own facemasks from home
- 3) 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) 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 2 thermometers for each EI clinic site
- 10) CDC Covid-19 guideline posters to be hung 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 donning/doffing of PPE and Re-entry protocols. Programs are responsible for their own training

Early Intervention Program COVID Exposure Report Quality Assurance



To Be Completed by Reporting Program / Agency:

Case Information	
Name of Provider / Company / Agency	
Secure Child Identifier (e.g. trac number, child initials, others. No full names)	
Developmental Specialists / Service Coordinator	

Reporter	
Name of Individual Submitting the Report	
Date:	Time:

Risk Identification / Diagnosis	
Did the Exposed Staff Member Report to State Health Officials for Testing?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Date
Did Health Officials Recommend Quarantine or Isolation Procedures?	<input type="checkbox"/> None <input type="checkbox"/> Quarantine <input type="checkbox"/> Isolation Start / End Date:
If Monitored by Health Officials: What were their recommendations for safe return to work criteria?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Describe Criteria: If Provided: Date for Safe Return to Work
Was the Exposed / Diagnosed Staff Person in Professional Contact with Others?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Additional Notes: (provide date(s) for each professional contact)</i>	If Yes: Date of Last Contact (check all that apply)
	Contact with Whom: <input type="checkbox"/> Client family member <input type="checkbox"/> Staff member Location of Contact: <input type="checkbox"/> Family's home <input type="checkbox"/> Sharing ride <input type="checkbox"/> Office <input type="checkbox"/> Others:

Risk Reporting	
Provider / Company / Agency was Notified by Exposed Individual	Reported To: Date: Time:
Risk was Communicated with Families Who Were in Contact with the Individual	<input type="checkbox"/> No <input type="checkbox"/> Yes Role of the Professional Who Notified the Family: Date: Time:

Plan of Action	
Immediate Response: (check all that apply) <i>Additional Notes:</i>	<input type="checkbox"/> Services Placed on Hold by Company <input type="checkbox"/> Family Chooses to End Services with this Company <input type="checkbox"/> Services Continued with a Different Staff Member of the Same Company <input type="checkbox"/> Services Switched to Telehealth <input type="checkbox"/> Others: <input type="checkbox"/> TBD with Family
Safety Plan for Continuing Services: <i>Additional Notes:</i>	<input type="checkbox"/> N/A <input type="checkbox"/> Plan of Action: Was this plan of action was discussed with and agreed upon by the family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet If Yes: Date:
Criteria for Returning to Regular Services: <i>Additional Notes:</i>	Date Services Will Resume:

Early Intervention Program COVID Exposure Report Quality Assurance



Expected Return to Regular Services	Approximate Date:
-------------------------------------	-------------------

By signing this below you, as the agency representative / manager confirm you have completed the Aging and Disabilities Services Division's – Quality Assurance reporting protocol and have a plan of action in place for all identified parties who are supported by your agency. This include completing the protocol for staff working for your agency and the Nevada Early Intervention Program. It is recommended to follow the CDC and State disinfecting guidelines in addition to this protocol for handling each COVID-19 exposures / infection / notification.

Acknowledgement

Provider Signature:	Date:
Early Intervention Manager Signature:	Date:
Quality Assurance Manager:	Date:

COVID-19 CLEANING AND DISINFECTION LOG

DATE	TIME	ROOM CLEANED	STAFF RESPONSIBLE FOR CLEANING (print name)	STAFF SIGNATURE	NOTES	SUPPLIES NEEDED
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				
		□				

PLEASE DO NOT USE THE SAME PEN THAT SOMEONE ELSE HAS USED

EI ROLES/RESPONSIBILI

(Position Title)	Clinician
<ul style="list-style-type: none"> ✓ Takes incoming phone calls ✓ Completes visitor screening questionnaire over the phone ✓ Hand sanitize/washing ✓ Takes visitor temperature ✓ Clean thermometer between each use (cotton swab with 75% medical alcohol) ✓ Takes visitor to the clinic room ✓ Ensure entry to a cleaned room ✓ Ensure hand sanitizing of visitor and child ✓ Hand sanitize/wash ✓ Notify clinician visit is ready ✓ Clean/Disinfect exam room & sterilize equipment after each visit using disinfectant approved by the EPA for use against COVID-19 ✓ Prep next visit with sterile equipment ✓ Complete cleaning log (use own pen) ✓ Hand sanitize/wash 	<ul style="list-style-type: none"> ✓ Hand sanitize/wash ✓ Starts telehealth/video if needed for the visit (ADOS) ✓ Perform visit ✓ Escorts visitors to exit the building ✓ Hand sanitize/wash ✓ Notify Position X of visit completion so they can clean and prep the room for the next visit ✓ Complete all notes, etc. in private office ✓ Prepare for next visit (review charts, etc.)

CDC cleaning guidelines to be printed and placed in all exam rooms and waiting areas:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>

Daily Early Intervention (EI) Employee/Contractor Screening Questionnaire

Employee Name (print):	Date:
EI Office: <input type="checkbox"/> Carson <input type="checkbox"/> Elko <input type="checkbox"/> Ely <input type="checkbox"/> Las Vegas <input type="checkbox"/> Reno <input type="checkbox"/> Winnemucca	

All EI staff/contractors are required to complete the EI Employee/Contractor Screening Questionnaire prior to reporting to the office daily and submit electronically to your supervisor.

1. In the past 14 days, have you **or** any member of your household been exposed to a confirmed case of COVID-19/coronavirus? **YES** **NO** **If yes, please check all that apply:** You Other HH member

2. EI staff/contractor temperature reading today:

3. Do you **or** any member of your household have any of these symptoms?

- | | |
|---|--|
| <input type="checkbox"/> Fever \geq 100 degrees | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea and vomiting |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Red or purple rash |
| <input type="checkbox"/> Muscle Pain/body aches | <input type="checkbox"/> Sores on toes |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Chills/repeated shaking with chills |
| <input type="checkbox"/> Pain when breathing in | <input type="checkbox"/> New loss of taste or smell |

If you answer **YES** to any of these questions OR you have a temperature \geq 100 - do NOT come in to work and take the following steps:

- ✓ Please contact your supervisor immediately and follow agency established Human Resource COVID-19 protocols.
- ✓ Submit this questionnaire electronically to your supervisor.
- ✓ Follow the recommendations of your health care provider and local health authority.
- ✓ Anyone who has an elevated temperature must remain home until they have been fever free for the preceding 24 hours without fever reducing medications (Acetaminophen and Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, aspirin, and naproxen).
- ✓ Anyone who has tested positive for COVID-19 must remain home until symptom free for 10 days.
- ✓ If you have traveled outside of the country in the past 14 days you must notify your supervisor.

If you answer **NO** to all the questions and your **temperature is below 99.9** you will proceed to the office for your normally scheduled workday. Submit your questionnaire electronically before arriving. If the document is not submitted and temperature is not recorded, you will not be permitted to enter the building. If you do not have a thermometer at home, you may use an office thermometer prior to entering the building to complete your screening.

EI Staff/Contractor Signature:	Date:
--------------------------------	-------

For Office Use:

- EI supervisors are to evaluate screeners and work with HR following established Human Resources COVID-19 protocols and documentation.



MEMORANDUM

August 27, 2020

TO: All Nevada Early Intervention Service Providers and Community Partners
FROM: DHHS, IDEA Part C Office, ADSD Administration, and ADSD Quality Assurance *dad Rve*
RE: Temporary Moratorium of Early Intervention Services via Face-to-Face Updated

Dear Early Intervention Providers,

The attached Early Intervention Services Phased Re-entry Plan is meant for all early intervention (EI) providers across the State of Nevada. The Department of Health and Human Services-Director's Office (DHHS), IDEA Part C Office, Aging and Disabilities Services Division (ADSD), and ADSD Quality Assurance (QA), have established a gradual, phased re-entry plan to resume limited face-to-face early intervention visits in a clinic setting.

The Re-entry Plan is a phased approach that correlates with the Governor's Road to Recovery: Moving to a New Normal plan. This plan should be used as guidance and may change with any new executive orders from Governor Sisolak or directives from the COVID-19 Mitigation and Management Task Force.

Phase 1: Limited Face-to-Face Encounters

This phase will include limited in-clinic visits for standardized diagnostic testing for Autism Spectrum Disorder (ASD), Newborn Hearing screening, feeding and nutrition, assessments for motor concerns only (i.e. abnormal tone, torticollis, etc.), and a limited number of visits that require Direct Observation Clinical Encounter Examination (DOCEE) and/or other hands on physical observation/maneuvers.

To maximize safety, the use of a layered approach with multiple measures to reduce the risk of COVID-19 spread will be implemented, including:

- A protocol for both family and staff including screener questions, temperature checks, proper Personalized Protective Equipment (PPE) with facemasks/face coverings, eye protection, and gloves per CDC recommendations, to be used by anyone participating in face-to-face clinic visits.
- All face-to-face clinic visits will be performed in rooms large enough to exercise strict social distancing guidelines while wearing appropriate PPE.
- Appropriate hand washing/sanitizing techniques will be required.
- All clinic visits will be scheduled with additional time allotted for cleaning using EPA approved disinfectants, as per CDC recommendations.

Phase 1 will closely be monitored against the Task Force data and plans, outbreaks and EI successes on limited clinics before establishing dates for the re-entry of additional phases. Any test positive must be reported to ADSD and the IDEA Part C office for evaluation. Please see the attached Early Intervention Phased Re-Entry Plan for additional Phase 1 details.

Moratorium for Face-to-face Visits

The moratorium enacted March 15, 2020, for direct, face-to-face EI services or visits including direct patient evaluations, assessments, home or community-based services, remains in effect with the exception of limited clinic visits only. This memo serves as a modification to the moratorium to allow for limited in-clinic visits only. All other alternative services must continue to be provided via telehealth and telephone consultation.

Managers and supervisors of all EI programs are responsible for ensuring that direct providers receive training and understand this information before you begin scheduling for limited clinic visits. In addition, all programs are required to use the enclosed forms as part of the Re-Entry plan. If you have questions, ADSD, QA, and the IDEA Part C Office are available to assist in navigating through Phase 1 and subsequent phases of re-opening; to ensure understanding, equitable service delivery for families, and address any other concerns should they arise. Please contact us as indicated below should you have questions.

Stay safe and healthy and thank you for your dedication to Nevada families.

Sincerely,

Rique Robb

Deputy Administrator
Nevada Department of Health and Human Services
Aging and Disability Services Division | Child Services
3416 Goni Road | Carson City, Nevada 89706
T: (775) 687- 0971 | F: (775) 687-0574 | E: riquerobb@adsd.nv.gov

Lori Ann Malina-Lovell, DrPH

Clinical Program Planner I / Part C Coordinator
Nevada Department of Health and Human Services
Director's Office / IDEA Part C Office
2080 E. Flamingo Rd. Suite 319
Las Vegas, NV 89119
Office: (702) 486-3012
Email: lamalinalovell@dhhs.nv.gov

Abbie Chalupnik, MA

Clinical Program Planner I
Nevada Department of Health and Human Services
Aging and Disability Services Division | Quality Assurance Children's Services
3811 W Charleston Blvd. | Las Vegas, NV 89102
T: (702) 486-9816 | F: (702) 486-7686 | E: achalupnik@adsd.nv.gov

CC:

Richard Whitley, DHHS Director
Rique Robb, Deputy Administrator-ADSD Child Services
Jennifer Frischmann, Agency Manager- ADSD Quality Assurance
Margot Chappel, Deputy Administrator, DPBH Regulatory and Planning Services

Lori Ann Malina-Lovell, Clinical Program Planner I / IDEA Part C Coordinator

Enclosures:

Temporary Moratorium of Early Intervention Services via Face-to-Face

Early Intervention Services Phased Re-Entry Plan

Visitor Screening Questionnaire

Scheduling Script

Employee Screening Questionnaire

EI COVID CP Exposure Reporting Form

EI COVID ADSD NEIS Exposure Reporting Form

EI COVID Exam Room Cleaning Log

EI Roles/Responsibilities Sample

Scheduling Script

“Hello, my name is (employee name) _____. I am calling from (name of clinic). Is the parent or caregiver of _____ (child) available? We are looking forward to seeing you on _____ (date and time). Will you be able to make the appointment? Great, we have made a few changes at our clinic due to Covid-19/Coronavirus; I need to review the following with you.

1. At this time, we are only allowing one parent or caregiver to enter with their child.
2. Everyone 2 years and older entering the clinic must wear a facemask or face covering of some kind. You are responsible for bringing your own facemask or face covering.
3. We need you to arrive a few minutes early to answer some screening questions for you and your child, and have your temperatures checked.
4. You will need to call our front office (provide phone number) and stay outside until someone comes out to get you.

Now I need to ask you some screening questions:

1. Do you or anyone in your household have any health conditions that make it easier for you to get sick or that weaken your immune system?

*If they answer YES to this question, it is recommended that they DO NOT come into the clinic for a face-to-face visit. Please notify the developmental specialist assigned to the child and they will contact the family to set up a telehealth visit.

1. Have you travelled outside of the country in the past 14 days?
2. In the past 14 days, have you or anyone in your household had close contact with a person confirmed to have Covid-19/Coronavirus?
3. In the last 24 hours, have you or anyone in your household had a temperature at or above 100 degrees F (or reported “fever”) or any of the following:
 - a. Cough
 - b. Runny nose
 - c. Sore throat
 - d. Shortness of breath
 - e. Pain when breathing in
 - f. Body aches
 - g. Abdominal pain
 - h. Nausea and vomiting
 - i. Diarrhea
 - j. Red or purple rash
 - k. Sores on your toes
 - l. Chills or repeated shaking with chills
 - m. Muscle pain
 - n. New loss of taste or smell

***Note to scheduler:** if Yes to any of the 3 questions we will need to delay scheduling face to face for 14 days but can offer telehealth visits. Script: “We will not be able to see you in the clinic at this time. Please contact your doctor because you may need to be tested for Covid-19/Coronavirus. The Developmental Specialist will follow up with you in the next 7 days set up another appointment for your child either in person or through telehealth”

Early Intervention Services Visitor Screening Questionnaire

Parent/Guardian Name (print First/Last):	Date:
Child Name (print First/Last):	EI #:
Child Name (print First/Last):	EI #:

Over the Phone Screening:

“Hello! Because of the Covid-19/coronavirus pandemic, before you enter the clinic, I need to screen you and your child. We have just a few quick questions, and then someone will come outside to take your temperature. These questions are for you, your child, and any members of your household.”

1. Have you traveled outside of the country in the past 14 days? **YES** **NO**

2. In the past 14 days, have you, your child, or any member of your household been exposed to a confirmed case of COVID-19/coronavirus? **YES** **NO** **If yes, please check all that apply:** Parent/Guardian Child Other HH member

3. Do you, your child, or member of your household have any of these symptoms?

<input type="checkbox"/> Fever ≥ 100 degrees	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Cough	<input type="checkbox"/> Nausea and vomiting
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Red or purple rash
<input type="checkbox"/> Muscle Pain/body aches	<input type="checkbox"/> Sores on toes
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Chills/repeated shaking with chills
<input type="checkbox"/> Pain when breathing in	<input type="checkbox"/> New loss of taste or smell

**** If the answer is “YES” to any of these questions, DO NOT permit entry into the building**

Script: “Unfortunately, we will not be able to allow you into the clinic at this time. Your developmental specialist will be contacting you shortly to schedule a telehealth appointment if appropriate. Please follow up with your health care provider and your local health district.”

PASS: If the visitor passes the phone screening by answering **NO** to question 1, 2 and 3 then the EI designated staff will proceed by going outside to take the temperature of parent/caretaker and child.

Temperature Screening Results:

Parent/Guardian Temperature:	Child Temperature:	Child Temperature:	Staff Initials:
------------------------------	--------------------	--------------------	-----------------

**** If the parent/guardian or child has a temperature reading ≥ 100 degrees, DO NOT permit entry into the building.**

Script: “Unfortunately, we will not be able to allow you into the clinic at this time. Your developmental specialist will be contacting you shortly to schedule a telehealth appointment if appropriate. Please follow up with your health care provider and your local health district.”

Reporting: EI Staff must report immediately to supervisor and HR on potential COVID-19 exposure and follow agency HR established protocols.

PASS Temperature Reading: Ensure visitors are wearing masks according to protocols and escort visitors directly to the exam room and ask them to sanitize/wash hands. Notify the clinician the visit is ready.

For Office Use:

- EI Staff/Contractors must complete this form on all visitors and maintain in the child’s chart and document in the appropriate data systems.
- EI Staff/Contractors must clean the thermometer following proper protocols after each use.