|  |  |
| --- | --- |
| **Suffolk County Department of Health Early Intervention Program – Resumption of In-Person Services** | **Issued: 6/24/2020** |
| **Childs Name:**  | **Childs DOB:** |

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Teacher/Therapist/On-going Service Coordinator/Evaluator’s (Provider) Name:** |  |
|  |
| **Provider/Parent Considerations** |
| EI services should continue to be provided via telehealth, to the greatest extent possible. |
| If it is critical that this service/evaluation should be provided in-person, the following assessments should be completed by both the provider and family member. |

|  |
| --- |
| **Provider and Family Assessment for Home and Community-Based Services Regarding COVID-19** |
| **Section** |  |
|  |  |
| 1. | Prior to every home visit the therapist must complete the attached Health Screening Assessment for themselves and call the family to complete the Health Screening Assessment on all household members. These assessments must remain on file with the therapist as part of the child’s record. |
|  |
| 2. | On a weekly basis, the therapist must discuss with the parent/guardian the potential risk to household members at high-risk for severe illness from COVID-19. These include:* People 65 years and older
* People who live in a nursing home or long-term facility

People of all ages with [underlying medical conditions, particularly if not well controlled](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html), including:* People with chronic lung disease or moderate to severe asthma
* People who have serious heart conditions
* People who are immunocompromised

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications* People with severe obesity (body mass index [BMI] of 40 or higher)
* People with diabetes
* People with chronic kidney disease undergoing dialysis
* People with liver disease
 |
|  |
| 3. | **Precautions:*** Ensure that therapist and family have appropriate PPE.
* Ask the family if the visit can be conducted outside. If the visit cannot be conducted outside, ask to conduct the session by an open window for increased ventilation.
* Ask the family to sanitize the space you will use for the visit just prior to your arrival
* Require that only one parent/guardian participate in the session with no other family members in the same room or outdoor space.
* Prior to the start of the visit the provider should wash their hands and request the parent and child wash their hands. Hands should be washed with soap and water for at least 20 seconds before and after all individual contact, after contact with potentially infectious material, and before putting on and after removing PPE, including facemask and gloves. 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. If soap and water are not immediately available, an alcohol-based hand sanitizer containing at least 60% alcohol, may be used. Please note, soap and water should be used if hands are visibly dirty.
* Sanitize the space you will be using in the home/outside prior to beginning your session with an appropriate disinfectant solution.
* Maintain a distance of at least 6 feet between yourself and the child/family member when possible.
* Minimize physical contact with the child and frequently touched surfaces in the home.
* Have the child use toys that are within the home. Providers cannot bring any toys and materials into the home until further notice.
* All individuals over two years of age are required to wear a face covering. Providers will change masks after each visit.
* Avoid touching eyes, nose, and mouth.
* Exit the home immediately if any person is found to be ill within the home.
* If you feel ill during the day, immediately return home, monitor symptoms, and contact your supervisor and/or healthcare provider.
 |
|  |
| 4. | **Take precautions after visit:*** *Provider:* Sanitize the handles and inside of your car at the start of each day, at the conclusion of each day, and in between visits when possible.
* *Parent/Guardian:* Sanitize any toys and materials as needed and store in an open area with plenty of air flow.
 |
|  |
| 5. | **Practitioners should also consider the following:*** Establishing communication and notification protocols if he/she tests positive for COVID-19.
* Consider hybrid service delivery (i.e., combination of remote and in-person services) for individual families based on their needs and as appropriate.
 |
|  |
| 6. | **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. Organizations should encourage that staff stay informed, remain vigilant and take care of each other. |
|  |  |
| 7. | **NOTE: This continues to be a rapidly evolving situation. It is the Provider responsibility to follow all New York State Department of Health guidelines, and those of the Centers for Disease Control and Prevention (CDC).** |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Signature: |  | Date: |  |
| Parent/ Guardian Signature: |  | Date: |  |

Instructions: Attach this document to the child’s integrated case in NYEIS.

06/24/2020