

EarlySteps Home Visiting Guidance

October 17, 2022 Update

The following is the updated guidance for face-to-face contacts between EarlySteps early intervention providers, FSCs and SPOE Intake Coordinators, children, and families given the current status of cases in Louisiana.

Summary of Changes effective 10/17 2022:

The parish positivity rates are now very low, therefore there are no limits on the number of visits per day with consideration given to the results of the telephone screening.

EarlySteps providers and support coordinators continue to contact families to determine their interest in and current status for face-to-face home visits. **The telephone screening process has been simplified, but is still required before any face-to-face contact is made.**

The telephone screening must be conducted prior to the visit, but the form does not have to be printed and signed. Instead, results of the screening will be documented on the contact note or contact log of the person conducting the screening with the family. The family will indicate their agreement with the decision with their signature on the contact note or verbal agreement on the contact log.

1. IFSP teams will discuss options for service delivery, including a combination of home, child care, and teletherapy visits and the frequency of face-to-face visits.
2. Children who are referred to or enrolled in EarlySteps with an established medical condition which places them at risk for COVID-19 must have clearance by their child's health provider prior to being considered for home visits. Following receipt of the clearance, SPOE staff and/or IFSP teams will discuss options for service delivery and the Telephone Screening will determine whether a home visit can be made for each scheduled session. Health provider clearance can be via the EarlySteps Health Summary, written note, or telephone approval reported to the team members.
3. **The EarlySteps regional coordinators will no longer check the weekly positivity rates until further notice.**
4. The CDC-updated isolation requirements reducing the number of days for isolation are added beginning on page 5. However, the reduction in days does not apply to children (page 5).
5. **Masking and social distancing are still required due to the low number of young children who have been vaccinated in Louisiana.** The CDC and OPH recommend eliminating the use of cloth masks and using the tighter-fitting N-95 and KN-95 masks.

COVID-19 EarlySteps Procedures

Implementation Requirements for Face to Face Visits

This guidance updates any previously issued COVID-19 Public Health Guidance. A separate set of guidelines for services provided in early care and education settings is regularly updated and is available on the https://www.louisianabelieves.com/docs/default-source/covid-19-resources/office-of-public-health-guidelines-for-child-care.pdf?sfvrsn=19659b1f_8.

The goals for supporting children and families through these EarlySteps guidelines are to:

- Allow all families to access early intervention support in natural environments as determined by the IFSP process and family priorities with added consideration to health and safety of families and early interventionists during this COVID-19 event. **This means that the first consideration for all families is a face-to-face visit unless there is a documented health risk due to COVID-19.**
- Prevent the spread of COVID-19 and protect the health of families, children, and early interventionists using LDH, CDC and other state and national resources to provide individualized options based on family priorities (not agency/provider priorities) for service delivery.

Definitions:

Early interventionist: refers to all roles in EarlySteps—SPOE intake coordinators, family support coordinators, evaluators, and providers. Requirements addressed in this guidance apply to all roles in EarlySteps.

Fully vaccinated: people are considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson & Johnson [J&J]/Janssen); there is currently no post-vaccination time limit on fully vaccinated status. Getting a booster is recommended.

Unvaccinated: individuals of all ages, including children, that have either not completed a vaccination series or not received a single-dose vaccine. Please use the following guidelines in making decisions about how to best support children and families.

1. **Home Visits:** The decision-making process for determining whether a home visit can occur will be documented for each family and early interventionist using the UPDATED Telephone Screening Process which follows. Beginning October 17, 2022, positivity rates are low therefore there are no daily limits on the number of home visits. Regional coordinators will no longer monitor parish positivity rates and impose home visit limits until further notice.
2. **Teletherapy:** If a home visit cannot occur based on the telephone screening, other options will be considered. Teletherapy continues as the allowable option for this Phase of the COVID-19 event as indicated by telephone screening and prioritizing with the family.
 - a. **IFSP Team meetings:** Team meeting participation has improved when implemented with virtual participation. Teams can continue to hold virtual meetings to better include all team members. If all members are not present with the family, SPOE Intake Coordinators and FSCs will prioritize a scenario where the IC/FSC participates in-person and other members participate virtually to maintain availability of all members in team meetings. This will also allow for signatures to be collected from families more timely.
 - b. **Transition Conferences:** FSCs will continue to schedule transition conferences according to the required timelines and provide notification to the LEA contact(s) for the school system. The LEA representative may not be available in person, but the usual documentation will be sent to the LEA as well as to the OCDD

local governing entity (LGE) representative, when appropriate, and conferences can be held face-to-face, via teletherapy, or through a combination of member participation.

3. **Hybrid Approach:** IFSP teams can use a “hybrid” approach, that is a combination of home, child care center, teletherapy, and virtual/face-to-face team meetings based on the IFSP and the results of telephone screening.
4. **Intake and Eligibility Determination:**
 - a. SPOE staff and Eligibility Evaluators: This updated process for telephone screening for home visits applies to SPOEs and evaluators. As part of the intake process, SPOE staff and evaluators will utilize the telephone screening to make a determination for completing intake and eligibility determination via face-to-face or virtual contact. When the telephone screening indicates no risk, the face-to-face visit format receives priority. Documentation of the telephone screening results is made on the appropriate contact note/log.
 - b. Early Interventionists providing virtual-only services: to meet the needs of families during the pandemic both service providers and evaluators expanded their service areas to provide virtual services. Now that resuming home visits is a priority IFSP teams will address the following:
 1. Family preference for resuming face to face visits.
 2. Offering first choice of early interventionists who are available for face-to-face visits, including making new selections.
 3. Contacting regional coordinators to report when the need for an out of region provider who is only available virtually will continue.
 - c. Teletherapy: when a home visit is not an option for intake and/or eligibility evaluations and team meetings, teletherapy is allowable using the Guidance.

Telephone Screening Process for Home Visits during COVID-19

10/17/2022 UPDATE

The contents of this form must be reviewed with the family; the form does not have to be printed/saved. The screening results are to be documented in the contact note/contact log and verified by the family's signature on the note/log or indication of verbal approval.

Child: _____ Date: _____

Early Interventionist Name: _____

The screening will be conducted by each early interventionist prior to each visit. Any question marked with an asterisk (*) must be answered No for a home visit to occur.

- 1. *Has anyone in the family had a positive COVID-19 or diagnosed with COVID within the past 10 days? If they are in the isolation period, no home visit.
- 2. *Has any member of the household had a fever of 100.4 or higher within the last 24 hours?
- 3. Has your child's doctor confirmed that a home visit is safe if the child's diagnosis/medical condition places the child at additional risk?
- 4. If a home visit is not an option, discuss the options for alternate locations, providers, and/or teletherapy with the family. Indicate decision and notify FSC.
- 5. Is the family comfortable with a home visit to deliver services?
- 6. Is the early interventionist's status using these screening questions the reason that a home visit cannot occur?

- 7. If an adult family member has been exposed to COVID-19 within the last 10 days, they are asked to wear a mask during the visit.
- 8. Service Delivery Decision—please check below or document on the contact note/log:
 - Home visit will occur according to IFSP services page.
 - Home visits will be cancelled for the following date(s): _____
 - Service delivery will be conducted via teletherapy
- 9. When family members are asked about vaccination status and report they are not vaccinated, please provide the vaccine hotline information so that the families know how to access vaccination resources at <https://covidvaccine.la.gov> or have them call 211 for availability of vaccinations in their area. They can request in-home vaccinations by calling 1—855-453-0774.

This Telephone Screening form is not required, but may be used to document home visit decisions. Otherwise, documentation is included on the contact note/log.

Family/Early Interventionist Self-Attestation for Home Visit:

Name: _____ Date: _____

Signature: _____

Early Interventionist signature: _____

CDC Updated Isolation Requirements – For Early Interventionists

Isolation: If you are sick or test positive, isolate when you are sick or when you have COVID-19, even if you don't have symptoms. Isolation means staying home and separate from others.

Isolation:

Day 0 is your first day of symptoms or a positive viral test. Day 1 is the first full day after your symptoms developed or your test specimen was collected. If you have COVID-19 symptoms, isolate for at least 5 days.

Isolation/Vaccination status:	Isolation	Ending Isolation	Take Precautions until day 10.
Tested positive for COVID-19 or have symptoms regardless of vaccination status.	<p>Stay home for at least 5 full days and isolate from others in your home.</p> <p>Wear a well-fitted mask if you must be around others in your home.</p>	<p>End Isolation with symptoms: End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.</p> <p>End Isolation if you did not have symptoms: End isolation after at least 5 full days after your positive test.</p> <p>If you were moderately/severely ill with COVID-19 Isolate for at least 10 days. Consult with doctor before ending isolation</p>	<p>Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.</p> <p>Avoid travel.</p> <p>Avoid being around people who are at high risk.</p>

--chart taken from CDC Updated August 11, 2022 Guidelines

Isolation requirements for Children in EarlySteps

The CDC has issued revised isolation guidance. However, OPH is recommending that younger children still follow a 10-day isolation period because correct and consistent masking is difficult to maintain in this population.

Educate yourself, staff and parents on Multisystem Inflammatory Syndrome in Children (MIS-C).

Children, adolescents, or young adults who develop certain symptoms after having COVID-19 might have MIS-C. They should see a doctor if they had COVID-19, or have been in close contact with someone who had COVID-19, within the past 6 weeks and now have the following.

- Ongoing fever AND one of the following:
 - Stomach pain, diarrhea, vomiting, skin rash, blood shot eyes, dizziness or lightheadedness

Family – Early Interventionist Decision-making and Infection Control Procedures

Daily, Prior to Contact:

1. Early Interventionist takes own temperature and self-assesses general health prior to contacts with family
 - a. Anyone with fever at/over 100.4 degrees Fahrenheit and/or new or change in cough, shortness of breath, sore throat, etc. should not have face-to-face contact with family or other early interventionist(s). Contact the family and other team members about need for teletherapy visit or service cancellation/rescheduling. Consider contacting your health care provider for instructions.
 - b. If the early interventionist becomes ill with COVID-19 symptoms and is not well enough to provide services, contact the FSC and arrange for temporary provider if needed. The provider may feel well enough to continue visits via teletherapy.
 - c. If there are no early interventionist health concerns, call the family and use the telephone screening to determine the status of family members who are in the home at the time of the visit. If a family member in the home is sick with COVID-19-like symptoms, a home visit is not conducted and teletherapy may be an option for the intended session or reschedule.
 - d. If it is determined that the provider has been exposed to COVID-19, the provider will follow **CDC-Updated Isolation Requirements-For Early Interventionist Guidelines** (page 5). Provider should conduct all visits by teletherapy or contact the team to discuss options for other providers to support the family. The FSC will share information with the team.
 - e. If an early interventionist is diagnosed with COVID-19 the provider will follow **CDC Updated Isolation Requirements-For Early Interventionist Guidelines**.

Before Visit:

1. Prior to entering family home, hands will be newly washed and/or sanitized with alcohol-based hand rub and a recommended face mask in place.
2. Anything brought into the home for the visit should be sanitized after the last visit.

During Visit:

1. Minimize the number of people in the home and/or in the room during the visit, especially if there are unvaccinated adults present.
2. Because these staff members will be interacting in close proximity to unvaccinated, unmasked children, early interventionists will continue masking (even if all adults present are fully vaccinated).
3. Briefly observe the child for signs of illness (flushed cheeks, rapid breathing, difficulty breathing, fatigue, rash, extreme/unusual fussiness)
4. If it is determined that someone in the home is experiencing symptoms associated with COVID-19, end the visit immediately, sanitize hands and any materials, notify the FSC/other team members, follow **CDC Updated Isolation Requirements-For Early Interventionists**.
5. Ask adults who have been exposed to COVID within the past 10 days to wear a mask while the provider/FSC/IC is in the home.
6. For sessions held outdoors, masks are not required when adults are vaccinated. Make sure any outdoor toys and equipment are sanitized before and after use
7. Limit the number of rooms entered and items handled in the home.

After visit:

1. Sanitize hands.
2. Sanitize any materials used in the home prior to next use.
3. If unanticipated health symptoms are identified during the visit (#3 and 5 above), notify the FSC to alert other team members before the end of the day.
4. Consider changing top or wearing a smock/apron over clothing to change between visits, especially after holding or handling children who may be drooling, etc. Keep multiple changes of clothes available each day.
5. At the end of the day, wipe down materials, car door handles, steering wheel, ignition, console—anything touched during the day.

Special Considerations:

1.Children on ventilators, high-flow oxygen, nebulizers, or trachs are not necessarily at greater risk of contracting COVID-19 unless determined to be so by their medical condition verified by their physician. However, if they are infected, aerosolized particles from the devices can spread. The early interventionist should take extra precautions.

2. Children do not generally have significant impact when contracting COVID-19. Those who do have underlying health conditions such as chronic lung disease, including asthma; heart disease; obesity, and/or compromised immunity. Some established medical conditions such as Down Syndrome with respiratory concerns, conditions associated with suppressed immunity, prematurity, etc. as well as asthma, may place children at increased risk. Special attention should be given to item 3 on the telephone screening regarding a physician’s approval for home visits and/or an order signed or telephone approval by the health care professional approving home visits if a medical condition places a child at risk.

3. Rates of RSV and Flu are high now impacting the pediatric population, so infection control measures remain in place.

4. For children who may have had limited or suspended services which will be resuming, FSCs will schedule a team meeting to determine if additional needs are evident that will be addressed through an IFSP revision. Additional discipline-specific assessment of the child may be required to assess the child’s current status.