

EarlySteps Guidance to Resume Home Visits

September 11, 2020

The following is the updated guidance for the resumption of face-to-face contacts between EarlySteps early intervention providers and families for the following 2 scenarios.

Overview

Scenario 1: Governor Edwards announces the start of Phase III effective September 11, 2020.

1. EarlySteps providers and support coordinators contact families to determine their interest in and current status for resuming home visits.
 - a. Priority for scheduling home visits will be given to families who received limited or no teletherapy services since March, 2020.
 - b. SPOEs will contact any families who refused referrals or eligibility determination since March, 2020 to determine their interest in following up with a face to face visit.
 - c. For families who received limited or no services via teletherapy, the FSC will schedule virtual IFSP team meetings with the IFSP team to assess any child/family concerns and needs which may need to be addressed and IFSPs will be reviewed and revised as needed.
2. Before any face to face contact is made, the telephone screening which follows will be completed. If agreement is reached between the provider and family that it is safe to do so, the family and provider will sign, attesting to the health status and agreement and a home visit can be held. If a home visit will not be held, verbal agreement by the family is acceptable and indicated on the family signature line, the early interventionist must sign the document.
3. 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.
4. 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.
5. At the beginning of Phase 3, all early interventionists will be limited to **2 home visits per day**. To serve a full caseload that exceeds this number of visits per day, it is assumed that supports will be provided through a combination of face-to-face and teletherapy visits. Additional daily visits will be allowed as the spread of COVID-19 is determined following moving into Phase 3.

Scenario 2: COVID-19 cases increase following Phase 3 implementation.

1. If an increase in COVID-19 cases is reported in a community or in a setting which impacts a family or early interventionist (for example, cases are identified at a school where the family's other children attend) one of the following will occur:
 - a. the Telephone Screening and Infection Control process will be used to determine the next steps for service delivery and shared with the IFSP team members with the option for services to be provided via teletherapy.
 - b. EarlySteps will issue an alert to suspend home visits until otherwise indicated.

COVID-19 EarlySteps Procedures

Implementation Requirements for Resuming Face to Face Visits

This guidance is an update to the March, 2020 guidance for home visits (March 6) and teletherapy (March 23) for the COVID-19 Public Health Emergency. A separate set of guidelines for services provided in early care and education settings was issued on August 18 and is available on the LDH EarlySteps website or from a regional coordinator. The goals for supporting children and families through these guidelines are to:

- Continue to provide early intervention support to children and families in natural environments as determined by the IFSP process with added consideration to health and safety of our families and early interventionists during this COVID-19 event.
- 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 for service delivery.

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. At the opening of Phase 3, **home visits are limited to 2 per day**, with additional visits added based on COVID-19 spread.
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.
 - a. **IFSP Team meetings:** Team meetings have been successfully implemented virtually. Teams are encouraged to continue their use to avoid potential exposure from a group face-to-face setting.
 - 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, 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 held via teletherapy or according to the requirements of the re-opening Phase.
3. **Hybrid Approach:** IFSP teams will to use a “hybrid” approach, that is a combination of home, child care center, teletherapy, and virtual team meetings based on the results of telephone screening, early interventionist caseloads for number of visits per day, and the needs of the child and family.
4. **Intake and Eligibility Determination:**
 - a. **SPOE staff and Eligibility Evaluators:** the process for telephone screening for home visits also 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.
 - b. **Teletherapy:** when a home visit is not an option for intake and/or eligibility evaluations and team meetings, teletherapy is allowable using the Guidance issued on April 9, 2020.

Telephone Screening Process for Home Visits during COVID-19 - UPDATED

Child: _____ Date: _____

Early Interventionist Name: _____

Notification to FSC sent—date and time: _____

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.

Health Screening Questions

- 1. *Is anyone in the family sick? If yes, please describe:
 - Fever ≥ 100.4
 - Cough
 - Sore throat
 - Cold/flu symptoms
 - Shaking with chills
 - Muscle pain
 - Headache
 - New loss of taste or smell
 - Shortness of breath, difficulty breathing
 - Fatigue
 - Congestion, runny nose
 - Nausea or vomiting
- 2. *Has anyone in the family home been to the doctor in the past 14 days with a suspicion of COVID—what was the result?
- 3. *Has any member of the household been diagnosed with COVID-19 and still in isolation?
- 4. Has child been on fever-reducing medication in the last 24 hours?
- 5. *Has anyone in the family been screened for COVID-19 and what was the result? If COVID-19 diagnosed, no home/center visits.
- 6. Has anyone in the family been asked to quarantine/stay home and why?
- 7. *Has anyone in the family been exposed over the past 14 days?
- 8. Has anyone in the family been around anyone who is being investigated for or diagnosed with COVID-19?
- 9. *Are there family members/others in the home with weakened immune systems, over the age of 60, or chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors.
- 10. *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?

Travel Screening Questions

- 11. Has anyone in the family travelled out of the country or to an area in the US or Louisiana where COVID-19 has been identified and increasing or requires quarantining upon return.
 - How long ago did the travel occur? Was it over 14 days ago?
 - Has anyone in the family home been around anyone who has travelled and when?

General Screening Questions/Agreement

- 12. Is the family in an area where community spread of COVID-19 is increasing according to LDH parish statistics?
- 13. Is the family comfortable with a home visit to deliver services?
- 14. 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: _____

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- 15. If a child care center visit is not an option, consider a home visit be scheduled with the family, alternate locations/providers or can a teletherapy session be scheduled: _____
- 16. Is the early interventionist's status using these screening questions the reason that a home visit cannot occur? _____
- 17. *Do family members who will be present for the visit have a mask to wear during the visit? All family members in the home ages 3 and over agree to mask wearing during the home visit (required).
- 18. Do family members agree that no individuals outside of the family unit will enter the home between the time the screening is conducted and the home visit occurs?
- 19. Service Delivery Decision—please check below:
 - 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

Family Self-Attestation for Home Visit:

Name: _____ Date: _____

Signature: _____

Early Interventionist signature: _____

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. 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.
 - d. If it is determined that the provider may have been exposed to COVID-19 or someone with similar symptoms, the provider will self-quarantine for 14 days and conduct all visits by teletherapy and contact the team to discuss options for other providers to support the family or to continue via teletherapy. The FSC will share information with the team.
 - e. The early interventionist will maintain a daily contact log of all face-to-face contacts and locations for contact tracing in the event of exposure so notification to families and IFSP team members is accurate.
 - f. If an early interventionist develops COVID-19 symptoms or is diagnosed, self-isolation will occur until:
 1. No fever for 72 hours (3 full days) without using fever reducing medications,
 2. Other symptoms have improved,
 3. 10 days have passed since symptoms first appeared or,
 4. According to health care provider instructions.
 - g. If either exposure occurs or COVID-19 is diagnosed, the provider will also report their status to the EarlySteps regional coordinator.

Before Visit:

1. Prior to entering family home, hands will be newly washed and/or sanitized with alcohol-based hand rub and new/freshly laundered 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.
2. All adults present in the room wear masks. Masks are not advisable for children 2 and younger, older children in the area wear masks.
3. Maintain social distancing of 6 feet and utilize coaching strategies with family members to implement support activities planned for the session according to the IFSP.
4. Briefly observe the child for signs of illness (flushed cheeks, rapid breathing, difficulty breathing, fatigue, rash, extreme/unusual fussiness)
5. 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, and use the telephone screening after 14 days and prior to the next contact or provide services via teletherapy.

6. For sessions held outdoors, continue to wear masks and maintain social distancing. 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 (#4 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. Extra precautions should be taken by the early interventionist.
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 10 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. 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.