



NCESD Early Intervention Program - Stage 1 and Stage 2

This plan was approved by the NCESD board of directors on August 26.

COVID-19 Transmission

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

Stage 1 - Plan for limited in-person services:

Through guidance from the DCYF Early Support for Infants and Toddlers Program, The NCESD Early Intervention Program is allowing for some in-person services with precautionary measures. Services will be offered as an exemption from telehealth only when it is deemed necessary to the progress of the child by the child's Individualized Family Service Plan (IFSP) Team and with approval from the Early Intervention leadership team.

In-person services may include services outdoors or in the home. If staff consider a community setting for services, playgrounds and other difficult to clean, high touch surfaces as well as any settings where large numbers of people are to be avoided and parent transportation needs must be considered.

Ensuring Equity

1. NCESD Early Intervention Program will ensure that services will be provided based on individual and family needs.
2. In order to be eligible to receive an in-person services exemption, the child's IFSP Team must determine that a child's individual needs cannot be met without in person contact and require urgent time limited, pre-approved, in-person services that are essential to the child's progress. A small number of children, not all, would be eligible for this exemption.
3. Families are essential members of the IFSP and will be involved in all decision making regarding the need/rationale for in-person services.
4. Family and therapy requests for in-person services will be reviewed by the NCESD Employee Safety team to ensure that the safest possible environment for services is observed. (See attachment A Questionnaire).
5. NCESD Early Intervention Program will require therapists to track children receiving limited in-person services through additional monthly tracking documents, noting the child's name, race, ethnicity, and rationale for service (See Attachment B Limited In-Person Visit Tracking form).
6. Family Resources Coordinator will document in the data management system and IFSP.



7. Therapists/staff will determine risk factors of household members, including risk-related age (≥ 65 years) and conditions, including chronic kidney disease, chronic obstructive pulmonary disease (COPD), obesity, Type 2 diabetes, heart conditions, immunocompromised state, or pregnancy, or other COVID-19 risk factors which may contraindicate resumption of in-person services.
8. Any employee who is 65 or older OR is at an increased risk or "may be" at increased risk will need to contact NCESD HR for appropriate accommodations. Staff considered at high risk of infection may be given the option to provide only telehealth services. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

Staff Training

1. All Staff and subcontractors will be provided a copy of the NCESD limited in-person plan and guidelines for limited in-person visits.
2. Staff are trained in all policies and procedures to follow protocols for screening families, using PPE and disinfecting their hands, and use of equipment in the provision of in-person services through the NCESD COVID-19 Safe Schools module. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
3. Home visitors receive additional training to identify signs and symptoms of a respiratory infection such as fever, cough, sore throat or shortness of breath. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Communication with Families

1. The Family's assigned Family Resource Coordinator will be responsible for distribution of information to families.
2. Written communication from ESIT or the NCESD Early Intervention Program Coordinator will be distributed via email and/or regular mail. Families will be informed of an agency's move between ESIT stages, either from Stage One to Two or from Stage Two back to Stage One.
3. Education will be provided to families prior to in-person services to ensure family comfort and compliance with protocols required to initiate in-person visits.
4. Documents will be available through email or text to parents prior to initiating in person services and signed at the first in person visit. (See Attachment B release of liability and Attachment C Guidelines for in person visits)
5. Families who are receiving in-person services, will be informed if their ESIT provider reports exposure to COVID-19.

Infection prevention/ Environmental Controls

Required of Early Intervention Service Providers (Also see Attachment C, Guidelines for in-person visits)

As a part of routine practice at the NCESD, all employees will adhere to the Work Site Agreement and complete the Employee Self-Screening Form daily (See Attachment D)



Upon arrival at the home:

1. Face Coverings - Staff will wear a surgical grade face mask. Don prior to arrival, doff after visit – dispose in trash (mask). Wash/disinfect hands before/after don/doff.
2. Staff will wear additional PPE as determined by level of risk in the home visit (Low, Medium, High) See Attachment A Questionnaire.
3. Screen child and caregiver before starting therapy: Staff will screen child and caregiver before the start of therapy to determine the presence of COVID symptoms. Staff/therapists will each carry a no-touch thermometer if needed for screening. If a fever is detected, the therapist will have to end the session, notify the supervisor and caregiver and patient be advised to seek medical care. If temperatures are normal (97 to 99.9 degrees), the therapist can continue with the session.
4. Practice Physical Distancing: While this may not be possible with toddlers, please maintain 6 foot distance when speaking to families and caregivers.
5. Hand Hygiene: Therapists should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing face masks and gloves. Hand hygiene after removing face masks is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Therapists should perform hand hygiene by using hand sanitizer with 60-95% alcohol x 30 seconds while in the home.
6. Gloves: If potential for exposure to bodily fluids, put on clean, non-sterile gloves prior to treatment. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when finished and immediately perform hand hygiene.
7. Clothing: If potential for exposure to bodily fluids or if physical distancing is impossible, gowns will be utilized and cleaned after visits. Early Intervention Providers may also choose to change clothes between visits.

Required Before Home Visits:

Scheduling/Before Arrival: When scheduling appointments screen families for symptoms of COVID-19.

FRC/Provider will ask the caregiver or anyone in their home have had any of these symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- Sore throat



- Congestion
- Nausea or vomiting
- Diarrhea

If the caregiver answers “yes” to any of these symptoms, the visit needs to be rescheduled to a later date when participants are symptom free.

In addition, the FRC/provider will ask the caregiver these questions:

1. Within the past 14 days have you been in close contact with anyone that you know had COVID-19 or COVID-like symptoms? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e. being coughed or sneezed on).
2. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
3. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employer visitors screening guidance.pdf>

Instruct families to call ahead and discuss the need to reschedule their appointment if they develop fever or symptoms of COVID-19 noted above on the day they are scheduled to be seen. Remind families only one caregiver and no siblings should be present (seen alone with caregiver). Also inform families that they will be screened again upon arrival and their temperatures will be taken.

Environmental Controls

1. Early Intervention providers will not bring equipment or toys into the homes and limit personal items into the home during visit.
2. All efforts will be made to manage the number of people present during the in-person session to maximize physical distancing precautions and limit exposure.
3. Efforts to hold in-person visits out-side or in open areas are encouraged as appropriate by the ability of the family and provider.
4. Therapists will wear a disposable, clean face mask with all families. Soiled face masks must be disposed of in a sealed plastic bag. If Gowns or gloves were used during the visit, they are to be disposed of in the trash (gloves) or sealed in a bag to be washed (gown).

Assessment of risk

Early Intervention providers will assess the level of risk during the in-person interactions and follow the PPE recommended for that level of risk.

- Low - Verbal interaction with the client/caregiver. 6' distancing is recommended but may not always be able to be maintained.
- Moderate - Tasks require close/direct contact with (e.g. within 6 feet of) client/caregiver who is not known or suspected to have COVID-19. Precautions are recommended since some people with the



disease may be asymptomatic or in the pre-symptomatic phase of illness at the time of contact. Tasks include, but are not limited to, first aid, oral medication administration, vision or hearing screening, consultation, blood glucose checks (diabetes care), and metered-dose inhalers (MDIs).

- High - Tasks where at least 6 feet of distance is not maintained and includes tasks requiring sustained close-together (less than 3 feet apart) for more than 10 minutes in an hour. Tasks include the physical assessment or procedure conducted on a client suspected of having COVID-19, particularly tasks with potential for aerosol generation or body fluid contact, such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), nebulizer treatment, and manual ventilation.

Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:			
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
Reusable cloth face covering that fully covers the mouth and nose. A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.	Face shield with a cloth face covering. -OR- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.	Elastomeric half- or full-face respirator with particulate filters **** -OR- Powered-air purifying respirator (PAPR) with particulate filter. (Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. No fit-testing is required for loose fitting systems.) -OR- Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****). -OR- Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).	FDA-approved surgical mask or healthcare N95 filtering facepiece respirator**** -OR- Elastomeric respirator with particulate filters. -OR- Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained). Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models. When feasible, people with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.

<https://www.k12.wa.us/sites/default/files/public/communications/Employer-Health-and-Safety-Requirements-for-School-Scenarios.pdf>

ESIT Stage Two: Expanded In-Person Services Plan

Stage two is a phased transition to expanded in-person services in the home, child care and community-based settings. The NCESD will be eligible to move to the Stage Two plan in accordance with the Governor's "Road Map to Recovery." The decision to move into Stage Two will be determined by the NCESD and Early Intervention



program leadership. The location and method of service for an individual child will be determined by the full IFSP team. When a family requests in-person services but the rest of the IFSP team disagrees with the request, parents must be apprised of their right to dispute resolution and procedural safeguards.

The NCESD Stage Two plan includes all of the strategies and precautionary measures in the stage one plan.

Considerations specific to Provision of Services in Home Settings:

1. All precautions in Attachment C - Guidelines for In-person visits will continue to be implemented.
2. Tele intervention is an accepted service modality of the NCESD early intervention program. Families will continue to be given the option for virtual visits.
3. The family's concerns, priorities and resources will be considered in determining the location of services.
4. Service providers will be limited to three visits per day to ensure adequate precautionary measures and strategies between visits.

Considerations specific to Provision of Services in Child Care Settings

Initial considerations before providing services in Child Care settings:

1. Consider evening virtual visits with the family when they are home from child care and/or work.
2. Consider providing child care staff coaching via virtual means to discuss the child's needs and progress.

If a child attends a child-care and it is agreed by the IFSP team that the child would benefit from services in the child care, the NCESD Early Intervention Program will initiate the following communication plan. Communication with the child care director or owner must precede any provision of services to children in child care settings. The communication plan must include:

1. Learning about the child care's implementation strategies of COVID-19 mitigation
 - a. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/DOH-OSPI-DYCF-SchoolsChildCareGuidance.pdf>
 - b. Personal Protective Equipment required in the child care building
 - c. Number of adults allowed in the building
 - d. Space available for services. In order to limit the number of children early intervention service providers come in contact with, services may be provided in small groups or outside
2. NCESD staff use the Attachment A questionnaire to determine level of risk and PPE needed.
3. NCESD Early Intervention staff, parent and child care staff mutually agree upon a time and location for service



4. NCESD Early Intervention staff continue with responsibilities and procedures noted in Attachment C Guidelines for in-person visits defining self-screening procedures, PPE, illness recognition etc.