

Little Red Car ABA Services LLC - In-home ABA COVID-19 infection control policy

Exposure Determination and Rationale for Policy Changes

According to OSHA guidelines, in-home, in-person ABA services fall in the medium risk range for exposure to COVID-19 (for staff and clients) as both parties are in frequent, close contact (within 6ft) with people who may be infected but are not known or suspected COVID-19 patients. We provide sessions, usually in an enclosed indoor space, within 3 feet of children. Children may have difficulty maintaining hand hygiene, catching a sneeze in their elbow, or turning away when they cough. They also are likely to touch their face, or other people's faces, and to put their hands and objects in their mouths. Though many staff members and families have been quarantined at home for some time, as state restrictions lift, the risk of exposure increases. Those who do not yet have symptoms, or are carrying the virus but are non-affected by it, can spread the illness to others through respiratory droplets (such as those released during a sneeze or a cough, by singing, or even breathing). Those droplets can land on surfaces and stay active for hours or even days. It is not our place to restrict the activities of our staff outside of their work hours, nor to place restrictions on the activities of the families we work with. Each person and family will be making their own risk assessments as government restrictions loosen. As the COVID-19 epidemic is still very active with rates of infection still increasing in some of the counties we work in, each of us may unknowingly be exposed to COVID-19. We are putting policies in place to minimize the chance that infection will spread as a result of re-introducing in-person ABA sessions. These policies are in-line with the state and federal requirements and guidelines from the Centers for Disease Control (CDC) and Occupational Health and Safety Administration (OSHA) to protect the health and safety of clients, employees, and the broader community. Current rates and trends in infection and death in counties across the USA can be viewed on the Johns Hopkins University website <https://coronavirus.jhu.edu/us-map>

Little Red Car ABA Services is focusing on 5 lines of defense against the spread of this virus

- Daily screenings for symptoms and exposure
- Risk Assessments
- Enhanced cleaning and hand hygiene protocols
- Maintaining social distancing
- Required use of personal protective equipment

Note: This plan will be amended based on changing requirements and guidance from OSHA and the CDC.

A. Daily screenings and actions based upon screening results

1. Daily mandatory screening questions for staff for symptoms, body temperature and exposure, completed securely on our website every morning.
2. Daily mandatory screening questions for family, for symptoms, body temperature and exposure, completed securely on our website every morning.
3. All screening results must be received by 11am and at least 2 hours before the scheduled session.
4. A schedule alert email will go out at least 1 hour before session confirming that the in-person session will take place, or alerting all parties that the in-person session will not take place.

Rationale: Though screenings do not confirm a case of COVID-19 they do identify when in-person services pose a higher risk. If symptoms or exposure are identified, in-person sessions will be temporarily suspended

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When symptom are reported

5. If an employee reports symptoms, they will be required to stay home from work and seek the guidance of their healthcare provider. A staff member confirmed or suspected of having COVID-19 can return to in-person work when the following conditions have been met:
 - 72 hours since the individual's body temperature was 100.4 degrees or higher without the use of fever-reducing medication
 - Respiratory symptoms (cough and shortness of breath) have improved
 - Either 2 consecutive nucleic-acid test results from specimens collected at least 24 hours apart have come back negative OR 10 days have passed since symptoms first appeared.
 - Their health care provider clears them to return to work
6. If a client or household member reports symptoms of Covid-19 , in-person sessions will be suspended for 14 days, and until additional screenings indicate that it has been 10 days since the last person in the household to get sick first developed symptoms, and finally, that everyone in the household has been fever free (temperature below 100.4) for 72 hours .While in-person sessions are placed on hold, families can choose to return to a telehealth service model, or place services on hold.

When close contact with an infected person (or person suspected of being infected) is reported

7. Close contact is defined by the CDC as being within 6ft of a person with confirmed or suspected COVID-19, for a duration of at least 10 minutes.
8. According to the CDC, someone who has had close contact with a person with, or suspected of having, COVID-19 should stay home for 14 days.
9. If a staff member reports close contact, they will be required to stay at home from work for 14 days since that exposure.
10. If close contact is reported by a member of the household, or somebody who is regularly present in the household, in-person sessions will be suspended for 14 days since that exposure.
11. Staff and household members experiencing symptoms of Covid-19 are encouraged to review the ["What to do if you are sick"](#) guidelines on the CDC website and to complete the self-checker tool there to guide decision making about seeking care.
12. Staff and clients will be informed if they may have been exposed to someone with Covid-19, but the name of the person confirmed or suspected to have the infection will not be disclosed.

B. Risk assessments

1. Research indicates that people can spread COVID-19 before they have symptoms, and that some people are carriers despite never getting sick themselves. We need to assume that any staff member, client, or member of the client's household could be infectious for COVID-19 and take precautions accordingly.
2. Consider the risks vs. benefits for each client for returning to in-person ABA services vs. continuing with a telehealth model. Determine which parts of each client's therapy need to be conducted in person and which parts can adequately, or better be conducted via telehealth. For example, activities that require paying attention to the therapist's facial expressions or mouth movements cannot be run effectively when the therapist is wearing a mask. In contrast,

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activities that require physical assistance or implementing new behavior change programs may require the therapist to be physically present. We will engage families and staff in ongoing conversations about the successes and barriers to progress and make adjustments to our service provision accordingly.

3. Covid-19 can live on surfaces for several hours, and even several days. Materials and equipment used in session could be contaminated. As part of our risk assessment we will identify therapy materials at risk for spreading infection and implement plans to mitigate the risk (removing unnecessary contact with shared equipment and stringent cleaning protocols when materials need to move in and out of client homes).

C. Cleaning and disinfecting

Rationale: These procedures reduce the risk that infection will be spread from one client home to another or between the staff members home and the client's home.

1. Session materials will be limited to those that can be adequately cleaned
2. Client's will not have access to staff phones. Alternative timers will be used whenever possible and remain with the therapy binder at the client's home.
3. Staff who wear glasses during session should avoid taking them off and putting them on a surface while in session. Instead, they should be placed straight into a case.
4. New cleaning and disinfecting protocols for all materials and equipment entering and leaving client homes (or other therapy locations), including cell phones and writing utensils, such that no material or piece of equipment is taken into another client's home or staff member's home, until it has been cleaned and disinfected.
5. Staff will be provided with disinfecting wipes to wipe high contact surfaces in the therapy area prior to and at the end of session (including door knobs, light switches, toilet flushers, faucets, and table tops).
6. Staff are required to change into clean clothes immediately prior to traveling to an in-person session and immediately upon returning home. Clothes worn during session should be laundered.
7. Daily cleaning checklists to be completed by staff to verify adherence to protocols
8. Staff with shoulder length hair or longer required to wear their hair up during session.
9. Staff required to wash any part of their body that came into contact with their client or their client's secretions as soon as they return home from session.
10. Staff who wear glasses should wash their glasses with soap and water (not alcohol as that may damage the glasses) regularly, including after returning from session, or other contexts where they have been in close contact with other people. Staff should keep their glasses in their case when not wearing them.
11. Cloth face masks to be laundered after every session.
12. Plastic face shields are to be washed and disinfected after every session following written care protocols. When not in use, they are to be stored in a clean, washable cloth bag, used only for the face-shield.

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D. Hand hygiene

Rationale: Good hand hygiene is one of the most effective ways to reduce the spread of infection.

1. Families are asked to provide soap for staff and children to use prior to session and during session as needed.
2. Staff will be provided with hand sanitizer, soap, and paper towels to carry with them to session
3. Staff and clients are required to wash their hands for at least 20s, following the CDC's handwashing protocol, at the start of every session, after any sneezing, coughing, nose blowing, or contact with saliva, and at the end of session.
4. Hand sanitizer may be used in lieu of handwashing where necessary and appropriate but handwashing with soap is preferred.
5. Staff should refrain from touching their or the client's face (eyes, nose, or mouth)

E. Implementing social distancing

1. We will continue telehealth services where appropriate, including for parent coaching, and training and supervision of staff. Some families will continue receiving services exclusively through telehealth (avoiding all the extra safety measures), others will receive a mix of telehealth and in-person services. Individual conversations will be had between each family and their child's BCBA to determine the best course of action. Those conversations will be revisited regularly.
2. Only one Little Red Car ABA Services staff member will be physically present on site at any one time. This may be the BCBA or the behavior technician, depending on the purpose of the session.
3. Limit in-person contact between our staff members and others in the home
 - I. Only one person should be present at arrival and departure (all others to stay out of the area to limit their exposure to our therapist)
 - II. In-person sessions to be confined to a single designated indoor location (plus bathroom), or to a safe outdoor area, away from traffic, and appropriate for addressing therapy goals.
 - III. No other children in the therapy area
 - IV. Staff are to maintain a 6 ft distance from anyone other than the client receiving services (other family members, friends, other service providers, neighborhood children, etc.)
 - V. Caregivers wishing to observe session are to do so via video link where possible. Where not possible or therapeutically appropriate, limit to 1 caregiver in the room, maintaining 6ft distance from the LRC staff member, and wearing a cloth face covering.
 - VI. Staff are to limit direct physical contact with the client to conditions necessary for safety, hygiene, and prompting, where physical prompting is necessary for therapeutic outcomes (no piggy back rides, picking up children, hugging, or touching faces)
 - VII. At the end of session, parents will be asked to sign a paper session verification form rather than the staff member's phone. Staff members will scan the signature and attach to their note.

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- VIII. Conversation between staff and family at the end of session should be limited to the minimal necessary to communicate about the client's needs, treatment and progress.
4. At times it may be difficult for the therapist and caregiver to communicate effectively with each other while wearing cloth masks.
 - I. If PPE interferes with the therapist's typical ability to communicate effectively with family members during, or at the end of session, a brief (5 minute) post session follow up may be conducted via secure video link. All staff will be set up with a HIPAA compliant doxy.me waiting room for this purpose. Where the data signal is strong enough, the therapist can do this from their stationary vehicle before driving home.
 - II. If a parent is concerned about something in the session and PPE is interfering with their ability to communicate their concern, then the parent should request to end the session early to allow an opportunity to express their concern to the therapist via video link. The BCBA should be alerted to any concerns to that a problem-solving discussion can be scheduled.
 - III. Telehealth caregiver coaching sessions with the BCBA should be scheduled in advance and will typically occur at a set time each week.

F. Personal Protective Equipment

Rationale: Cloth masks are believed to be helpful to prevent the spread of infection from the wearer to others. Cloth masks are not thought to provide significant protection to the wearer. Face shields protect the wearer from droplets from coughs, sneezes and the breath of those in close proximity. We will not be requiring the children we work with to wear masks. Instead, we will wear a mask to protect them, and a face shields to protect ourselves.



1. Staff will be provided with re-usable cloth face covering and face shields that are to be worn throughout session (from the moment they leave their vehicle to meet the client for session, to the moment they return to their vehicle at the end of session)
2. Caregivers are asked to wear a face covering if participating in session or talking with the staff member at the end of session, in addition to maintaining social distancing.
3. Clients (the children) receiving direct services can wear cloth face coverings or face shields if they choose to, but they are not required to do so during sessions. To avoid unnecessary therapist contact with the client's face, any protocols to teach children how to wear face

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coverings will be delivered via caregiver coaching. Families should request that these protocols are added to their children's treatment plans if desired.

4. Staff who wish to wear an N-95 respirator rather than a cloth mask must first seek permission from Kirsty so that mandatory training in the safe and effective use of the N-95 respirator can be conducted and documented. Little Red Car ABA Services is not currently providing N-95 masks to employees.
5. Where the client is unable to tolerate the therapist wearing PPE (is fearful of, or interacts inappropriately with the PPE – grabbing at, touching etc) protocols will be put in place to teach tolerance. Until the client is able to tolerate the therapist wearing PPE for sessions, telehealth services will be offered in lieu of in-person services, including parent coaching to run the PPE tolerance program. Parents will be informed in advance of any known restrictions to telehealth coverage for services on their insurance plans. Staff are not permitted to remove their PPE during in-person sessions. Rather, if the PPE is interfering with the session, they must terminate the session, and complete any applicable preventative cleaning steps listed above.
6. Staff with documented health conditions that prevent them from wearing face coverings will continue to provide services via telehealth where possible and appropriate, but will not work with clients in-person until federal, state, and local guidelines indicate that face coverings are no longer necessary to prevent the spread of infection, when social distancing cannot be maintained. Office tasks may be provided in lieu of clinical tasks, but will depend on business need. In situations where no off-site work is available for the employee the employee may be placed on unpaid leave of absence until face coverings are no longer required at work.

Weblinks

- What do you do if you get sick <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

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Name: _____

Child's name: _____

Date reviewed: _____

- a) I have read and agree to these policies and am interested in resuming some in-person services
- We have a working medical thermometer in the home to do temperature checks
 - We do not have a working medical thermometer in the home to do temperature checks

Signature:

b) I have read these policies and am not interested in resuming in-home services at this time but would like to receive some telehealth services for my child

c) I have read these policies and am not interested in resuming any services at this time

Use this button or email to ashley@littleredcaraba.com