

THERAPY WEST, INC. COVID-19 PROCEDURES

**** AS OF AUGUST 10, 2021: PERSONS WHO ARE VACCINATED AND EXPOSED TO SOMEONE WITH COVID, DO NOT NEED TO QUARANTINE (CAN STILL COME TO THERAPY), UNLESS THEY DEVELOP SYMPTOMS. THEY NEED TO TAKE A COVID TEST 3-5 DAYS AFTER EXPOSURE AND MONITOR SYMPTOMS FOR 2 WEEKS.**

Each parent/caregiver will be asked to sign a consent/attest (attestation) form in which they agree to self-report COVID-19 symptoms and exposure prior to coming to clinic for therapy (includes having no symptoms, have not been exposed to anyone who is positive for COVID-19, and that anyone who brings the child to therapy who is not the legal guardian or parent has also been screened for symptoms and safety behaviors.

CHECKING-IN/OUT PROCEDURE

Therapist/teacher will meet family at the designated "entrance" location for the facility.

- A.** Double check: Therapist/teacher will ask that they self-checked for symptoms, exposure to anyone with COVID-19 or engaged in any risk behaviors/exposures such as taking public transportation without wearing a mask, etc. If there is anything concerning, therapist/teacher will send child home, offer telehealth session and document. If child does not have anything concerning, documentation is not necessary.
- B.** If person bringing the child is someone who does NOT live with the child, and they do not know the child's potential exposure, then the therapist/teacher will call you, the parent, to check for COVID exposure.
- C.** Parents/caregivers remain outside clinic and return at pick up time at the designated "pick-up exit" door. There may be NO INSIDE WAITING ROOM available depending on COVID-status.

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COVID MITIGATION PRACTICES FOR THE CLIENT

1. At the start and end of each session, Therapist/teacher and child must wash hands for 20 seconds. If child is not able to tolerate hand washing, then child should use hand sanitizer.
2. Masks are required of all staff and persons on the Therapy West, Inc. premise regardless of vaccination status.
3. All children above the age of 2 should be encouraged to wear a mask. Parent/caregiver should provide mask for their child. If child is not able to wear a mask, Therapy West staff will also wear a face shield.
4. Staff will change clothing if soiled during treatment session.
5. If child demonstrates any signs of illness, session will be terminated and parent/caregiver WILL be contacted. Therapist/teacher will offer telehealth make-up. Follow protocols for exposure and isolation.
6. If child uses a tracheostomy, it is strongly recommended that they receive services via telehealth.
7. Feeding equipment must be brought in by the parent. No sharing of feeding supplies, tools and equipment.
8. Clients are treated in spaces that allow for safe distancing with their therapist/teacher and/or intern/resident. No switching between treatment rooms is permitted.

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QUARANTINE AND ISOLATION

1. EXPOSURE IS DEFINED AS:

- A. Being within 6 feet of someone with COVID-19 for a total of 15 minutes or more over a 24-hour period.
- B. Unprotected contact with body fluids and/or secretions from someone with COVID-19. For example, you were coughed or sneezed on, you shared a drinking cup or eating utensils, you kissed, or you provided care to them without wearing the right protective equipment.
- C. A person with COVID-19 can infect others from 2 days before their symptoms first started until they are allowed to end their isolation period. A person with a positive COVID-19 test who does not have symptoms is infectious from 2 days before their test was taken until 10 days after their test.

2. QUARANTINE is required if you have had known exposure to a confirmed case of COVID-19, *UNLESS*:

- A. You are considered **FULLY VACCINATED** if it has been 2 weeks passed your second dose in a 2-dose vaccine series or 2 weeks passed your single-dose vaccine. You do not have to quarantine after exposure to COVID-19 if you are fully vaccinated **AND** are without symptoms.

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QUARANTINE PROTOCOL FOR CLIENTS:

- A. If a child was exposed to another child/person who is sick: Quarantine is only needed if a child has been exposed to a confirmed case of COVID-19).
- B. If child has been exposed to someone with a confirmed case of COVID-19, notify your therapists or the TW staff so that TW can inform those who may have been exposed when at TW (who child may have exposed from 2 days prior to symptoms). Your child may be seen via telehealth. See above for the definition of "exposure"
 - 1. If child does not have symptoms, child will need to quarantine for 14 days (from the time of last contact) (or wait 5 days, get a PCR test) and if results are negative the child will still have complete a 10-day quarantine. On days 11-14, the child can return but will have to continue to self-monitor for symptoms.
 - 2. If child does not develop symptoms during the 14-day period, child can return to in-clinic sessions.
 - 3. If child develops symptoms, the child will have to follow the isolation protocol below.

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3. ISOLATION is separating someone who is infected, even if they may not have symptoms.

ISOLATION PROTOCOL

- A. REGARDLESS OF VACCINATION STATUS, if a child has symptoms consistent with COVID-19 (fever, runny nose, persistent cough, diarrhea, loss of smell and taste, body aches, headaches):**
- 1. Stay home. Report symptoms to your therapist or the TW staff.**
 - 2. The child should get tested for COVID-19 and/or notify their health care provider.**
- B. If the child tests positive for COVID-19 with or without symptoms, they must isolate for 10 days. They may return to therapy once they have completed a 10-day isolation period, have improved symptoms, and are fever free for 24 hours without fever-reducing medication.**
- C. If they are "fully-vaccinated" against COVID-19 and test negative for COVID-19, they may return to in-clinic sessions once their symptoms have improved and are without fever for 24 hours without fever-reducing medication.**
- D. If they are not vaccinated against COVID-19 and test negative for COVID-19, they must still complete a 10-day isolation period or obtain a doctor's note verifying that they are safe to return to in-clinic.**