



**New Jersey Department of Health Guidance to
Early Intervention Providers
In-Home Early Intervention Services
April 5, 2021**

I) Overview:

- A) The information contained in this document provides the minimum health and safety protocols to be implemented when providing NJEIS services and support to families in their homes and alternative locations as allowed under Part C of Individuals with Disabilities in Education Act (IDEA).
- B) These protocols are updated from the original guidance provided (July 23, 2020) and reflect the updated information based on the public health status from the Center for Disease Control and the NJ DOH.
- C) These guidelines:
 - 1) Apply to all practitioners and families *regardless of vaccination status of either the practitioner or the family.*
 - 2) Are in effect until the public health officials of the State of New Jersey determine and provide alternative direction and/or guidance.
- D) Participation in the NJEIS is voluntary for families and there is a shared responsibility between providers and participating families to adhere to these protocols.
- E) Families must be advised of and agree to the protocols required by the NJEIS for the provision of in-home NJEIS service, including wearing of PPE and performing a self-check prior to each scheduled session.
- F) NJEIS will arrange for PPE for families that do not have their own and for whom NJEIS services would otherwise be unable to be delivered.
- G) NJEIS staff have the right to refuse services to families who do not adhere to the mask or other NJEIS requirements. Services cancelled due to non-compliance with these protocols are not eligible to be made-up.

II) Target personnel:

- A) All practitioners enrolled with the NJEIS, *regardless of vaccination status*, who provide direct services to families are required to adhere to the protocols outlined here.
- B) Staff enrolled in the NJEIS whose primary responsibilities are administrative in nature (support staff, Human Resources, etc.) and are not expected to come in contact with children and families to complete their job duties, should follow their parent organization's health and safety protocols.

III) Training:

- A) All practitioners who meet the criteria in Section II (a) will be required to complete an on-line tutorial on these procedures, prepared and provided by the Department of Health (DOH.) This will include instructions on how to don and doff masks, cleaning materials, and communication of protocols and expectations with families.
- B) DOH will maintain a central database documenting the completion of practitioner training and their attestations. DOH will provide that information to the employing agency(ies) for their records.
- C) At the conclusion of the tutorial, NJEIS personnel will provide evidence of understanding the presented content, and an electronically signed attestation stating their agreement to comply with these protocols. This will be stored in the NJEIS electronic training database by the EIS professional development team. **Attestation**
 - (a) I have completed the *NJEIS Safety Training: Protocols for Resuming In-Person Visitation with Families* online tutorial in its entirety.
 - (b) I fully agree to adhere to all safety precautions outlined in the training.
 - (c) I understand and agree that it is my professional responsibility to stay current on all public health mandates issued by the Governor and his representatives, as well as all DOH-NJEIS guidelines.

IV) Use of Personal Protective Equipment (PPE) – NJEIS personnel

Masks

- A) All practitioners, *regardless of the vaccination status of the practitioner or family*, who visit in-person with NJEIS families in-home, in a service provider location, or another community setting (including childcare) are required to wear a mask for indoor activities, and are strongly advised to wear a mask for outdoor activities especially when social distancing cannot be achieved.
- B) Disposable face masks are preferable, cloth or reusable masks may be used, if necessary.
- C) Practitioners must put their mask on prior to greeting the family.
- D) Mask are to be changed between visits.
- E) If cloth/reusable masks are used NJEIS personnel should follow the Centers for Disease Control (CDC) guidance on the use of reusable cloth face coverings and the New Jersey DOH guidance for cleaning. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf>

Gloves and Hand Hygiene

- A) Gloves are not required. Instead, families and providers should focus on effective hand hygiene practices in accordance with CDC handwashing guidance. <https://www.cdc.gov/handwashing/index.html>
 - 1) Upon beginning each daily session in a new home or setting, the NJEIS practitioner must:
 - (a) Wash their hands thoroughly with soap and water and/or
 - (b) Generously apply alcohol-based hand sanitizer if access to soap and water is not available.

- 2) Upon the beginning of each session with an NJEIS practitioner, any family member interacting with NJEIS personnel (adults and children) must:
 - (a) Wash their hands thoroughly with soap and water and/or
 - (b) Generously apply alcohol-based hand sanitizer if access to soap and water is not available
 - (c) Gloves may be considered appropriate for certain activities where the provider may contact the child's bodily fluids (for example other oral-motor activities)

V) Use of Personal Protective Equipment (PPE) – NJEIS Families and children

Masks

- A) Adult caregivers are required to wear masks while participating in NJEIS services while indoors. Masks are highly recommended for outdoor activity.
- B) In keeping with the guidance from the American Academy of Pediatrics (August 2020)
 - 1) Children under 2 are not required to wear a mask.
 - 2) Children age 2 and older should be encouraged to wear a mask while participating in NJEIS services to the extent possible.
 - 3) Children with severe cognitive or respiratory impairments may have a hard time tolerating a cloth face covering and for these children and special precautions may be needed.

VI) Supplies & Equipment

- A) NJEIS personnel visiting a family home (for services, evaluation or meeting) should only take what is necessary for the visit. Limiting the materials and equipment includes considerations such as but not limited to:
 - 1) No external case for laptop or tablet;
 - 2) No purses and/or other bags;
 - 3) Utilizing a clipboard for signatures on forms (Service Encounter Verification Log, etc.)
 - 4) Using technology and email to provide resources instead of paper brochures and progress information.
- B) The practice of bringing the same toys or other materials (“toy bags”) into multiple homes has the potential to transmit COVID-19, and therefore until further notice is strictly prohibited.
- C) Required specialized manipulatives needed to administer the Battelle Developmental Inventory-2, *may be* brought in the home provided they are cleaned and sanitized between each use by the administering evaluator using a disinfecting product known to be effective against COVID-19. The federal Environmental Protection Agency (EPA) maintains a list of products known to be effective. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
- D) NJEIS personnel should have cleaning/disinfecting supplies readily on their person to clean commonly touched surfaces and their own supplies such as laptops and pens.

- E) Supplies should minimally include:
 - 1) hand gel,
 - 2) germicidal wipes,
 - 3) alcohol wipes,
 - 4) soap & paper towels,
 - 5) small trash bag
- F) At the conclusion of each daily session, the practitioner must wipe down personal materials that will be taken with them (laptops, pens, etc.) with germicidal or alcohol-based wipe prior to leaving the family's home.

VII) Social distancing

- A) Practitioners and families will maintain social distancing (6- feet), to the extent possible, that still allows for the delivery of NJEIS services and activities, including evaluations and meetings.
- B) Practitioners, Service Coordinators, and Targeted Evaluation Team Members are encouraged to continue the hybrid practices currently in use to conduct evaluations, meetings, and direct services (including interpretation) which have been successful in maintaining social distance.
- C) Practices which support social distancing include utilizing coaching practices with the child's caregiver, utilizing outdoor space, utilizing telehealth to limit participants in the home, and conducting Individualized Family Service Plan (IFSP) and other meetings in locations that provide for social distancing for the number of participants at the meeting, and/or with other participants attending via telehealth or telephone when practicable.

VIII) Pre-visit Health screening – Practitioners

- A) NJEIS personnel *regardless of vaccination status*, preparing to provide services to children and families must do a daily self-screen for COVID-19 symptoms.
- B) Upon arrival to the location the practitioner must inform the family that he/she has met the safety health check that day.
- C) The safety check requires the following:
 - 1) No Temperature over 100.4
 - 2) No signs of illness, cough, shortness of breath, chills, muscle pain, sore throat, loss of taste/smell
 - 3) No known contact with a person who has tested positive for COVID-19 in the past 14 days.
- D) Both the family and practitioner will be required to sign a daily self-check attestation at the beginning of each service.

IX) Pre-visit Health screening – Families

- A) Prior to visiting a family's home, the practitioner must ask the family to conduct a self-check for anyone who will be present for the delivery of services, including the child and other members in the household.

- B) The safety check requires the following:
 - 1) No Temperature over 100.4
 - 2) No signs of illness, cough, shortness of breath, chills, muscle pain, sore throat, loss of taste/smell
 - 3) No known contact with a person who has tested positive for COVID-19 in the past 14 days.
- C) If either the practitioner or family are experiencing symptoms of COVID-19, services will not be provided at the home for that session. Telehealth service may be provided as an alternative.
- D) Providers and families have a responsibility to review and understand the guidelines provided regarding quarantine following travel or known exposure to COVID-19. Providers and families should consult the current recommended minimum quarantine timeframes per the NJ Department of Health via [COVID updated quarantine timeframes.pdf \(nj.gov\)](#) or NJ Covid-19 Information Hub at <https://covid19.nj.gov> to determine if quarantine is necessary based on their personal situation.

X) Services in Childcare

- A) NJEIS practitioners delivering IFSP services in a childcare facility are expected to follow both the protocols in this document and any additional protocols that may be required by the individual childcare agency for entry into the facility.
- B) NJEIS services provided in a family based childcare setting must also adhere to these protocols.
- C) NJEIS families and providers must be cognizant and respectful of the rules and regulations which continue to be required by childcare facilities for their operating purposes. However, Part C services in childcare are not intended nor should be designed or required to be provided in isolation, via “pull-out” session or otherwise delivered in a setting that does not capitalize on the natural routine of the child.
- D) Prior to determining childcare as a service location, the IFSP team:
 - 1) Must assess the feasibility of delivering services in a particular facility or home-based childcare setting based on the individual needs of the child,
 - 2) Must assess and understand the expectations of the childcare provider,
 - 3) Consider the ability for services to meet these protocols withing the childcare setting
- E) In keeping with best practice for delivering services during the child’s routines, the IFSP team (including the childcare provider) should consider the times of day that offer the best opportunities for NJEIS services and support social distancing or indoor space limitations of the childcare provider.