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Policies

Sick Policy

1. No child or adult who presents with or experienced any of the following symptoms in the last 24 hours: a cough (change from baseline), fever of 100.4°F, sore throat, difficulty breathing (change from baseline), diarrhea, vomiting, or severe headache, will be permitted into the clinic.
2. If an unvaccinated child or adult lives with someone who currently presents with above signs of illness and COVID-19 is suspected or under investigation, then he/she will not be permitted into the clinic.
3. In order to return to in-person sessions after demonstrating symptoms:
 - i. *If the area number of new cases/100,000 <20 OR the rate of positive tests is <5%:* The person must be 24 hours symptom free without medication
 - i. *If the area number of new cases/100,000 >20 OR the rate of positive tests is >5%:* The person must wait 10 days after symptom onset and be 24-hour fever free without medication OR produce a negative COVID-19 test and be 24 hours symptom free without medication

**As Skills on the Hill is located in both Washington DC and Arlington, Virginia, the clinic will use the higher rate of new cases to determine the area Risk of Transmission Status*

4. If an child or adult was exposed (less than 6 feet for ≥ 15 minutes total, regardless of wearing a mask or indoor/outdoor circumstances) to someone who has confirmed COVID, he/she will not be permitted into the

clinic until 10 days after the exposure, or with a negative test taken on or after the 7th day after exposure. A person who is fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine) does not need to comply to quarantine rules unless they are showing symptoms of COVID19.

5. If a family cancels a session on the same day due to the child being sick, there will be no cancellation fee. If a child's session is canceled because of a family member being sick or an exposure to the virus, the session should take place via teletherapy.
6. If a child exhibits signs of illness (prolonged coughing, the start of a fever) during a session at the clinic, the session will be suspended immediately. The therapist will call the parent and the child will go home. The therapist will change her clothing, and the room will be sanitized.
7. See Appendix 1: Scenarios for further details on exposure scenarios

SOTH follows Washington, DC's quarantine mandates for those who live or are treated at the Washington, DC clinic. Please see <https://coronavirus.dc.gov/> for the most up-to-date information.

[Most Recent DC Guidance](#)

For people who are fully vaccinated (≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine), the DC mandate does not apply.

Notification of Exposure

1. A person is exposed if he/she had close contact with someone who has COVID19. Close contact includes:
 - i. Being within 6 feet for ≥ 15 minutes to a person with known COVID-19
 - ii. Physical contact, hugging or kissing
 - iii. Sharing eating or drinking utensils
 - iv. Being in contact with their respiratory droplets (via sneeze, cough, or otherwise)
2. Exposure Window Per CDC:
 - i. For a person who tested positive for COVID and has symptoms: infectious from 2 days before symptoms started
 - ii. For a person who tested positive for COVID and has no symptoms: can be infectious from 2 days prior to positive test (when test was taken, not when results were given)
3. If there is an exposure at Skills on the Hill, patients and employees who were exposed will be notified according to the following guidelines:
<https://www.cdc.gov/coronavirus/2019-ncov/php/notification-of-exposure.html>

Patient Screening

1. Per CDC: Persons who have a fever of 100.40 (38.00C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival. See screening procedure.
2. Each person will be asked a series of screening questions as related to travel, symptoms and exposure to COVID-19. An adult will need to answer or confirm answers of minors. The answers will be recorded via Jotform.

Staff Screening

1. Per CDC: Persons who have a fever of 100.40 (38.00C) or above or other signs of illness should not be admitted to the facility. Encourage therapists to be on the alert for signs of illness and stay home when they are sick. All staff will be screened upon arrival; See screening procedure.
2. Each person will be asked a series of screening questions as related to travel, symptoms and exposure to COVID-19. The answers will be recorded via a Google Form.

Equipment/Space Policy

1. Space: One client/therapist dyad can be in a small room at one time, and the room must be cleaned and sanitized before it is used again. Two dyads can be in the gym at one time if there is greater than 6 feet between them and both clients can be trusted to stay on their side of the gym. Only one dyad can be in the small gym at one time. See Appendix 2 for further information on treatment spaces.
2. Materials must be sanitized between use, and materials that cannot be sanitized between uses must be labeled with the child's name and saved for the next use. Children's belongings need to be sent home and returned to the clinic or stored separately. See Appendix 2 for further information on material usage and cleaning.
3. Fabric equipment (swings, crash pads, beanbags/beanie babies etc.) will not be used if they cannot go directly into the washing machine and the ball pit is closed.
4. In DC, the kitchen is closed to clients. In VA, the kitchen will be used as another treatment room. There will be no cooking or feeding activities taking place during therapy. If a child's therapy addresses feeding, the sessions should continue to take place via teletherapy.
5. All air circulation must be continuous: i.e. always have the fan on and/or windows open
6. All staff will practice social distancing as much as possible while at the clinic and will continue attending meetings virtually vs in person meetings. A therapist will only be in the clinic during her "Clinic Treatment Blocks" and related middle blocks.

7. Based on the schedule, a therapist will be assigned a room. This room is the therapist's primary place of work for the day. A therapist will treat, eat, work in this space, and will be responsible for cleaning this space at the end of the day. A therapist can use shared space when necessary but is not permitted to use space in another therapist's room. See Appendix 2 for more information on "Home base rooms."

Personal Protective Equipment (PPE)

1. Definitions per CDC:
 - i. Cloth face covering: Textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing.
 - ii. Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.
2. The clinic will have two PPE stations at entrances.
3. All staff will be replacing PPE as needed throughout the day: gloves will be worn while sanitizing materials after sessions and any time there might be a body fluid present; surgical masks can be worn as long as they stay untouched and should be disposed when they are removed or if they get wet.
4. A surgical mask (with or without a face shield) or a face shield and a cloth mask will be used during any client-facing time. It is recommended that therapists layer a cloth mask over a surgical mask when treating patients.

5. If a client is wearing a mask, the therapist can wear a surgical mask only OR a cloth mask and a face shield. A therapist may wear a surgical mask and face shield as well.
6. If a client is not wearing a mask, the therapist must wear a face shield AND a surgical mask unless the therapist is fully vaccinated.
7. Use a face shield if the client that is being treated does not have a mask on. The face shield is for the therapist to keep, so it can be labeled or decorated. It can either be left at the clinic or brought home and back with the therapist for in clinic time. The face shields should be cleaned at least at the end of each day. The face shield can be removed if a therapist is sitting behind a plastic barrier or if the therapist is vaccinated.
8. While completing desk jobs, staff can wear cloth face coverings and are expected to sit at least 6 feet away from each other if in a shared space for a short amount of time. Fully vaccinated staff must continue to wear masks inside the office but can sit closer together.
9. All shoes will be removed upon entering the clinic and will be stored in the therapist's home base room.

Hand Sanitation

1. All staff will sanitize their hands before/after each session.
2. All children will be required to wash their hands upon entering and exiting the clinic.
3. Hands should be rewashed during session as deemed necessary by therapist if the child touches their nose or mouth or sneezes or coughs.

Cleaning Policy

1. Treatment rooms and equipment will be sanitized immediately after use according to guidelines.

In Person Vs Teletherapy Sessions

1. Telehealth sessions that are successful will continue
2. Evaluations and reevaluations can be done either in person or via teletherapy; they will be done in person to gather standardized scores when deemed appropriate. The feeding portions of any evaluations will continue to be completed over teletherapy.
3. Therapists will select clients to come back into the clinic based on assessing risk in the following three areas. Clients and therapists must be able to minimize risks while engaging in therapeutic activities and the client must benefit from in person sessions significantly more than teletherapy in order to return to in person sessions.
 - i. Contact Intensity (how much hands-on assistance does this client require?)
 - ii. Number of contacts (how many interactions will this session facilitate?)
 - iii. Modification Potential (how can this therapy be modified so that it minimizes risks?)
4. A therapist or a client reserves the right to transition back to teletherapy sessions at any time.

Patient Screening Questions

Each client will be asked the following questions prior to coming into the clinic:

- Has the child experienced any of the following symptoms in the last 24 hours: a cough (change from baseline), fever of 100.4°F, sore throat, difficulty breathing (change from baseline), diarrhea, vomiting, or severe headache?
- Has anyone in the child's household experienced any of the following symptoms in the last 24 hours: cough (change from baseline), fever of 100.4°F, sore throat, difficulty breathing (change from baseline), diarrhea, vomiting, or severe headache?
- Has the child traveled by air, train (not Metro), and/or bus (not Metro or ART) in the last 7 days?
- Has the child come in any contact with someone with confirmed COVID-19 in the last 14 days?
- Does the child live or attend services in Washington, DC?
- Has your child travelled to one of the states on DC's most current High-Risk States list in the last 14 days?
- Have you participated in any non-masked indoor gatherings with people from outside your household in the last 14 days? If so, describe:"
 - In general, the following indoor activities are exempt from the rule:
 - School or other activities that have risk mitigation procedures in place for example: swimming or gymnastics
 - Spending time with families within the family's "quarantine bubble" or "pod"

- Doctor's appointment or another therapy appointment outside of SOTH
- Going to a restaurant with immediate family
- If an activity is questionable, please ask Jen or Kristen
- These are not exempt during the weeks following a holiday

During the two weeks after Thanksgiving (11/30, 12/6), any 'Yes' response to questions (excluding the question of if a person lives in DC) on the SOTH health screen will result in an automatic transition to teletherapy, no exceptions.

Procedures

Patient Screening

1. Prior to child coming to the clinic, the caregiver will fill out a health screening questionnaire form. If any of the answers are “yes” on the screening form, use this as a conversation starter to learn more information about the scenario and ask Jen or Kristen for support in deciding whether the client is safe to come into the clinic. If an unvaccinated child screener reads “Yes” to having symptoms within 24 hours, being exposed to COVID in the last 10 days (without producing a negative COVID test result) or traveled on an airplane in the last 7 days, these are automatic transitions to teletherapy. Both offices also follow the DC travel mandate for traveling out of state for anyone who lives and works in DC. [Most Recent DC Guidance](#)
2. A fully vaccinated patient who travels internationally is permitted to return directly back to the clinic after travelling if all CDC, WHO, and state and local guidance is followed in that location. The patient is required to produce a negative COVID19 test 3 days after returning to the US. If no test is taken, then the patient must wait 10 days before returning in person to the clinic.
3. Therapist or staff member will take child’s temperature with using contactless thermometer. If the child’s temperature is above 100.4, then he/she will not be permitted in the clinic.
4. After the child is taken into the clinic, the thermometer is to be sterilized using alcohol wipe.
5. Ask the caregiver to confirm answers on the screening questionnaire.

6. Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

Cleaning Procedure, per CDC website

Caring for Our Children (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.

Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting.
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to childcare providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in a child's mouth or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys need be laundered before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Skills on the Hill Specific Cleaning Procedures

1. Box System
 - a. Box Number 1: 0-24 hours, Box Number 2: 24-48 hours, Box Number 3: To Clean
 - b. The Box system is to be used for hard to clean items or toys / games with many parts that will be difficult and time consuming to clean.
 - c. Directly after use, toy/equipment will be placed in Box Number 1. At the start of the morning, the therapy aide will rotate labels on boxes so Box 1 becomes Box 2, and box 2 becomes Box 3.
 - It is the job of the therapy aide to clean all materials in Box 3 and put away for future use.
2. Surfaces will be cleaned between all sessions including tables, chairs, countertops, door handles, light switches, etc.
3. If a swing or large piece of equipment is used and needs to be cleaned, it will be placed in an obvious place and will be cleaned prior to be putting away.
4. PPE must be worn while cleaning materials.
5. Equipment, toys, and surfaces should be cleaned using cloth towels and disinfectant (do not use Lysol wipes)
6. Lysol and Lysol wipes should be used for any bodily fluids (saliva, nasal secretions)
7. Therapists will clean their workspace and upon arrival and before leaving as well as between sessions.
8. See Appendix 2 for further information on cleaning materials, equipment, and spaces.

Arrival Procedure

1. Caregiver will complete health screening from outside the clinic via Jotform. If the client passes the health screening, then they should come to the check-in table.
2. Caregiver brings child to front of the clinic to check-in space. Session start times will be staggered to minimize overlap in check in.
 - a. DC: Please check in in the upstairs foyer. Please wait outside the glass foyer if another family is in the foyer.
 - b. VA: Please check in outside the clinic in the hall.
3. Child will participate in temperature check. If child's temperature is below 100.4 F and he/she is ready to come into the clinic, therapist takes child safely into the clinic.
4. Upon entrance into the clinic, both therapist and client will wash hands for at least 20 seconds using soap and warm water before starting session; therapist can use hand sanitizer to ease transition if necessary.
5. Clients will be asked to don face coverings as appropriate if not wearing one already. Clients are not required to wear a face covering during treatment but will be asked to try each session. If the child above 2 years of age is able and willing to wear a mask, it is strongly recommended that they wear a cloth face covering. If a child is unfamiliar, uncomfortable, or unsafe wearing a mask, it might be addressed as part of treatment. There should be open discussion if a parent or caregiver has concerns about this.

Dismissal Procedure

1. Caregiver must arrive at clinic at pre-determined time at end of session and call the office phone to notify the admin if they are not present for pick up. If the therapist would like to be notified directly by the parent, that is fine.
2. At the end of session, therapist and client both wash their hands for at least 20 seconds with warm soap and water or use hand sanitizer. Therapist will minimize the surfaces that the child touches on the way out of the building.
 - b. VA: Therapist walks children down the stairs to the street. All therapist/client dyads will leave the clinic on the side of the office.
 - c. DC: Therapist walks children up the stairs through the gym on the street level to the street.
3. Therapist supervises child's transition into the car from the street.
4. Therapist will call the caregiver and conduct debrief over the phone or via email, depending on caregiver's choice.

Procedure if a Patient is Sick

1. If a patient arrives to the clinic and shows signs of illness and/or does not pass the screening questions, the patient will not be allowed into the clinic. There will not be a fee for the missed session.
2. If a patient begins to show signs of illness during a session
 - a. Therapist immediately discontinues session
 - b. Parent will be contacted
 - c. Therapist will make sure client is safe, and will do their best to stay at least 6 feet away while maintaining the safety of the child
 - d. Therapist will change her clothing
 - e. Room will be sanitized

If there is a COVID exposure at the clinic

1. All people in close contact (as defined) with the person will be notified
2. Depending on exposure, clinic maybe close for 24-48 hours, followed by a deep cleaning
3. See Appendix 1 for Scenario explanations.

How to Don/Doff PPE

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

Appendix 1: Scenarios

1. Employee has been exposed to someone who tested positive for COVID19

- a. Exposed = experienced closed contact (per definition) and/or was within 6 feet for ≥ 15 minutes within 2 days of onset of symptoms OR positive COVID test (see Exposure Windows)
- b. Fully vaccinated = ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- c. If employee is not fully vaccinated: Wait 10 days from exposure, or tests negative after the 7th day from exposure
 - i. Continue telehealth while waiting for quarantine to be complete
 - ii. Time missed will fall under FFCRA benefit (while act is active); if bank is empty PTO will be taken.
- d. If employee is fully vaccinated, no quarantine is required but employee will watch for symptoms for 14 days. If employee presents with symptoms, see scenario 2.

2. Employee presents with COVID symptoms

- a. Stay home, call healthcare professionals, get tested
- b. Continue telehealth while waiting for test results
- c. Employee can return to work when:
 - i. *If the area number of new cases/100,000 <20 OR the rate of positive tests is <5%:* The person must be 24 hours symptom free without medication
 - ii. *If the area number of new cases/100,000 >20 OR the rate of positive tests is >5%:* The person must wait 10 days after symptom onset and be 24-hour fever free without medication OR produce a negative COVID-19 test and be 24 hours symptom free without medication

**As Skills on the Hill is located in both Washington DC and Arlington, Virginia, the clinic will use the higher rate of new cases to determine the area Risk of Transmission Status*

d. Time missed may fall under FFCRA benefit (while act is active); if bank is empty or FFCRA does not apply, PTO will be taken.

3. Employee tests positive for COVID, presents with symptoms

a. Employee does not return to work until:

i. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,

ii. At least 10 days have passed *since symptoms first appeared* **AND**

iii. The employee is cleared to come back to work by their doctor

b. Employee or company (by employee's decision) notifies any patients/employees who have been exposed (see definition of close contact), see guidance for patient/employee exposed

c. Employee will discuss with supervisor if work will continue from home depending on health and severity of symptoms of employee. Time missed may fall under FFCRA benefit depending on situation (while act is active).

4. Employee tests positive for COVID, presents with no symptoms

a. Employee does not return to work until:

i. 10 days after first positive COVID-19 test

ii. Cleared by a doctor

b. Employee or company (by employee's decision) notifies any patients/employees who have been exposed (see definition of close contact), see guidance for patient/employee exposed

c. Employee will discuss with supervisor if work will continue from home depending on health and severity of symptoms of employee. Time missed may fall under FFCRA benefit depending on situation (while act is active).

5. Patient has been exposed to someone who tested positive for COVID

- b. Exposed = experienced closed contact (per definition) and/or was within 6 feet for ≥ 15 minutes within 2 days of onset of symptoms OR positive COVID test (see Exposure Windows)
- c. Fully vaccinated = ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine
- d. If patient is not fully vaccinated: Wait 10 days from exposure, or tests negative after the 7th day from exposure
- e. If patient is fully vaccinated, no quarantine is required but patient will watch for symptoms for 14 days. If patient presents with symptoms, see scenario 6.
- f. No impact to employees or clinic unless patient tests positive

6. Patient presents with COVID symptoms

- a. Stay home, call healthcare professionals, get tested
- b. Continue telehealth services while waiting for test results
- c. Patient can return to in person therapy when:
 - i. *If the area number of new cases/100,000 < 20 OR the rate of positive tests is $< 5\%$: The person must be 24 hours symptom free without medication*
 - ii. *If the area number of new cases/100,000 > 20 OR the rate of positive tests is $> 5\%$: The person must wait 10 days after symptom onset and be 24-hour fever free without medication OR produce a negative COVID-19 test and be 24 hours symptom free without medication*

**As Skills on the Hill is located in both Washington DC and Arlington, Virginia, the clinic will use the higher rate of new cases to determine the area Risk of Transmission Status*

- d. Continue telehealth during this time if possible, depending on severity of symptoms

7. Patient tests positive for COVID, with symptoms

- a. Patient is unable to come back into the clinic until discontinue isolation criteria is met:
 - i. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,
 - ii. At least 10 days have passed *since symptoms first appeared* **AND**
 - iii. The patient needs to be cleared by their doctor to return to clinic for in person services
- b. Notify any employee that has been exposed (within 6 ft for ≥ 15 minutes), see guidance for employee exposed

8. Patient tests positive for COVID, with no symptoms

- a. Patient is unable to come back into the clinic until discontinue isolation criteria is met:
 - i. Patient does not return to work until:
 - ii. 10 days after first positive COVID-19 test
 - iii. Cleared by a doctor
- b. Notify any employee that has been exposed (had close contact), see guidance for employee exposed

9. Someone who shares the home with a patient/employee has COVID symptoms

- a. If patient/employee is asymptomatic, no restrictions required until the person the patient/employee shares the home with has a positive test
 - i. If someone sharing the home with patient/ employee tests positive for COVID, refer to scenario #1*
- b. If COVID is suspected or under investigation, telehealth is required if the patient/employee is not fully vaccinated

10. Unless fully vaccinated, a staff member will need to either quarantine for 10 days or wait 5 days and test negative for COVID19 prior to returning to in person treatment sessions after:

- a. Extended exposure to people outside immediate family or roommates
- b. Attending a large gathering without social distancing, especially indoors
- c. Flying in an airplane

- *Kristen will talk to staff member on case-by-case basis to decide best course of action based on current information and situation at the time.*

11. A fully vaccinated staff member who travels internationally is permitted to return directly back to the clinic after travelling if all CDC, WHO, and state and local guidance is followed in that location. The staff member is required to produce a negative COVID19 test 3 days after returning to the US.

Exposure Window Per CDC:

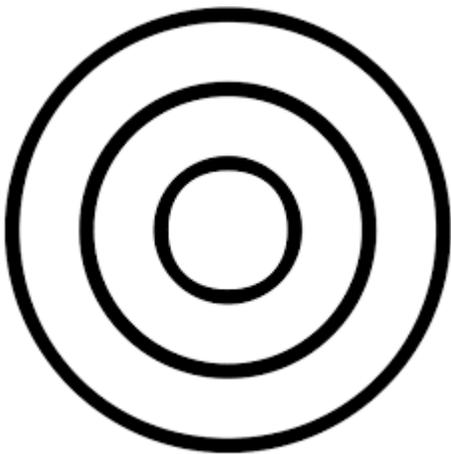
- For positive COVID with symptoms: infectious from 2 days before symptoms started
- For positive COVID with no symptoms: can be infectious from 2 days from after exposure, but if unknown exposure, from 2 days prior to positive test

Exposure Circles:

Circle 1 is the individual known to be infected with COVID with restrictions noted above.

Circle 2 includes anyone who was in close contact with the individual in circle 1 from 2 days before that individual became sick until that person was cleared. Restrictions noted above.

Circle 3 is comprised of any individuals who have been in contact with the now quarantined individuals in Circle 2. They have no restrictions or quarantine unless someone in Circle 2 becomes a symptomatic or tests positive as well.



Appendix 2: Material and Space Use

- 1) Therapists' "home bases" will be the treatment rooms labeled with the letter that corresponds to the schedule letter. For instance: If a therapist treats on the B times, then she treats in the B room. Therapists can treat in the gym spaces and space allocation can be decided by the therapists treating during that time period.
- 2) Shoes will be removed directly upon entering the clinic. They should be carried and stored in the "home base" treatment room along with any other belongings of the child (do not store belongings in shared spaces). Please encourage clients to wear socks.
- 3) When a therapist is treating in the gym, the activity should take place exclusively on top of a tarp. The tarps are set up with some space between them, and only one therapist/client pair is allowed on a tarp at one time. At the end of the session, the tarp needs to be sprayed with the disinfectant spray and wiped clean with a dry wipe. A dry wipe can also be attached to the bottom of a Swiffer broom to aid with clean up. Be mindful that the tarps might be slippery if the child is wearing socks.
- 4) Only swings that can be completely cleaned are available for use. In VA, the swings that are unavailable are in the back room off the office. In DC, they are in the back of the closet off the small gym.
 - a) Wipe down all parts of the swing after use, including the ropes. The ropes that were not already covered in plastic were wrapped in silicon coverings.
 - b) The lycra will remain available, but it must be washed between each use. If the lycra is used, please put it in the laundry machine directly after the session.
 - c) Be extra cognizant of the tire swing – the fabric on the top that connects it to the hook can be taken off and put into the laundry.
 - d) The moon swing is going to be left out to be used as a target for kicking and throwing but is not to be ridden on by children.
 - e) Medicine balls and therapy balls can be used but must be wiped down between kids. They will mostly be kept in the ballpit so they are not easily accessible to kids.

- f) In general, minimize clutter in the gym by hanging up swings and putting them in the closet in DC so that children don't touch items they aren't using, resulting in extra cleaning. Make sure to clean up all non-swing equipment in the gym area as well.
 - g) The rugs on the platform swings have been removed and will stay off until future notice.
 - h) If a therapist really needs it, a lycra wall can be used to divide the gym space. Be cognizant of a kiddo touching the lycra wall and if the fabric needs to be washed.
 - i) Do not use any fabric toys, including bean bags or beanie babies. The items in the closets have been labeled DO NOT USE. If in doubt, don't use it or ask.
 - j) Use Lysol spray to spray the ropes that the swings are connected to and avoid allowing any child to touch them. Daisy chains must be put in the wash after use.
- 5) Please try and pull out all materials needed for the session before the sessions starts to decrease the opportunity for clients' hands to touch everything in a closet and to minimize going into the room and interrupting someone else's session with another client (and not maintaining social distancing).
- 6) Non-washable art supplies (think feathers, pipe cleaners, etc): using a gloved or newly cleaned hand, take the supplies out of the bin before session begins and leave the rest of the bin in the closet. After the craft is completed, unused materials will either need to be saved in the child's individual bag/bin and saved for a future session, sent home with the child, or thrown away.
- 7) Each child can have a bag of small supplies that he/she uses when he/she comes into the clinic: think markers, crayons, a pencil, etc. These are supplies that SOTH has many of and that will be used again in consecutive sessions. Use gallon Ziploc bags to hold the supplies. The bags will be kept in the offices labeled with the child's initials and birthday (month/day) to maintain HIPPA compliance. (For example: JC 5/6) The idea is that these materials will not have to be cleaned directly after the session and they can just be put away in the bag so this will cut down on cleaning time.
- 8) In DC, at the end of the day, take out the garbage from your room. It will also be taken out at the end of a 'camp' block by the group leader.

- 9) Do not use tactile bin supplies (ie sand, beans, etc).
- 10) There are extra cleaning supplies available if necessary. In VA, look in the closet across from the front desk or behind the front desk behind the curtain. In DC, look in the small office under the desk. There are dry wipes and a bottle of cleaner in each room and cleaning stations set up around the office.
- 11) Save Lysol wipes for body fluids specifically. Use the bottled cleaner and dry wipes to clean on a regular basis.
- 12) The contactless thermometers will take a person's temperature from 6 inches away. Pull the trigger to turn it on, then make sure that it is on the "body" mode. Hold the thermometer approximately 6 inches from the child's forehead and pull the trigger to take the child's temperature.
- 13) There is a plexiglass divider available in each room to use when completing tabletop activities. When possible, sit across the table from the child long ways to increase distance.
- 14) In DC, the fan must **always** be on the highest mode on both units. In VA, the fan must always be on and the windows must be open (not all of them, but at least some).

Appendix 3: Feeding Sessions in COVID

Feeding sessions can be done in person if elected by the families. The following procedures must be maintained while completing the sessions:

- Therapists must remain masked for the duration of the session.
 - o This could change if both the therapist and the child are fully vaccinated, with explicit permission from the parent/guardian, as well as consent from the therapist.
 - o If the therapist wants to, they can use a plexiglass barrier between them and the child that is unmasked. The therapist can also use a face shield as a second barrier. A second barrier is required if the therapist is not fully vaccinated.
- The families must supply their own food.
 - o Therapists must send a list of food requested to bring to the therapy session to families 3-5 days in advance.
 - o The therapist should check with the family to see if they would like left over food thrown away or sent back home with the child.
- Clinic utensils, plates, cups, etc., can be used but must be put in the dishwasher after use. Therapists can give families the option to use paper plates and plastic forks and knives if they would feel more comfortable. Furthermore, families could pack their own utensils and meal prep supplies if they would like.
- Oral motor tools are available for use but must be sanitized in the dishwasher or washed by hand and quarantined for 3 days after use. If the tool cannot be put in the dishwasher, the tool should be washed by hand and then put in a plastic bag, then put in the 3-box system.
- All kitchen tools (toaster oven, microwave, etc.) are available for use.
- Clients who are appropriate to wear masks must keep their masks on in shared spaces. Clients who are in the clinic for explicit feeding sessions who warm up in the gym will take their masks off only in the home base room of the treating therapist and will don the masks when they are leaving the space.
- Therapists can do feeding in their home base rooms. If a kitchen tool is required for the session, make arrangements to either bring it into the small room or to switch home bases for that session (and make sure surfaces are wiped down before hand).

- When a client comes into the session, they should put their bag of food in the home base room with their shoes and other belongings prior to being in shared space. The food containers should only be opened just prior to eating/exploring.
- Both the child and the therapist must wash their hands before and after eating food to avoid spreading germs to and from the equipment.
- All surfaces must be sanitized before and after feeding session per COVID cleaning protocols.