

Tanana
Chiefs
Conference

Infant Learning Program

COVID-19 Re-Open Plan



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INTRODUCTION

The Tanana Chiefs Conference (TCC) Infant Learning Program (ILP) staff are dedicated to providing family centered services to youth birth to 3 and their families during this challenging and unpredictable time. We continue to prioritize working as partners with families to evaluate a child's development, create a plan for service, provide specialized instruction, and assist in locating services and resources to support families and their children.

The coronavirus outbreak dramatically changed how we deliver early intervention services within ILP. Though restrictions are being lifted, many services will continue to be different. We are working with families online, and learning how to make virtual services with our families successful. It is vitally important to stay connected and find creative ways to interact to continue the delivery of early intervention services.

The following document outlines information regarding (1) what TCC is doing to prevent the spread of COVID-19; (2) what TCC ILP program is doing to provide services to families with travel restrictions in place; (3) our contingency plan when travel restrictions are reduced to provide in-person visits. As the COVID-19 pandemic is ever changing and elicits changes in response, TCC ILP will adjust the contingency and safety plans as necessary to ensure the safety of our staff, families and communities. With the understanding that we cannot fully eliminate risk, our primary goal with this plan is to reduce the risk of transmitting COVID-19.

The decision to return to in-person visits with families will consider the following to minimize the risk of transmitting COVID-19:

1. Tribal mandates regarding COVID-19, including travel, quarantining and other safety protocols.
2. Alaska state mandates regarding intrastate travel and travel for medical care and medical providers from DHSS.
3. Centers for Disease Control and Prevention (CDC) guidance regarding symptoms of COVID-19, self-check symptoms, people at increased risk, strategies to prevent the spread of COVID-19, and guidelines for travel.
4. Alaska SDS ILP Service Delivery guidelines for in-person home visits during COVID-19.
5. TCC risk matrix and guidelines regarding travel, testing, sanitation, social-distancing, masking and other safety protocols.

TCC ILP program is committed to providing the safest early intervention services to children and families and continues to follow TCC's guiding principle to accessible and trusted world-class services provided with unconditional love, compassion, dignity, and respect.

PHASE I: FACILITIES OPEN & PRECAUTIONS IN PLACE

TCC Risk Matrix Level: High

> 10 cases per 100,000 population (widespread, increasing community transmission)

Travel

Village work related travel should be suspended except for emergency needs, and will require permission from the Tribe. If travelling to the village, employees must contact TCC Employee Health and have a negative COVID-19 test result. Employees must follow masking and distancing when performing job duties, and are expected to self-quarantine while not performing services.

Staffing Plan

- Employee Health will determine the extent of onsite and remote working as shown on the TCC COVID Risk Matrix in Appendix A.
- Employees with job functions that cannot be done remotely or needed to maintain service delivery levels will work onsite.
- All safety measure are strictly followed.

ILP Services

ILP services are provided virtually to all families in the form of phone calls and/or telehealth videos. ILP staff will work with local partners to connect families with internet, so ILP appointments with family service coordinators and developmental therapists can be completed as telehealth videos when possible. ILP staff communicate with parents for appointments, check-ups, evaluations, and IFSP meetings through phone calls, emails, and virtual telehealth appointments.

PHASE II: BEGIN IN-PERSON SERVICE DELIVERY

TCC Risk Matrix Level: **Medium**

5-10 cases per 100,000 population (moderate community transmission)

Travel

Village work related travel may continue with pre-travel testing and strict social distancing while in the village, but limited where-ever feasible, and non-travel solutions, such as telemedicine, should be used whenever possible.

Staffing Plan

- All staff may work in person.
- All safety measures, including masking and workspace distancing, are in place.

ILP Services

ILP will encourage virtual home visits and begin offering limited in-person services when travel bans have been lifted at the Alaska State ILP/DHSS SDS. In-person services will ultimately be at the discretion of the Tribe and their health mandates in place. Any travel to the villages will be approved by the Tribe and supervisor, and the employee will notify Employee Health to schedule their pre-travel testing.

TCC ILP providers and contractors will follow all safety guidelines for village travel produced by Tribal health mandates, TCC, Alaska State ILP/DHSS, and guidelines listed below.

The following information will be considered when scheduling in-person home visits:

1. If there are high risk household or family members, including those ages 65 and older and people with underlying medical conditions. If such persons are living in the home or in regular contact with the family and child, the provider will present the family with the following options:
 - a. Provide visit in a community setting outside the home.
 - b. Family member at risk not present during home visit and provider will not touch child and utilize coaching model for treatment session.
 - c. Virtual appointment.
 - d. Provider will encourage family to contact their primary care provider to determine risk of provider coming into the home.
2. For children with chronic medical conditions – family will contact the child’s primary care provider to assess whether the benefit of home visits outweighs the potential risks and additional precautions that need to be taken for home visits to occur.
3. Provider will have caregiver sign consent to return to in-person home visit form, indicating that the provider went over this document and associated risks of in-person services with the caregiver (Appendix E).

4. If caregiver is not ready to resume in-person home-visits, they will be provided virtual visits.

Pre-Visit

1. Will request permission from the Tribe at least two weeks prior to a scheduled home visit. The request will include TCC ILP safety protocols and precautions to mitigate the risk of transmission during home visits as listed below.
2. Provide family with COVID-19 Home Disinfectant Handout prior to visit.
3. Pre-visit telephone screening of family will be conducted to include recent illness, travel, fever, or recent exposure to COVID-19 (Appendix B). Family members and caregivers will be instructed to call provider before a visit if anyone develops symptoms of illness.
4. No provider will conduct home-visits for 14 days following out of state travel. Home visits will not be conducted following 14 days of out of state travel for family member or caregivers.
5. Employee, provider or contractor will be screened by TCC employee health and scheduled for a COVID-19 test. Provider will complete pre-travel screening form before all trips (Appendix C).

During In-person Home Visits

1. Providers will bring all supplies necessary for travel (food, treatment tools, gear, etc.) to prevent unnecessary stops in local community stores. If necessary for provider to purchase supplies while traveling, provider will contact local store to bring supplies outside if possible or ask local community member to purchase items for provider.
2. Providers will practice social distancing by maintaining six feet distance from others and avoid all social gatherings in community.
3. Provider will wear a face mask at all times while in public spaces and during in-person home visit. Provider will put on a new mask prior to entering another home or community setting. Family members present will be asked to wear a face mask.
4. Providers will wash hands or use hand sanitizer upon entering and exiting all community establishments and homes.
5. If possible, the home-visit will be conducted outdoors.
6. Provider will conduct health screen at beginning of every day for self (Appendix C) and beginning of every session for families and caregivers. (Appendix B). If provider develops any symptoms while traveling, they will immediately contact local health provider and supervisor. If any person in home is ill or in quarantine, provider will leave the home immediately and notify their supervisor.
7. Providers will utilize coaching model during home visits when possible. If provider is required to touch a child or share items as part of the visit, the provider and child will sanitize or wash their hands after the session.

8. Families and caregivers will be asked to sanitize or clean all surfaces and toys to be used during home visit prior to provider arrival. Provider will provide sanitizing wipes at beginning of visit for cleaning if needed.
9. Provider will not bring shared toys/materials to home visits. Provider may bring new toy/material for family to keep.
10. Limit the number of providers in home by utilizing a transdisciplinary treatment approach.
11. The family will be asked to have no more than two family members present with child during the in-person home visit if possible.

Post In-person Home Visit

1. Provider will complete Post-Visit Questionnaire (Appendix D).
2. Provider will document all precautions taken during visit in Client File and on Database.

Additional Considerations

1. If a provider tests positive for Covid-19, provider will contact supervisor and TCC Employee Health Immediately. If the provider has been in recent contact with a family, the family and any individuals present during the home visit will be contacted and instructed to call their local health clinic for further instructions.
2. If a family member tests positive for COVID-19 in which a provider has been in contact with, the provider will contact supervisor and TCC Employee Health immediately for any further instructions.
3. If a provider develops symptoms (cold, flu, COVID-19), TCC Employee Health will be contacted and instruct provider when it is safe to resume rural travel and in-person home visits.
4. Family Service Coordinator has the right to ask contract staff to not travel if they answer “no” to any of the questions on the screening questionnaire. (Appendix B).
5. All contracted TCC ILP staff are required to follow the above listed guidelines and protocols for providing in-person services.

PHASE III: RESUME ALL IN-PERSON SERVICE DELIVERY

TCC Risk Matrix Level: Low

< 5 cases per 100,000 population (minimal community transmission)

Travel

Village work related travel may continue with pre-travel testing and strict social distancing while in the village.

Staffing Plan

- All staff may work in person.
- All safety measures, including masking and workspace distancing, are in place.

ILP Services

TCC ILP providers and contract staff will abide by all guidelines in place for travel within rural communities produced by TCC, Alaska State ILP, DHSS, and Tribal mandates. ILP staff and contractors will offer in-person home visits to all families with the option of virtual visits. Providers will work with families to determine best service delivery method. Staff and providers will be screened and tested by Employee Health prior to traveling.

ILP staff and contractors will continue to follow the below guidelines during home visits:

1. Sanitize or wash hands before and after all home visits.
2. Sanitize or wash hands before touching an infant or toddler during treatment.
3. Mask during home visits and encourage family members present to mask.
4. Maintain social distance when possible.
Monitor their own health and reschedule in-person home visits if they are experiencing symptoms of illness.

REFERENCES

- (1) Early Childhood technical Assistance Center: Considerations for Increasing In-person Activities and making infrastructure adjustments for Part C during COVID-19. May 28, 2020.
- (2) Early Childhood Technical Assistance Center
- (3) www.tananachiefs.org/covid19/
- (4) Alaska State mandates COVID-19: Health Mandate 018: Intrastate Travel; Health Mandate 015: Services by Health Care Providers
- (5) COVID-19 Disinfection for YK Delta Homes:
<https://mk0tccpublicwebgu07e.kinstacdn.com/wp-content/uploads/2020/03/home-disinfectant-handout.pdf>
- (6) COVID-19 State of Alaska Guidelines for Re-initiation of In Person Early Intervention Home Visits
- (7) Idaho Infant Toddler Program – Guidelines to Implementation of Phase I for In-person Visits
- (8) Alaska Center for Children and Adults COVID-19 Mitigation Plan – June 19, 2020

Appendix A. TCC COVID MATRIX

State of Alaska (SOA) Alert (Risk) Levels over 14 day average

Low	<5 cases/100,000 population (minimal community transmission)
Medium	5-10 cases/100,000 population (moderate community transmission)
High Level 1	>10 cases/100,000 population (widespread community transmission)
High Level 2	>20 cases/100,000 population (widespread increasing community transmission)
High Level 3	Local hospital (FMH) exceeds inpatient threshold and opens alternative care site (uncontrolled community transmission) AND/OR Statewide hospitalization capacity drops below 15% availability

The situation will be reviewed every two weeks and a notice provided for operational changes one week in advance.

The source for the 14 day average is State of Alaska, unless significant discrepancy with local data.

A High Risk Employee receives that designation from Employee Health after consultation based on their personal health risk factors.

Risk Level - Low

- I. Staffing Plan A in effect
- II. High risk employees:
 - 1. May work in the workplace without significant risk.
- III. Village work related travel:
 - 1. May continue village travel with pre-travel testing and strict social distancing while in the village.

Risk Level - Medium

- I. Staffing Plan A in effect
- II. High risk employees:

1. May work in the workplace, but if there are options to work from home these can be discussed with their supervisor.

III. Village work related travel

1. May continue with pre-travel testing and strict social distancing while in the village, but limited where-ever feasible, and non-travel solutions such as telemedicine should be used whenever possible.

Risk Level – High Level 1

I. Staffing Plan B in effect

II. High risk employees:

1. Should be allowed to work from home

III. Village work related travel:

1. Village work related travel can be continued at the permission of tribes except for emergency needs; telemedicine options should be use whenever possible.

Risk Level – High Level 2

I. Staffing Plan C in effect

II. High risk employees:

1. Should be allowed to work from home

III. Village work related travel:

1. Village work related travel should be suspended except for emergency needs, and will require permission from the Tribe.

Risk Level – High Level 3

I. Staffing Plan D in effect

1. TCC reduces to critical (urgent and emergent) services, closes to public with all other services via electronic communication methods and Telemedicine.

II. High risk employees:

1. Should be allowed to work from home

III. Village work related travel:

2. Village work related travel should be suspended except for emergency needs and will require permission from the Tribe.

STAFFING PLAN DEFINITIONS

STAFFING PLAN A

- All staff may work in person but supervisors should be planning for work options from home where possible but there is no current need to implement them.
- All safety measures including masking, workspace distancing is in place. Regular messaging from Safety and Employee Health regarding safe practices at work and at home.

STAFFING PLAN B

- Transition to limited work from home options that include an alternating schedule of onsite and remote work (week onsite/week remote) as much as possible while maintaining current service levels. Target a 25% reduction in onsite workers where feasible.
- Employees with job functions (as determined by TCC and supervisor) that cannot be done remotely or are needed to maintain current service delivery levels will continue to work onsite.
- Staff working remotely must agree to remote work requirements and maintain full productivity.
- All safety measures including masking, workspace distancing is in place. Increased messaging from Safety and Employee Health regarding safe practices at work and at home.

STAFFING PLAN C

- Employees with job functions (as determined by TCC and supervisor) that allow them to work remotely will work remotely from home as much as possible. Onsite work will need to occur as frequently as is required to maintain current service delivery levels. This may require rotating schedules of remote/onsite work depending on the program. Target a 50% reduction in onsite workers where feasible.
- Employees with job functions (as determined by TCC and supervisor) that cannot be done remotely or are needed to maintain current service delivery levels will continue to work onsite.

- Staff working remotely must agree to remote work requirements and maintain full productivity.
- All safety measures including masking and STRICT workspace distancing is in place. Frequent messaging from Safety and Employee Health regarding safe practices at work and at home.

STAFFING PLAN D

- TCC will transition to essential services only. Remote/telework will be expected by staff as directed by supervisor. Target a 75% reduction in onsite workers where feasible.
- Employees with job functions (as determined by TCC and supervisor) that cannot be done remotely or are needed to maintain current service delivery levels will continue to work onsite.
- Staff working remotely must agree to remote work requirements and maintain full productivity.
- Disaster leave in certain cases may be implemented.
- All safety measures including masking and STRICT workspace distancing is in place. Frequent messaging from Safety and Employee Health regarding safe practices at work and at home.

Appendix B. TCC ILP COVID-19 FAMILY/CAREGIVER SCREENING QUESTIONNAIRE

Child Name: _____ Date: _____
Provider _____ Appointment date: _____
Name: _____

1. Are you or anyone in your household experiencing the following symptoms in the last 14 days?
☐ Fever (temp >100deg) ☐ Chills ☐ Cough ☐ Sore throat
☐ New loss of taste or smell ☐ Shortness of breath or difficulty breathing
☐ Nausea, vomiting, diarrhea
2. Have you or anyone in your household been tested for COVID-19? ☐ YES ☐ NO
If yes, when was the most recent test date? _____ Result _____
3. Have you or anyone in your household been asked to quarantine/stay home due to symptoms, exposure, or travel related to COVID-19? ☐ YES ☐ NO
If yes, why? _____ When? _____
4. Have you or anyone in your household been around anyone within the last 14 days that has COVID-19 symptoms or has been diagnosed with COVID-19? ☐ YES ☐ NO
5. Do you, your child, or anyone in your household have a compromised immune system or other risk factors that may make you or them susceptible to serious complications from COVID-19?
☐ YES ☐ NO
6. Has your child's doctor indicated that a home visit is not safe given your child's diagnosis or medical condition? ☐ YES ☐ NO
7. Are you comfortable with participating in an in-person visit? ☐ YES ☐ NO
8. TCC ILP has determined important safeguards to minimize the risk of COVID-19 exposure to our providers and families we serve. Only two family members/caregivers and the child being served can participate in the visit. Do you agree to follow this requirement? ☐ YES ☐ NO
9. During the in-person visit, the TCC ILP program, asks that family members present over the age of 2 wear a face mask to protect yourself, our staff, and the other families that our staff services. Will the family members who are participating in the visit willing to wear a mask? ☐ YES ☐ NO
10. If a home visit is not an option, discuss the options for alternative locations or a virtual visit with the family.

I agree that the above information was discussed between provider and parent/guardian regarding the upcoming in-person home visit.

Parent/Guardian Signature

Date

☐ Consent was given virtually

Early Interventionist Signature

Date

*Document adapted from the Idaho Infant Toddler COVID-19 Pre-screening Questionnaire and State of Alaska Early Intervention/Infant Learning Program and Other SOA Home Visiting Proposal to EOC
Example of Screening Process for Reinstating in Person Visits

Appendix C. TCC ILP COVID-19 Provider Screening Questionnaire

Provider Name: _____

Date: _____

Appointment date: _____

1. Are you or anyone in your household experiencing the following symptoms in the last 14 days?

☐ Fever (temp >100deg) ☐ Chills ☐ Cough ☐ Sore throat
☐ New Loss of taste or smell ☐ Shortness of breath or difficulty breathing
☐ Nausea, vomiting, diarrhea

2. Have you or anyone in your household been tested for COVID-19? ☐ YES ☐ NO

If yes, when was the test date? _____ Result _____

3. Have you or anyone in your household been asked to quarantine/stay home due to symptoms, exposure, or travel related to COVID-19? ☐ YES ☐ NO

If yes, why? _____ When? _____

4. Have you or anyone in your household been around anyone within the last 14 days that has COVID-19 symptoms or has been diagnosed with COVID-19? ☐ YES ☐ NO

Early Interventionist Signature

Date

APPENDIX D. TCC ILP COVID-19 IN-PERSON HOME VISIT PROVIDER QUESTIONNAIRE

Child Name: _____
Provider Name: _____

Date: _____
Appointment date: _____

Pre-Visit

1. Did you complete a telephone screening with the family/caregiver prior to the visit?
☐ YES ☐ NO Name of person completing screen _____
2. Did you review the screening questionnaire with the family at the beginning of the in-person home visit and notify any changes? ☐ YES ☐ NO
3. Did you complete the pre-visit practitioner screening assessing self for symptoms? ☐ YES ☐ NO

Post-Visit

1. Did you wash or sanitize your hands when entering the home and at the end of the visit?
☐ YES ☐ NO
2. Did you minimize contact and maintain six foot distance with people in the home when possible? ☐ YES ☐ NO
3. How many family members were present with child in the room with provider? _____
Who (for contact tracing) _____
4. Did you wear a mask during the visit? ☐ YES ☐ NO
5. Did the family members present over the age of 2 wear a face mask? ☐ YES ☐ NO

Appendix E. IN-PERSON HOME VISITS CONSENT FORM

Child Name: _____ Date: _____

ILP staff reviewed TCC ILP procedures and precautions in place to keep my family and TCC staff safe. The following measures will be taken to reduce the risk of transmission during home visits.

1. Provider will wear a face mask.
2. Family members will wear a face mask.
3. Providers will sanitize or wash hands upon entering and exiting all community establishments and homes.
4. Provider will conduct a personal health screen every day and beginning of every session for families and caregivers.
5. Providers will utilize coaching model when possible and maintain a distance of six feet with others when possible. If provider is required to touch a child or share items, the provider will sanitize or wash their hands.
6. If possible, the home-visit will be conducted outdoors.
7. Families and caregivers will be asked to sanitize all entry surfaces and toys to be used during home visit prior to provider arrival. Provider will provide sanitizing wipes at beginning of visit for cleaning if family is unable to do so.
8. Provider will not bring shared toys/materials into home visits.
9. The number of providers in home will be limited by utilizing a transdisciplinary approach.
10. The family will be asked to have no more than two family members present with child during the in-person home visit.
11. Home visits will not be conducted following 14 days of out of state travel for family member, caregivers or ILP staff.

I consent to re-initiate in-person home visits at this time and to abide by the safety protocols above.

☐ YES ☐ NO

Parent/Guardian Signature

Date

Early Interventionist Signature
TCC Infant Learning Program COVID-19 Re-Open Plan

Date

COVID-19 Disinfection for Homes Without Running Water

Protect yourself and others from COVID-19.

Avoid close contact (within 6 feet) with others, stay home if you're sick, clean and disinfect frequently touched surfaces daily, and wash your hands often. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

Here are some things that homes without running water can do using household bleach.

Using bleach to disinfect surfaces

Wear gloves to protect your hands from bleach.



Mix 4 teaspoons liquid bleach with 1 quart of water to make a **strong** cleaning solution (500-800 ppm).



First, clean soiled surfaces to remove dirt and grime.

Next, wipe the bleach solution on "high touch" hard surfaces daily like door knobs, light fixtures, tables, counters, toys, toilet handles, faucet handles, and sinks.



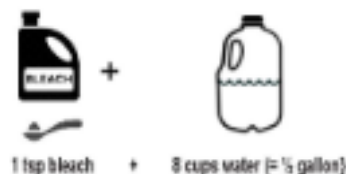
Leave the surfaces wet for 10 minutes, enough time to kill the germs. Rewipe if needed.



Using a handwashing basin

If you use a handwashing basin, make sure the water in the basin is changed regularly during the day.

Consider adding a small amount of bleach to basin water, so that germs don't grow. Add



1 teaspoon liquid bleach to a half gallon of water. This will create a **mild** bleach solution, slightly stronger than pool water.



Having two separate basins is best – one for soapy wash water and one for clean rinse water (with bleach).

Do NOT mix dish soap in with the bleach solution.

For more information: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

