



SUPERMINDS

BEHAVIOUR THERAPY SERVICES

Protocol for Face-to-Face Client Visits in the Home

Updated: January 13, 2021

CONDITION DETAILS

Scheduling

- **Only ONE therapist per child per day will be scheduled**; if another therapist **MUST** be present, the learning environment must be conducive for a physical distancing setup. If this is not possible, two therapists may not be present in the same learning environment
- **A maximum of two therapists on a child's treatment team are permitted to conduct face-to-face visits, at any given time, until COVID regulations and restrictions are lifted**; once two therapists on a child's team are scheduled for face-to-face visits, additional therapists on the team, such as supervising therapists or clinical supervisors, will conduct supervision sessions remotely, via ZOOM

Safety Equipment and Sanitation Protocol

- **PPE** will be provided to therapists by the company and will include **face masks, face shields** (to clean and disinfect after every session), **gloves**, and **booties**
- Each therapist will secure their own **touchless thermometer** and use it to take the temperature of the child and of self, prior to the start of the session and prior to the end of the session
- **The therapist will not bring any outside** toys, food or drinks except for a sealable water bottle, which is to be kept out of reach of the client at all times
- Therapists will be held accountable to be up to date and to review all training and guidelines as appropriate (e.g., handwashing procedure, putting on a mask)
- Cleaning and disinfecting procedures are clearly outlined, and therapists will complete the sanitation checklist following completion of the task(s)

Programs, Materials & Contact Tracing

- Programs are to be individualized and revised to avoid intrusive prompting when possible. If intrusive prompting is required, therapists are to ensure appropriate PPE is worn
- Therapists will arrive to clients home prepared with **their own materials** that are necessary for running the session (e.g., pencils, pens, paper, highlighters, clickers, etc.). No items are to be shared across therapists or caregivers
- Communication between therapists will be conducted online **after the end of the session**
- Session progress reports will be provided via email **after the end of the session**
- For contact tracing purposes, attendance tracking of therapists is completed via an online sign in and sign out system (Homebase) and attendance tracking of members present in the home during a session is completed via an online tracking spreadsheet

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PRIOR TO THE FIRST DAY OF SESSIONS

- Prior to the start of services, the supervising therapist or clinical supervisor will conduct an environmental assessment of the family home, **noting any changes that are necessary to ensure safety of both client and therapists**. Items that cannot be sanitized (e.g., area rugs, stuffed toys) will be removed from the environment when possible
- Access to a play space within the learning area will be required. **The environment is not to be altered without approval of the supervising therapist/clinical supervisor.**
- For the safety of children and therapists, children must have a dedicated learning area, away from high-traffic areas in the home

MEETINGS WITH PARENTS/CAREGIVERS

Clinical Meetings

- All clinical meetings with caregivers (e.g., behaviour plans, progress summaries) will be conducted via video conference or phone call
- If the caregivers have updates or information they need to share during a session, they are encouraged to phone or e-mail the Supervising Therapist or Clinical Supervisor. If the information is pertinent to the session, the Supervising Therapist or Clinical Supervisor will contact the instructor therapist and update them as necessary

Parent/Caregiver In-Session Training

- For learning and generalization purposes, we always encourage parent/caregiver integration and training in all our sessions, but in light of COVID, and in keeping with provincial and ministry guidelines, the following protocol must be followed:
 - Observation sessions are **reserved to one parent/caregiver** only and only the pre-approved parent/caregiver may be present for the observation session
 - Parent/caregiver **must wear a max** at all times when in close proximity to the therapist or therapist area, and must position themselves at **minimum 2m/6 feet apart**
 - **Parents are encouraged to utilize cameras for observing sessions to minimize contact**



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SESSION GUIDELINES

STEP 1: Before leaving their home, the therapist will...

- **Call or text message the parent/caregiver** to conduct a screening with the family
- Perform a **self-assessment** and provide their supervising therapist/clinical supervisor with an attestation statement (e.g., "I attest that I have cleared the public health screening provided to me by Superminds)

STEP 2: Upon arrival and entering the home,

- The therapist will **call the parent/caregiver** to notify them that they are present and ready to enter the home
- The therapist will then exit their car, **perform hand hygiene, secure their mask and perform hand hygiene again**. *Remaining PPE will be put on in the home to ensure privacy of client and family*
- The parent/caregiver that opens the door for the therapist must be wearing a mask. *The therapist is **not to enter the home if the caregiver is not wearing a mask***
- The parent/caregiver will then move back to allow therapist in, while maintaining physical distancing and will close the door once the therapist has removed their shoes and left the area. Therapist will **proceed to the learning area immediately** and **put on remaining PPE**

STEP 4: Before starting the session

- The parent/caregiver will bring their child to wash their hands
- The therapist will clean and disinfecting the learning area (e.g., hard surface wipes, sanitizing toys as required) and will **change gloves after any cleaning and disinfecting**
- The therapist will alert the parent/caregiver that they are ready to start the session; the parent/caregiver will **bring the child to the learning area but will not enter the learning area** (i.e., maintaining at least 2m/6ft from the area)
- Once the child has entered the area and a safe transfer has been made
 - The parent/caregiver is to retreat to another area of the home and **only return to the area** for pick-up of their child, an emergency situation (e.g., washroom, injury), or for an observation if one was pre-booked
 - The therapist will use a touchless thermometer to take **the temperature of the child and of self**, and record it on a temperature log

STEP 5: During the session

- The therapist is to avoid touching any surfaces outside of the therapy area as much as possible (e.g., door handles, railings, etc.)

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- **Edibles are to be avoided** when possible as reinforcers for the child. If edibles are required, the parent/caregiver will be asked to prepare them prior to sessions (e.g. cut them up, put them in containers) and place them in an open container. Therapists are to use gloves at all times when handling food and will continue to pair the edible reinforcers with tangible items and social praise in attempt to fade edible reinforcers
- For any instances in which the child touches his/her face, nose, mouth, eyes and/or ears, the child is to wash his/her hands or use the provided hand sanitizer. *If this requires physical assistance, therapist is to wear gloves and all other required PPE or have the parent/caregiver wash their child's hands*
- Therapist is to **place any soiled items for sanitization** (e.g., toy that was put in the mouth) in a dedicated bin. Therapist will clean and disinfect at the end of session
- When possible, therapists are to **avoid use of the washroom** in the home but may use if necessary. If used, the therapist must clean and disinfect the area immediately and inform the parent/caregiver that they have used the bathroom
- If at **ANY** time the client begins to show **symptoms of COVID-19**, session is to be **terminated immediately**. The therapist will inform the caregivers and encourage them to call their public health unit. Therapist is to notify the senior staff immediately (supervising therapist, clinical supervisor and HR)

STEP 6: Exiting the home, and after

- **5 minutes prior to the end** of the session,
 - the therapist will use a touchless thermometer to take **the temperature of the child and of self**, and record it on a temperature log
 - The parent/caregiver will return to the learning area to pick up the child; parent/caregiver must be wearing a mask and avoid entering the learning area
- Once the child has been safely transferred to the parent/caregiver,
 - Parent/caregiver will have their child wash or sanitize their hands immediately
 - Therapist will perform hand sanitization, begin environment cleaning and disinfecting protocols (e.g., hard surface wipe, sanitizing toys, sanitizing thermometer, etc.) and then perform hand sanitization again
 - The therapist will remove PPE and place all items (except face shield and face mask) in a sealed container or bag. Therapist will remove face shield and clean and disinfect for next use. The therapist is required to bring soiled PPE with them and dispose of safely (e.g., garbage outside of therapist's home).
- The therapist will notify the parent/caregiver when they are ready to leave the home and the parent/caregiver will proceed to the door, open the door for the therapist while maintaining physical distancing, and close the door after the therapist has left

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- The therapist will remove any outstanding PPE, discard it appropriately, and then perform hand hygiene. ***Masks are to be used one time only.***
- The therapist will then
 - Update the online document to of anyone who was present in the home
 - Send a progress report about the session to the family

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SELF-ASSESSMENT TOOL (for staff)

Out of an abundance of caution and to keep our staff and patients safe during the COVID-19 evolving situation, we are taking additional precautionary steps by screening our staff. The employer and staff member have a shared accountability for the success of the screening process.

By reporting to your assignment, you are hereby declaring that you are fit to work (free of fever and any COVID-19 related symptoms) at the beginning of each shift.

If you are exhibiting fever (>37.8) OR any new/worsening Covid-19 like symptoms (e.g. cough, shortness of breath, sore throat, runny nose or sneezing, nasal congestion, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain) OR clinical/radiological evidence of pneumonia, do NOT hold your session, and follow call in sick protocol.

Are you currently experiencing any of the following symptoms?

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills
- Cough that's new or worsening (continuous, more than usual)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye(conjunctivitis)
- Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to other known causes or conditions)
- Clinical/radiological evidence of pneumonia
- Have you travelled to an impacted area in the last 14 days?
- None of the above

Next Steps:

- If you answered 'yes' to any of the above questions you are NOT clear to enter the home of the child as scheduled. Please remain at home, connect with your clinical supervisor and follow call in sick protocol
- If you are clear to proceed to the home of the child, please submit your attestation statement to you clinical supervisor via email before proceeding to the home of the child

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COVID-19 CLIENT/VISITOR SCREENING

If the answer is yes to any of these questions below, a face-to-face visit is cancelled, and virtual support can be offered as an alternate if your child is eligible.

1. Do you, or anyone I will be meeting with, have a confirmed case of COVID-19?
2. Have you, or anyone I will be meeting with, had close contact with a confirmed case of COVID-19?
3. Are you, or anyone I will be meeting with, experiencing any acute respiratory illness symptoms?
4. Have you, or anyone I will be meeting with, travelled outside of Canada in the last 14 days?
5. Do you, or anyone I will be meeting with, have any of the symptoms listed below? (see chart)

Symptoms:

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty Swallowing
- Decrease or loss of sense taste/smell
- Chills
- Headaches
- Unexplained fatigue/muscle aches
- Nausea/vomiting/diarrhea/abdominal pain
- Pink eye
- Runny Nose/nasal congestion without known cause

6. Are you, or anyone I will be meeting with, 70 years of age or older, experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

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