

## CARD WRITTEN COVID-19 PREVENTION PROGRAM

(Effective as of 11/24/2020)

This CARD *COVID-19 Prevention Program* is prepared in compliance with California Occupational Safety and Health Standards Board, Title 8, Division 1, Chapter 4, Subchapter 7, §3205(c). This CARD COVID-19 Prevention Program expressly addressed the following 11 elements:

1. System for Communicating
2. Identification and Evaluation of COVID-19 Hazards
3. Investigation and Responding to COVID-19 Cases in the Workplace
4. Correction of COVID-19 Hazards
5. Training & Instruction
6. Physical Distancing
7. Face Coverings
8. Other Engineering Controls, Administrative Controls, and Personal Protective Equipment
9. Reporting, Recordkeeping, and Access
10. Exclusion of COVID-19 Cases
11. Return to Work Criteria

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### 1. **System for Communicating**

(A) All CARD employees are required to report to CARD, without fear of reprisal, any and all COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace. All such information shall be reported to the CARD COVID-19 Response Team utilizing the dedicated email hotline- [cardcovid19@centerforautism.com](mailto:cardcovid19@centerforautism.com).

(B) To the extent that any CARD employees have medical or other conditions that put them at increased risk of severe COVID-19 illness, employees are directed to request an accommodation from the Human Resource Department pursuant to the Employee Handbook. The Human Resource department is responsible for implementing this policy, including resolution of reasonable accommodation requests, and should be contacted with any questions.

(C) Pursuant to the CARD COVID-19 Response Policy (*attached*), CARD will engage in a systematic process for clearing employees with confirmed COVID-19 diagnoses to return to work. CARD can require employees to take medical tests that are "job-related and consistent with business necessity to keep infected individuals from spreading the virus to coworkers and patients. CARD may take steps to determine if employees entering the workplace have COVID-19 because an individual with the virus will pose a direct threat to the health of others. This includes electing to administer or directing an employee to obtain a COVID-19 test before they enter the workplace to determine if they have the virus. CARD may require employees who had COVID-19 to submit a clearance from a physician if they wish to return to work. The cost and time required to obtain any test required by CARD shall be reimbursed to the employee.

(D) CARD has developed comprehensive policies and procedures to address potential hazards and precautions to protect against the transmission of COVID-19. All policies and procedures are accessible on the CARD Sharepoint intranet site for all employees- <https://www.cardintranet.com/SitePages/Home.aspx>. In addition, CARD routinely communicates with employees, caregivers, patients and others regarding its ever-evolving COVID-19 policies and procedures. These can take the form of electronic mail and direct letter notification.

## **2. Identification and Evaluation of COVID-19 Hazards**

(A) All CARD employees are actively encouraged to participation in the identification and evaluation of COVID-19 hazards. All such observations shall be reported to the CARD COVID-19 Response Team utilizing the dedicated email hotline- [cardcovid19@centerforautism.com](mailto:cardcovid19@centerforautism.com).

(B) CARD has developed and implemented a process for screening employees for and responding to employees with COVID-19 symptoms. The procedure is set forth in the COVID-19 CBS Protocol (*attached*). All employees and patients are required to evaluate their own symptoms before reporting to work. All symptoms will monitored through daily health screenings utilizing the CARD Staff/Patient Screening Form (*attached*). All employees conducting such screenings shall ensure that face coverings are used during screening and that CARD-provided non-contact infrared thermometers are used.

(C) CARD has developed comprehensive COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission of COVID-19 in the workplace. Once a positive case is reported to the CARD COVID-19 Response Team utilizing the dedicated email hotline- [cardcovid19@centerforautism.com](mailto:cardcovid19@centerforautism.com), a series of questions are required to be completed to further analyze the date of testing, the date of the results, symptom tracking, PPE and disinfectant and cleaning protocol adherence, individuals within direct contact, etc. Once this information is provided, letters to individuals who has direct contact with the positive individual over the last ten (10) days are provided. Monthly, a representative from the CARD Legal Department audits each positive case and documents the recovery.

(D) CARD routinely conducts workplace-specific identification of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19 hazards. All such areas are identified in monthly COVID-19 audits and addressed in the COVID-19 CBS Protocol. CARD has evaluated local centers with increased ventilation controls as part of the HVAC system as well as centers that have fans with HEPA filters. CARD has also starting to add portable units for centers to purchase at their discretion. CARD treats all persons, regardless of symptoms or negative COVID-19 test results, as potentially infectious and follows CDC guidance on managing both confirmed and suspected positive cases.

## **3. Investigation and Responding to COVID-19 Cases in the Workplace**

(A) CARD has developed an effective procedure pursuant to its CARD COVID-19 Response Policy, to investigate COVID-19 cases in the workplace. This includes procedures for verifying COVID-19 case status, receiving information regarding COVID-19 test results and onset of COVID-19 symptoms, and identifying and recording COVID-19 cases.

(B) In accordance with Section 2(c) above, CARD takes the following actions when there has been a COVID-19 case at the place of employment:

1. Determine the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis, and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced.
2. Determine who may have had a COVID-19 exposure. This requires an evaluation of the activities of the COVID-19 case and all locations at the workplace which may have been visited by the COVID-19 case during the high-risk exposure period.
3. Give notice of the potential COVID-19 exposure, within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case to all individuals with direct contact to the positive case.
4. Upon request, provide COVID-19 testing at no cost to employees during their working hours to all employees who had direct COVID-19 exposure in the workplace.

5. Investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 Hazards.

(C) Consistent with the CARD COVID-19 Response Policy, CARD ensures that all personal identifying information of COVID-19 cases or persons with COVID-19 symptoms are kept confidential.

(D) CARD ensures that all employee medical records obtained, if any, are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as otherwise provided by law.

#### **4. Correction of COVID-19 Hazards**

CARD shall implement effective policies and procedures for correcting any unsafe or unhealthy condition, work practices, policies and procedures brought to its attention or upon a COVID-19 audit in a timely manner based on the severity of the hazard. All employees are encouraged to be vigilant and to report any unsafe or unhealthy condition to the CARD COVID-19 Response Team utilizing the dedicated email hotline- [cardcovid19@centerforautism.com](mailto:cardcovid19@centerforautism.com)

#### **5. Training & Instruction**

As part of its CARD Response Policy and consistent with its overall routine infectious disease management and training, CARD provides effective training and instruction to employees that includes the following:

(A) CARD's COVID-19 policies and procedures to protect employees from COVID-19 hazards.

(B) Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.

(C) The fact that COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may have no symptoms.

(D) Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.

(E) The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.

(F) The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled. Employees are directed to instructional posters in each center.

(G) Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Employees are directed to instructional posters in each center.

(H) COVID-19 symptoms, and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.

## **6. Physical Distancing**

(A) To the extent practical within inhibiting appropriate therapy, all employees shall maintain appropriate distance from other persons by at least six feet as set forth in the COVID-19 CBS Protocol.

(B) When it is not possible to maintain a distance of at least six feet, individuals shall be as far apart as possible.

## **7. Face Coverings**

(A) CARD has provided directly or through a reimbursable expense face coverings and face shield and through monthly audits ensures they are worn by employees over the nose and mouth when indoors, when outdoors and less than six feet away from another person, and where required by orders from the CDPH or local health department. All such face coverings and face shields must be worn at all times in accordance with the COVID-19 CBS Protocol

(B) Employees exempted from wearing face coverings due to a medical condition, mental health condition, or disability shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it.

(C) Employees are not allowed to perform and services or be within the center or home therapy session without appropriate face coverings in accordance with the COVID-19 CBS Protocol .

(D) CARD shall prevent any employee from wearing a face covering when not required by this section, unless it would create a safety hazard, such as interfering with the safe operation of equipment.

(E) CARD has implemented measures to communicate to non-employees the face coverings requirements on their premises including the requirement that no visitors (other than limited caregiver collaboration meetings) are allowed within the centers.

(F) CARD has developed COVID-19 policies and procedures to minimize employee exposure to COVID-19 hazards originating from any person not wearing a face covering, including a member of the public. This does not include any patient who cannot wear a face covering by virtue of their autism or related disorder or which otherwise would interfere with a patients essential mental health therapy.

## **8. Other Engineering Controls, Administrative Controls, and Personal Protective Equipment**

(A) At fixed work locations where it is not possible to maintain the physical distancing requirement at all times, CARD has, in some instances, provided plexiglass partitions that effectively reduce aerosol transmission between the employee and other persons. In other instances, CARD has recommended therapy sessions occur in separate office or treatment areas of the center.

(B) In accordance with Section 2(d) above, CARD has evaluated local centers with increased ventilation controls as part of the HVAC system as well as centers that have fans with HEPA filters. CARD has also starting to add portable units for centers to purchase at their discretion.

(C) CARD has implemented comprehensive cleaning and disinfecting procedures as thoroughly set forth in the COVID-19 CBS Protocol.

(D) CARD has implemented comprehensive hand-washing and hand hygiene protocols as thoroughly set forth in the COVID-19 CBS Protocol and explained in posters throughout the centers.

(E) CARD has provided all appropriate personal protective equipment, including face coverings, face shields, reusable and disposable rubber gloves, and safety goggles (when required as a medical accommodation).

## **9. Reporting, Recordkeeping, and Access**

A) CARD will report information about COVID-19 cases at the workplace to the local health department whenever required by law, and shall provide any related information requested by the local health department.

(B) CARD will report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under section 330(h), of an employee occurring in a place of employment or in connection with any employment.

(C) CARD will maintain records of the steps taken to implement this written COVID-19 Prevention Program.

(D) This written COVID-19 Prevention Program is available at the workplace to employees through the CARD Sharepoint intranet site <https://www.cardintranet.com/SitePages/Home.aspx> as well as to authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.

(E) CARD will keep a record of and track all COVID-19 cases with the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test. Medical information shall be kept confidential. Upon formal request to the CARD Legal Department, the information shall be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

## **10. Exclusion of COVID-19 Cases**

(A) CARD will ensure that COVID-19 cases are excluded from the workplace until the return to work requirements of the COVID-19 CBS Protocol are met.

(B) CARD will exclude employees with COVID-19 exposure from the workplace for 10 days after the last known COVID-19 exposure to a COVID-19 case.

(C) For employees excluded from work by CARD and otherwise able and available to work, CARD will continue and maintain an employee's earnings (through available sick leave or CA supplemental sick leave), seniority, and all other employee rights and benefits, including the employee's right to their former job status, as if the employee had not been removed from their job.

## **11. Return to Work Criteria**

(A) COVID-19 cases with COVID-19 symptoms shall not return to work until the return to work requirements of the COVID-19 CBS Protocol are met.

(B) COVID-19 cases who tested positive but never developed COVID-19 symptoms shall not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.

(C) A negative COVID-19 test shall not be required for an employee to return to work.

(D) If an order to isolate or quarantine an employee is issued by a local or state health official, the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period shall be 10 days from the time the order to isolate was effective, or 10 days from the time the order to quarantine was effective.

(E) If there are no violations of local or state health officer orders for isolation or quarantine, Cal/OSHA may, upon request, allow employees to return to work on the basis that the removal of an employee would create undue risk to a community's health and safety. In such cases, CARD will develop, implement, and maintain



effective control measures to prevent transmission in the workplace including providing isolation for the employee at the workplace and, if isolation is not possible, the use of respiratory protection in the workplace.

# CARD Staff/Patient Screening Form



\*\* This COVID-19 symptom check is based upon current CDC guidance which can be found at\*\*  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<p>Staff, patients, caregivers and authorized visitors are required to self-screen with the following questions at home and again upon arrival at a CARD center.</p>	
<p><b>Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)? (a temperature of 100.4°F (38°C) or greater is considered a fever). If a patient's temperature is between 99°F (37.2°C) and 100.4°F (38°C), the temperature should be retaken in one hour.</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Are you/they having shortness of breath or other difficulties breathing?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Do you/they have a cough?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Any other flu-like symptoms, such as gastrointestinal upset, headache, sore throat, chills, muscle pain or fatigue, congestion, runny nose, nausea and diarrhea?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you/they experienced recent loss of taste or smell?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Are you/they in contact with any confirmed COVID-19 positive patients?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you/they traveled internationally within the past 14 days to any regions affected by COVID-19?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you recently received a COVID-19 test and awaiting the results?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

If ALL of the above are NO, the staff member and patient are allowed to be present at the CARD center. If a staff member or patient shows signs of any of the above during the day, follow exclusion protocols and call the patient's caregiver to come pick them up. Ill staff members should be sent home as well. If a staff member is awaiting a COVID-19 test result, they are not allowed to resume therapy or work, until they have received their results.



## COVID-19 CBS Protocol

7.21.2020

### Staff & Patient Arrival & Departure Protocols

- Operations Manager (or another CARD team member who is responsible for opening the Center) Arrival
  - OM and/or Administrative staff should be excluded from work if they are sick
    - If staff have tested positive for COVID-19, they should remain under home isolation precautions until at least 24 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**, at least 10 days have passed since symptoms first appeared.
    - If staff have fever with cough or shortness of breath and have tested negative for COVID-19, they should stay home away from others until 72 hours after fever is gone without the assistance of fever-reducing medications (e.g., acetaminophen) and symptoms of acute infection resolve.
    - If staff have fever with cough or shortness of breath and have not been tested for COVID-19, they should stay home away from others until 72 hours after fever is gone without the assistance of fever-reducing medications (e.g., acetaminophen) and symptoms of acute infection resolve.
    - If staff have other non-compatible symptoms and have not been tested for COVID-19, they should stay home until 24 hours after all symptoms are gone without the use of medicine.
  - If OM is unable to open the center, they should arrange for a Clinical Supervisor or AC to complete the following steps
    - OM arrives to center prior to arrival of first Behavior Technician & patient with enough time to complete appropriate sanitation procedures.
    - OM must always wear face covering when in the center unless alone in their private office with the door closed and following proper private office sanitation procedures.
    - OM enters center wearing face covering and washes hands immediately.
    - OM puts on gloves and keeps them on throughout the center disinfectant protocol.
    - OM sprays & wipes down exterior center door handle and surrounding area with antibacterial cleaner.
    - OM stands at designated center drop off point outside center wearing face covering at time of patient arrival or when doorbell chimes.
  - Behavior Technician Arrival
    - Behavior Technician arrives at center with enough time to get to designated patient drop off point prior to the start of the first schedule block.
    - Behavior Technician should practice good hygiene prior to entering the center
    - Behavior Technician puts on face covering upon exiting vehicle.
    - Behavior Technician should meet OM at designated patient drop-off location maintaining a 6-foot distance other than temperature check.
    - OM completes temperature & health screen with Behavior Technician prior to Behavior Technician contact with patient and prior to entering center
      - Behavior Technicians should be excluded from work if they are sick.
        - If staff have tested positive for COVID-19, they should remain under home isolation precautions for 10 days from specimen collection OR until 72 hours after



- fever is gone without the assistance of fever-reducing medications (e.g., acetaminophen) and symptoms of acute infection resolve, whichever is longer.
- If staff have fever with cough or shortness of breath and have tested negative for COVID-19, they should stay home away from others until 72 hours after fever is gone without the assistance of fever-reducing medications (e.g., acetaminophen) and symptoms of acute infection resolve.
  - If staff have fever with cough or shortness of breath and have not been tested for COVID-19, they should stay home away from others until 72 hours after fever is gone without the assistance of fever-reducing medications (e.g., acetaminophen) and symptoms of acute infection resolve.
  - If staff have other non-compatible symptoms and have not been tested for COVID-19, they should stay home until 24 hours after all symptoms are gone without the use of medicine.
- If Behavior Technician has a temperature of 100.4 or higher or does not pass health screen, they should not enter the center or, have contact with patient or other staff and should immediately return home.
  - The OM should inform caregiver that session is cancelled, unless another BT is available.
  - Once Behavior Technician has passed health and temperature screen, OM informs Behavior Technician which workstation they are assigned to for first scheduling block.
  - When scheduled patient has arrived and OM notifies Behavior Technician their assigned patient is present and ready to be escorted into the center, Behavior Technician starts session on iPad, puts on face shield (in addition to face covering) and escorts patient to bathroom to wash hands (both Behavior Technician & patient)
  - The Behavior Technician should then escort the patient to the assigned workstation keeping a minimum of 6 feet distance between other patient & Behavior Technician teams
- Patient Arrival & Drop-off
    - Patient & Caregiver arrive to designated center drop-off site prior to scheduled session to account for patient check-in procedure.
      - Parking Lot Procedure
        - Temperature & health screen will occur prior to caregiver departure or clinic entry
          - Whenever possible, caregiver and patient should stay in their vehicle until approached by OM.
          - OM takes the patient's temperature completes health screen with caregiver.
            - Patient is required to have temperature below 100.4 to exit vehicle.
          - OM notifies assigned Behavior Technician that patient is cleared to enter center
      - If drop-off from patient vehicle is not feasible for the Center, the following drop-off modifications may be considered:
        - Drop off can occur outside of the main entry door of the center.
          - Caregiver and patient should park and exit the vehicle.
            - Face coverings are recommended or required, depending on state and/or local guidance.
          - Caregiver should escort the patient to the designated drop-off location.
            - Center should consider having markers designating 6-foot spacing between other caregivers and patients waiting to drop-off.



- When at the front of the line, the OM should perform the health screen as noted above prior to allowing ONLY the patient to enter the center.
- Behavior Technician escorts patient to the entry of the center and immediately proceeds to nearest hand washing station.
  - Patient and Behavior Technician should wash hands
- Following hand washing, patient is escorted to assigned work area by assigned Behavior Technician.
- All personal belongings of both Behavior Technician and patient should be kept at assigned workstation.
- Staff should monitor all patients for signs and symptoms of respiratory infections.
  - Each center should identify an area where staff or patients would be isolated if they become symptomatic and cannot immediately leave the center.
  - Patients or staff who are symptomatic with respiratory illness should be isolated immediately and be separated from well students and staff until sick patients and staff can be sent home

### General Session Health & Safety Guidelines

- Face Shields & Face Coverings
  - A face covering must be worn at all times by clinical staff while at the center from the time they exit their personal vehicle until the time they re-enter their personal vehicle.
    - Face covering requirement does not apply if it is not clinically appropriate for the clinician to wear.
      - In these situations, staff must utilize a face shield
    - Face covering requirement does not apply to individuals who are unable to wear a face covering due to a medical condition
      - In these situations, staff must utilize a face shield
  - See below for specific considerations regarding face shields and face coverings
- Face Shields
  - Clinical Supervisor
    - Clinical Supervisors should wear face shields when interacting with a patient while at the center
    - Clinical Supervisors should sanitize face shields between patients
  - Behavior Technicians
    - Behavior Technicians should wear face shields when interacting with a patient while at the center
    - Behavior Technicians should sanitize face shields between each scheduling block and between patients
- Face Coverings
  - Clinical Supervisor
    - Clinical Supervisors should always wear face coverings. If face coverings are not feasible, face shields must be worn. Some examples include:
      - An individual is unable to wear a face covering due to a medical condition. In these situations, staff must utilize a face shield.
      - The face covering impedes interaction with the patient or BT
      - The face covering hinders learning opportunities
      - A teaching protocol requires the patient to see the Clinical Supervisor's mouth
  - Behavior Technician
    - Behavior Technicians should always wear face coverings. If face coverings are not feasible, face shields must be worn. Some examples include:



- An individual is unable to wear a face covering due to a medical condition. In these situations, staff must utilize a face shield.
- It impedes interaction with the patient
- It hinders learning opportunities
- A teaching protocol requires the patient to see the Behavior Technician's mouth
- Patient
  - Though not mandatory, it is recommended that patients wear face coverings while in the center.
    - If a patient is resistant to wearing face coverings, consider adding this skill to their treatment program
    - Patients 2 and under should not wear face coverings at any time as they have been identified as a suffocation hazard.
- Hand Washing Schedule for Staff & Patients (warm water with soap for at least 20 seconds)
  - Behavior Technicians & patients must wash hands upon entering the center
  - Behavior Technicians must wash their hands between patients
  - Behavior Technicians & patients should practice good hygiene which includes regular hand washing
    - Following coughs or sneezes
    - Prior to and after preparing or consuming food
    - Following toileting
- Hand sanitizer
  - May be used if patient or staff are unable to implement hand washing schedule as noted above
- Physical Distancing
  - A Behavior Technician and assigned patient team can be less than 6 feet away from each other if the Behavior Technician is always wearing a face covering and adheres to good hygiene procedures for both patient & Behavior Technician
    - Behavior Technicians should discourage any close physical contact such as hugging, tickling, blowing raspberries, providing sensory stimulation, etc.
  - A Behavior Technician and patient team should always remain at least 6 feet away from other staff members and other patients
  - All group activities should be discontinued, including:
    - Activity where anyone other than the patient Behavior Technician team (can include the Clinical Supervisor) are within 6 feet of the team
      - In-person social skills groups
      - In-person circle time activities
      - In-person meal and snack times
      - In-person break time activities
- Capacity & Room Dividers
  - To promote physical distancing and allow for adequate space for treatment, it is recommended that Staff allocate an 8'x8' space for each Clinician and Patient pairing
  - OM's must prioritize filling individual rooms before allocating multiple Patient and Staff pairings to one room
  - Based on the 8'x8' spacing guidance, center should identify areas/rooms which accommodate more than one Patient and Staff pairing
  - Based on patient load in a specific scheduling block, when a center will require multiple patient teams in one room at the same time, OM's should consider submitting a request to facilities for the purchase of physical



dividers to help identify clear boundaries between multiple Patient/Staff pairings who are working in the same room

- Dividers are available as a tool to promote physical distancing but are not mandatory, based on the above spacing guidance and the nature of your individual center and patient base, clinical and operations staff should use their best judgement in determining if dividers are required within their center

○ Items

▪ Patient Stimuli

- Electronic stimuli should be used whenever possible
- If patient requires physical stimuli, it should be kept in patient storage bin at center and should only consist of laminated (non-cardboard or paper) and hard surface items that can be safely cleaned with soap and water and/or antibacterial spray
  - If patient has both home and center-based services, stimuli should travel with the patient and be cleaned before and after use.
- Stimuli should not be shared between patients.

▪ Toys

- Only toys with low contamination risk and those that can be safely cleaned with soap and water and/or antibacterial spray are allowed in the center and will be sanitized daily by OM prior to staff and patient arrival.
  - The following items should not be available to patients at this time:
    - Stuffed animals
    - Dolls with hair, clothes, or non-plastic bodies
    - Cloth items such as dress up clothes, bean bag chairs, pillows, etc.
    - Toys that encourage mouthing, such as pretend food or utensils
    - Ball pits
- Following interaction with a toy, the Behavior Technician should have the patient help with proper sanitation procedures prior to putting it away
  - See cleaning toys protocol below

○ Physical locations

▪ Kitchen

- Follow appropriate social distancing rules so that Behavior Technician patient teams in the kitchen are always 6 feet or more from other patient and Behavior Technician teams.
- Have markers outside of kitchen to indicate where patient and staff should wait if room is occupied beyond safe capacity.

▪ Restroom

- Follow appropriate social distancing rules so that Behavior Technician patient teams in the bathroom are always at least 6 feet away from each other at all times.
- Have markers outside of bathroom to indicate where patient and staff should wait if room is occupied beyond safe capacity.

▪ Individual Workstations

- Patient and Behavior Technician should sanitize workstation upon entry and following initial hand washing.
  - Wipe down all hard surfaces.



- Only individual Behavior Technician patient teams are allowed in assigned workstation during scheduled therapy block.
- iMessage should be used to contact other staff as needed.
- Food & Mealtimes
  - Caregivers are advised to send patient meals in disposable bags.
  - Caregivers are advised to send patient meals that do not have to be cooked, heated, or refrigerated.
  - Caregivers are advised to package snack items in a container or bag that the patient can access and open independently.
    - If a patient has a meal that must be cooked or heated, it is advised that CARD staff stagger meal preparation times. The need to heat meals should be an exception, and caregivers should be reminded to send food that adheres to the guidelines.
  - Meals should be eaten in the assigned workstation.
  - Meals should not be eaten in groups.

### General Session Structure

- Entry & hand washing
- Start of session sanitation
  - Clean stimuli
  - Clean hard surfaces of workstation
  - Gather and clean toys
- End of session sanitation
  - Clean stimuli
  - Clean hard surfaces of workstation
  - Gather and clean toys prior to putting away
- Hand Washing & Pick Up

### Patient Pick Up

- Caregiver
  - Caregivers should be instructed to arrive for pick-up 10-15 minutes prior to the scheduled end of the session to account for parking, walking to the center, and waiting for other Patients to be picked-up.
    - If the Caregiver is late, they should call the center and inform the OM what time they will be arriving to pick up their child.
      - The OM should utilize iMessage to inform the Behavior Technician that the parent is running late and to extend their session to the specified time of arrival
  - Caregivers should wait outside of the center on designated physical distance markers to maintain a 6-foot distance from others.
  - Caregivers should not approach the Center entry door until the prior family has vacated the pick-up spot.
  - Caregiver should wait at the pick-up spot outside of the center until their child is brought out to them by the Behavior Technician.
  - Caregiver should sign for the session on Behavior Technician iPad and then may leave the Center with their child.
  - Caregiver should not enter the center during pick-up.
- Operations Manager



- At the end of every scheduling block, the OM should don their face covering and wait just outside the center door.
- The OM should call out the patient first name when their caregiver has arrived to pick them up so that the Behavior Technician can escort the patient to the caregiver waiting outside of the center at the door
  - iMessage can also be utilized to inform the Behavior Technician of the caregiver's arrival at the center for pick-up.
- Behavior Technician & Patient
  - When the scheduled session is complete and the patient has done the final hand-washing, the assigned Behavior Technician should have the patient take all of their belongings and exit the assigned workstation location.
  - Although each center may be different, there should be physical distancing markers on the center floor to show the Patient and Behavior Technician where to stand to wait for the arrival of the caregiver
    - Ensure 6-feet distance from other Behavior Technicians and Patients
    - While waiting for the Caregiver, the Behavior Technician should implement antecedent interventions and/or ensure that the patient is occupied with a preferred task to avoid the occurrence of any challenging behaviors while waiting
    - When Caregiver arrives outside of the center, the Behavior Technician should wait for the OM to iMessage or call out the Patient's first name and then walk the patient to the caregiver who is waiting outside of the center door.