

Home Visit Safety Plan

July 16, 2020

We strongly recommend home visits be limited to immediate family members only. Immediate family members are defined as those who live in the same household.

If you live in a region that is NOT in Phase 4, you will not be able to participate in the home visit program at this time.

Advance scheduling is required. Please contact your child's Residence Manager 24-48 hours in advance of the day you would like to pick up your child to schedule the pick up time. On the day you arrive, please call the residence. A staff member will escort your child to your car. You will not be permitted inside the residence. Home visits are permitted in accordance with the conditions below:

Home Visit Screening

When you call to set up a pick up time, you will be prescreened by Anderson personnel who will ask and record answers to the questions on the **Prescreen Acknowledgement & Symptom Check Form**. Upon arrival to the program site, you will be asked to confirm the information obtained during the prescreening and sign the form. Temperatures will be checked upon arrival. You will also be asked to sign an *Attestation of Participation* (see attached) in our home visit program.

Symptom Screening Questions (to be asked during prescreen)

Have you or a family member had any of these symptoms in the past 72 hours (3 days)?

- Fever (temperature of 100.0F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Body aches
- Chills
- Runny nose or stuffy nose
- Sore throat
- Loss of smell or taste

If "yes" to any of these questions, home visit will be postponed until a quarantine of 14 days from onset of symptoms is completed. A phone call or videoconference can be substituted during that time.

In the last 14 days,

- Have you or a family member been to any state listed within the travel advisory that requires a 14-day isolation period? Please check the website for the most up to date information regarding travel advisories. (<https://coronavirus.health.ny.gov/covid-19-travel-advisory>)
- Has anyone in your household been diagnosed with COVID-19?
- Have you been told to quarantine yourself by a public health authority? If so, when does/did your 14-day quarantine period end?
- Have you been in close contact (less than 6 feet for a prolonged period) with someone who has tested positive for COVID-19?
- Have you traveled anywhere internationally outside of the 50 United States including on a cruise?

Family members with any of the conditions above are not permitted to bring their child home.

While At Home

- We strongly recommend that home visits be limited to immediate family members only.
- Immediate family members must practice proper hand hygiene and respiratory etiquette at all times and disinfect on a regular basis.
- A *Daily Symptom Monitoring* log will need to be completed each day for your child and for each family member (see attached). These logs are to be returned to the Residence Manager on the day your child returns to program site.
- If a family member or your child present with symptoms of a respiratory infection during the home visit, your child will not be accepted back to program until they have isolated for 10 days and are 72 hours free of symptoms. Please contact your child's Residence Manager.
- We strongly recommend no community outings occur while on home visit.

Return to Program Site

- Please schedule the return date and time with your child's Residence Manager 24-48 hours in advance. Please remember to bring *the Daily Symptom Monitoring* logs with you.
- If your child presents with symptoms of a respiratory infection on the return date, they will not be accepted back to program until they have isolated for 10 days and are 72 hours free of symptoms.
- When you arrive at the program site, please contact your child's residence and a staff member will meet you outside. You will be prescreened by Anderson personnel who will ask and record answers to the questions on the **Prescreen Acknowledgement & Symptom Check** Form. Temperatures will be checked upon arrival

Post-Visit Precautions for Program

- Once inside the residence, your child will be asked to remove clothes for washing and prepare for showering.

Additional Considerations

- No home visit will occur if any individual or staff member in your child's residence is in isolation.
- No home visit will occur if any individual or staff member in your child's residence is suspected or confirmed to have COVID-19.
- For home visits to resume, all residents must have recovered from COVID-19 and no longer be displaying symptoms and/or no longer be in isolation.

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Home Visit Daily Symptom Monitoring Log- **YOUR CHILD**

Please complete the checklist for **YOUR CHILD** each day of the home visit by circling Y or N for each symptom. Remember to record the date of each symptom check.

YOUR CHILD'S NAME: _____

Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Temperature	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Body aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny/stuffy nose	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of smell or taste	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Please have family members fill out the back of this form >>

Home Visit Daily Symptom Monitoring Log- **FAMILY MEMBERS**

While on home visit, the following family members visited with my child **AT HOME** and were symptom free before and during the entire visit. *(Symptoms include fever (temperature of 100.0f or higher), cough, shortness of breath or difficulty breathing, body aches, chills, runny nose or stuffy nose, sore throat, loss of smell or taste.)*

Family Member Printed Name

Family Member Signature

Family Member Printed Name

Family Member Signature

Family Member Printed Name

Family Member Signature

Family Member Printed Name

Family Member Signature

Family Member Printed Name

Family Member Signature

As per OPWDD regulation, if my child was out in the community visiting family members, I have included the address where the visit took place:

While on home visit, my child visited the following family members at the addresses listed below. These family members were symptom free during the entire visit.

>Family Member Print Name (1)

Address

Date of Visit

>Family Member Print Name (2)

Address

Date of Visit

>Family Member Print Name (3)

Address

Date of Visit

>Family Member Print Name (4)

Address

Date of Visit

Parent/Legal Guardian Print Name

Parent/Legal Guardian Signature

Date

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Attestation of Participation in Home Visit Program

The submission of this signed document by the parent/legal guardian of an individual currently being served by Anderson Center for Autism (ACA) confirms participation in the *Home Visit Program*. In order to ensure compliance with OPWDD, as the parent/legal guardian, you are required to attest and comply with the following requirements:

Y	N	I confirm that my child has passed their pre-screen immediately prior to participating in home visit
Y	N	I confirm that persons picking up or receiving my child for home visit and persons in my household are not currently under isolation or have had known exposure to COVID-19 in the prior 14 days
Y	N	I understand that ACA recommends home visit be limited to immediate family members only (those who live in the same household)
Y	N	I agree that family members will practice proper hand hygiene and respiratory etiquette at all times and disinfect on a regular basis while at home
Y	N	I agree that the Daily Symptom Monitoring log will be completed each day of the home visit for my child and family members and will be returned to the Residence Manager when my child returns to program site
Y	N	I understand that if a family member or my child present with symptoms of a respiratory infection during the home visit , my child will not be accepted back to program until he/she has isolated for 10 days and are symptom free for 72 hours
Y	N	I understand that if a family member or my child present with symptoms of a respiratory infection on the day of return to program site , my child will not be accepted back to program until he/she has isolated for 10 days and are symptom free for 72 hours
Y	N	I understand that ACA strongly recommends no community outings occur while on home visit

Family Member Print Name

Family Member Signature

Date

Relationship to Individual