School-Based and Early Intervention Occupational Therapy Services—Decision Guide for COVID-19

In the rapidly changing health care and education landscape, the ability to evaluate, plan, and adapt is vital; occupational therapy practitioners have unique skills to address this challenge.

☐ The following checklist can assist in the development of an agency-specific and school-based algorithm and work plan during the COVID-19 pandemic.

☐ Occupational therapy practitioners and directors should work closely with leadership to develop a plan and maintain continuous monitoring to address emerging factors and guidelines.

Pediatric occupational therapy services occur in a variety of settings via various practice provisions. Practitioners in school-based and early intervention settings must consider the following.

**Staffing Considerations:**

☐ Any necessary updates, temporary changes, or revisions to individualized education plans (IEPs) or individualized family service plans (IFSPs)
  - Examples of major changes: Adding a new intervention, significant alterations to the amount of weekly/monthly time for service provisions, adding or eliminating services, etc.
  - Examples of minor changes: Moving from a group intervention to a 1:1 or vice versa, moving intervention to virtual or back to in-person classroom, etc.

☐ Additional considerations:
  - Does the change to the IEP/IFSP require an in-person meeting?
  - Does the change simply need an email between parents and administrators?
  - The [Department of Education fact sheet](#) has additional details for school-based services

☐ Alternate service provisions and settings
  - Parental support in home-based services versus the school setting for children requiring more hands-on assistance
  - Facility setting versus home setting to ensure safety provisions when the home setting presents challenges or potential risks, such as threat of infection
  - Facility setting secondary to lack of supplies or access to supplies left at a school remaining closed

☐ Consider/continue alternatives to service provisions such as telehealth whenever possible

☐ Review the following AOTA resources:
  - [AOTA's Telehealth Resource Page](#)
  - [AOTA's Telehealth Decision Guide](#)
  - [AOTA's Home Health Decision Guide](#)
Ethical Considerations
• AOTA’s Code of Ethics
• The American Occupational Therapy Association Advisory Opinion for the Ethics Commission

Agency policies and procedures relating to provision of occupational therapy

Clinical decision making and professional reasoning

State, local, and agency guidelines and policies during COVID19 public health emergency

OT and Telehealth state statutes, regulations, and board statements

Considerations for In-Person Services
The following was retrieved from https://www.documentcloud.org/documents/6883734-CDC-Business-Plans.html

Adhere to safety precautions for proceeding with services
• Promote and teach healthy hygiene practices
• Have necessary hygiene supplies, such as soap and hand sanitizer, readily available
• Have cleaning and disinfecting supplies available to use between service provisions (ensure safety by keeping out of children’s’ reach)
• Utilize external cues such as signage to reinforce hygiene practices

Standardize use of personal protective equipment (PPE) and infection control procedures, as indicated in the guidelines for IDEA, the Centers for Disease Control and Prevention, and infection control department
• Utilize the OSHA standards, strategies to optimize the supply of PPE, and control and prevention guidance
• Utilize face coverings (including cloth coverings in the absence of PPE) when social distances are not possible
• Teach the proper use of PPE and wearing cloth face coverings to staff, children, and family members
• Implement a staff competency measure for correctly donning/doffing PPE

Adopt health screening procedures for children and adults

Identify procedures for individuals who display signs of illness, and the plans for future service provisions (e.g., clearance by a health care provider).
• Designating a separate area for someone showing signs of illness, and the cleaning procedures to follow (e.g., disinfecting and closing area for at least 24 hours following exposure)
• Having procedures for removing and cleaning supplies utilized by an individual showing signs of illness (e.g., personal items used during home care sessions)

Establish self-reporting procedures in the case of illness of staff, children, or caregivers

Ensure proper ventilation as appropriate, prioritizing safety (e.g., facility maintenance of ventilation systems, opening windows unless doing so poses a risk to the child)

Minimize the number of individuals present (e.g., don’t allow visitors, additional staff/family members, or other children not receiving services)
• Stagger session times to avoid overlap with other scheduled sessions/appointments and allow time to employ infection control procedures between sessions
• Schedule home care sessions to allow additional time for infection control procedures between families

Keep the child’s personal items and supplies separate by removing or storing them in a plastic bag away from treatment supplies

Avoid immediate contact where possible. For examples:
• Perform social distancing during tabletop activities by placing seats 6 feet apart and avoiding face-to-face sitting positions
• Use visual aids where appropriate versus physical contact
• Ask family members to assist with feeding/oral motor interventions while the therapist provides guidance and implements social distancing

Assessment and Evaluation

☐ Prioritize safety and precautions for infection control and social distancing, and alternative models such as telehealth
  • Review tool psychometrics to determine if telehealth or caregiver coaching/completion are valid and reliable methods to complete the assessment tool

☐ Develop methods for collecting data, analyzing, and sharing results to meet guidelines for the IEP or IFSP.

☐ Develop procedures to collect and analyze data and share with family and team members

Group Service Provisions

☐ Prioritize safety and precautions for infection control, use of cloth face coverings, and social distancing

☐ Consider necessary updates or revisions to IEPs, IFSPs, or outpatient treatment plans to support group therapy interventions

☐ Consider alternative delivery models, such as telehealth
  • Review AOTA’s Telehealth Resource Page

☐ Confirm approval to bill for group services

☐ Address guidelines for sharing and reporting student information under the Family Educational Rights and Privacy Act (FERPA)

☐ Develop group treatment guidelines and expectations such as WE SMILE: Creating a Pediatric Group Therapy Framework

Specific Considerations for School-Based Services

☐ Review the policies for providing school-based services by the U.S. Department of Education and local educational agencies. The IDEA webpage provides a Supplemental Fact Sheet

☐ Review the latest information compiled by AOTA to address the provision of school-based services during COVID-19

☐ Address guidelines for sharing and reporting student information under the Family Educational Rights and Privacy Act (FERPA)

☐ Consider the provision of telehealth by reviewing AOTA’s Telehealth Resources page
Specific Considerations for Early Intervention Services

- Review the policies for provision by your local and state agencies
- Consider temporary services at hospitals and medical clinics as discussed in the IDEA Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak (March 2020)
- Review the latest information compiled by AOTA to address the provision of pediatric early intervention services during the COVID-19 outbreak

Pediatric CE Resources:

- Reinventing the Wheel: Behavioral Health Care During COVID-19 (webinar)
- Webcast: Fundamentals of Pediatric Home Modifications (webinar)
- Assessment in Pediatric Telehealth
- Now and Later: Addressing the Immediate and Future OT Needs of Adolescents & Young Adults (webinar)