Acentra HEALTH

HEALTH & SAFETY ATTACHMENT

Components to Include/Describe in Written Policy and/or Procedure for Maintaining Health & Safety Standards

Early Intervention providers, including individual, municipal and agency providers, must develop and comply with health and safety policies and procedures that are consistent with New York State Department of Health (Department) Early Intervention Program (EIP) Health and Safety Standards. The **Health and Safety Standards For the Early Intervention Program And Frequently Asked Questions** guidance document can be located at health_and_safety_standards.pdf (ny.gov). These policies and procedures need to be appropriate for the type of service provider (agency or individual) and the setting(s) where the provider renders services (facility, home, community).

- **PI-43:** Individual providers, agency providers, and all agency subcontractors must have State approval and an agreement in place (Basic or Appendix) to deliver the specific Early Intervention services they provide (including evaluation, service coordination, home/community based, facility based services, and group services). Providers may not under any circumstances provide services for which they are not approved. Providers must also maintain State approval for all facility-based sites where early intervention services are delivered. The written notice of State approval status must be maintained by the provider. The provider must maintain signed/executed contracts with the provider agency(ies) for whom they provide services. Such contracts can only be to provide services for which the provider has State approval.

- **PI-44:** Individual providers must maintain documentation that they have current licensure or certification, as appropriate, and are qualified to deliver EI services. The individual provider must notify the Department if his or her license is suspended, revoked, limited or annulled, regardless of whether the suspension or limitation is stayed. All individuals providing service coordination must be qualified in accordance with EIP regulations 10 NYCRR 69-4.4(a)(1)-(2) and Standards and Procedures for Service Coordination Under the Early Intervention Program. All early intervention service coordinators are required to meet the following qualifications:

  • A minimum of one of the following educational or service coordination experience credentials:
    - o two years of experience in service coordination activities as delineated in regulation (voluntary or part-time experience which can be verified will be accepted on a pro rata basis); or,
    - o one year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities; or,
    - o one year of service coordination experience and an Associates degree in a health or human service field; or,
    - o a bachelor's degree in a health or human service field; or,
    - o a license, certification, or registration in one of the professions listed in NYCRR 69-4.1(al).

  • Demonstrated knowledge and understanding in the following areas:

- infants and toddlers who may be eligible for early intervention services;
- State and federal laws and regulations pertaining to the Early Intervention Program;
- principles of family centered services
- the nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and,
- other pertinent information.

- **PI-45:** Agency providers must maintain documentation that their employees have current licensure or certification, as appropriate, and are qualified to deliver EI services. Agency providers must also maintain documentation that agency subcontractors have current licensure or certification and are qualified to deliver EI services. Agency providers must have a process that includes verification at the time of initial hire by checking the State Education Department, Office of Professions, or Office of Teaching websites. They must have a process in place that includes periodic checks of the State Education Department, Office of Professions, or Office of Teaching websites, to ensure employees and contractors have current credentials. The provider's written policy should describe both initial and periodic verification of provider qualifications via these websites.

  In accordance with EIP regulations 10 NYCRR 69-4.4(a)(1)-(2) and Standards and Procedures for Service Coordination Under the Early Intervention Program, all early intervention service coordinators, whether employees or subcontractors of an approved provider of service coordination services, are required to meet the following qualifications:

  • A minimum of one of the following educational or service coordination experience credentials:
  - two years of experience in service coordination activities as delineated in regulation (voluntary or part-time experience which can be verified will be accepted on a pro rata basis); or,
  - one year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities; or,
  - one year of service coordination experience and an Associates degree in a health or human service field; or,
  - a bachelor's degree in a health or human service field; or,
  - a license, certification, or registration in one of the professions listed in NYCRR 69-4.1(al).

  • Demonstrated knowledge and understanding in the following areas:
  - infants and toddlers who may be eligible for early intervention services;
  - State and federal laws and regulations pertaining to the Early Intervention Program;
  - principles of family centered services
  - the nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and,
  - other pertinent information.

  Occupational therapy assistants (OTAs), physical therapist assistants (PTAs), and/or individuals completing 9 months of supervised experience to meet requirements for NYS licensure must have supervisory plans in place. Supervision must also be carried out for students enrolled in an accredited university training program; individuals with an internship, supplementary, or conditional initial certificates; and individuals completing their licensing requirements. Agency providers should maintain documentation of the supervision plan.

- **PI-46:** All agency providers must have written policies and procedures that include a process for all potential employees or contracted individuals, administrators, consultants, interns or volunteers who will have the potential for regular or substantial contact with children to have a Staff Exclusion List (SEL) check through the New York State Justice Center for the Protection of People with Special Needs (Justice Center) before determining whether to hire or allow any such person to have regular and substantial contact with children. Under NYS Social Services Law, all early intervention providers must also have procedures and written policies to screen all new or prospective employees, contractors, consultants, and volunteers who will have regular and substantial contact with children receiving early intervention services through the New York State Central Register of Child Abuse and Maltreatment (SCR). If notice is received from the SCR that a person is the subject of an indicated report of child abuse or maltreatment, it is advisable that the provider seek appropriate legal counsel in making a determination whether to hire an applicant for employment or a consultant who will have the potential for regular and substantial contact with children receiving early intervention services. Please note that employees/contractors who will have substantial contact with children may not deliver services without supervision before the results of the screen are received. Supervision of an employee/contractor who has not yet received clearance from the SCR must be provided by the responsible provider agency. Documentation of NYSJC clearances and SCR clearances must be maintained and available for inspection by oversight agencies.

- **PI-47:** All providers, including individual providers, agency providers and subcontractor providers, must be aware of the procedures to report suspected child abuse and maltreatment according to Sections 413-415 of the New York State Social Services Law. Policies and procedures must demonstrate that individual providers, agency employees and subcontractors are aware of the requirements to report suspected child abuse and maltreatment or to cause a report to be made, including notification to the New York State Central Register of Child Abuse and Maltreatment (SCR) according to Sections 413-415 of the Social Services Law. All early intervention providers must have policies and procedures in place to address reporting suspected child abuse or maltreatment either directly to the SCR or to an appropriate authority. Providers may make a report directly to the SCR. Reports which are made to the SCR should be made immediately by telephone. Providers may also report suspected child abuse and maltreatment to a responsible party such as the local child protective services, the Early Intervention Official/Designee, the child's Early Intervention (EI) service coordinator, and/or an EI supervisor. The provider should have a complete written policy that includes a description of the procedure to report suspected child abuse, or maltreatment to the SCR or an appropriate authority (SCR, local CPS, EIO/D, EI SC, or an EI supervisor), guidance regarding identifying abuse or maltreatment, and the telephone number(s) to use to report child abuse. Agencies must include both the non-mandated reporter number (800-342-3720) and the mandated reporter number (800-635-1522). Individual providers need to include the mandated number.

- **PI-49:** All providers, including individual providers, agency providers, and subcontractor providers, must ensure that universal precautions are utilized when early intervention services are being delivered. A supply of disposable gloves must be available in the service area, including in home and community settings, to be readily accessible for use in accordance with universal precautions and must be used when in contact with body fluids. Additionally, practice must ensure the use of universal precautions when handling potentially infectious bodily fluids (e.g., blood), including cleaning and disinfecting of soiled surfaces and adequate disposal of waste. A sanitizing solution of 1 tablespoon of bleach in 1 quart water prepared fresh each day, or an equivalent product, must be used to disinfect when potentially infectious bodily fluids (e.g.,

blood) are present. If an equivalent product is used for disinfectant purposes, including a commercially prepared product or solution, it must be used according to the manufacturer's instructions and must be stated in writing to be effective against HIV and Hepatitis B and C, and safe for use with young children. In a facility setting, disinfection products are not used near children, and staff ensure that there is adequate ventilation when using such products to prevent children or themselves from inhaling toxic vapors. Practice must also include the disposal of waste in a secure, leak-proof plastic bag, a sharps container or disposal in covered plastic lined waste cans.

- **PI-50:** All providers, including individual providers, agency providers and subcontractor providers, must maintain policies and procedures to ensure that only appropriate strategies are used when a child exhibits self-injurious or aggressive behavior that threatens the well-being of the child or others. Corporal punishment, emotional or physical abuse or maltreatment, and the use of aversive intervention in any form are strictly prohibited when providing EIP services. Aversive intervention means an intervention that is intended to induce pain or discomfort to a child for the purpose of modifying or changing a child's behavior or eliminating or reducing maladaptive behaviors, including but not limited to the following: contingent application of noxious, painful, intrusive stimuli or activities; any form of noxious, painful, or intrusive spray (including water or other mists), inhalant, or tastes; contingent food programs that include the denial or delay of the provision of meals or intentionally altering staple food or drink to make it distasteful; movement limitation used as punishment, including but not limited to helmets and mechanical restraint devices; physical restraints; blindfolds; and, white noise helmets and electric shock. Aversives do not include such interventions as voice control, limited to loud, firm commands; time-limited ignoring of a specific behavior; positive reinforcers such as small amounts of food used as a reward for successful completion of a clinical task or token fines as part of a token economy system; brief physical prompts to interrupt or prevent a specific behavior; or interventions prescribed by a physician for the treatment or protection of the child. The provider's written policy should clearly prohibit the use of corporal punishment, emotional or physical abuse or maltreatment, and the use of aversive interventions in any form during the provision of EIP services. When physical interventions are needed, training and supervision must be provided to staff on their use. The appropriate people must be informed when a child is exhibiting behaviors requiring intervention including the parent, the service coordinator and/or the Early Intervention Official. Parents cannot be asked to sign waivers or consent forms to allow the provider to use punishments for unwanted behaviors. When self-injurious or aggressive behavior is persistent and ongoing, the provider must take appropriate actions, including seeking the expertise of qualified personnel and obtaining parent approval for interventions. The service coordinator and Early Intervention Official are notified when serious injury occurs to the child or when the child injures others. A behavior management plan must be developed by qualified personnel with appropriate expertise and documented in the child record. The service coordinator is notified when outside expertise is needed to develop a behavior plan. The behavior management plan must be in writing and signed by the parent. The plan must be developed in concert with the child's family and providers of early intervention services, and other clinical experts as needed. A medical evaluation should be conducted to address medical conditions. The plan should be a result of a thorough assessment of cause or behavioral functions and should be implemented by appropriately trained individuals. All providers serving the child should have a copy of the behavior management plan. The parent has the right to revoke approval of the plan at any time.

- **PI-52:** All providers, including individual providers, agency providers and subcontractor providers, must maintain policy and procedures to address child illnesses including parent

notification of the onset of child illness during facility-based service delivery; a sick day procedure that includes rescheduling the Early Intervention service if a child has a fever, vomiting or diarrhea; and child allergy history is maintained. Providers must also have policies and procedures to address emergency situations including responding to children with allergic reactions; administration of first aid and cardio pulmonary resuscitation (CPR), if certified, and contacting emergency medical personnel (including 911) as appropriate; and provider illness, provider emergency, or other inability to provide services. Policy and procedures must also include notification of the Early Intervention Official as soon as possible of significant child illness or emergency incidents which occur during service provision. The provider's written policy should describe these procedures for child and provider illness and emergencies.
All providers including individual providers, agency providers and subcontractor providers, must give parents a written sick day policy and procedures informing them that Early Intervention services will be rescheduled if a child has a fever, diarrhea or is vomiting and maintain documentation that parents were notified. Documentation of all health and safety related incidents or injuries involving children while they are receiving services must be maintained. Incident reports should be completed for more serious events.

- **PI-53:** All providers, including individual providers, agency providers, and subcontractor providers, must ensure that their equipment, materials, and toys are in good condition and free of lead or other known safety issues. The provider must have a procedure for regular cleaning of equipment, materials, and toys used in the provision of early intervention services. Toys, equipment, materials must be isolated and sanitized if used by an ill child. For disinfecting and sanitizing of toys, a soaking solution of 1 teaspoon of bleach in 1 gallon of water prepared fresh each day should be used. In a facility setting, disinfection products are not used near children, and staff ensure that there is adequate ventilation when using such products to prevent children or themselves from inhaling toxic vapors. There must be a process for ascertaining that toys are free of lead or other known safety hazards that includes checking new toys, equipment, and materials through the U.S. Consumer Product Safety Commission website before introducing them to children and their families, to ensure the item(s) have not been recalled. Additionally, the website is checked periodically for updates.

  The practice of bringing toys and other therapy materials into multiple homes and community-based settings during in-person Early Intervention (EI) service delivery has the potential to transmit viral or bacterial infections. Therefore, this practice is strongly discouraged unless all alternatives have been exhausted and it is necessary in the provider's clinical judgment. Additionally, this practice is inconsistent with Early Intervention family-centered service delivery.

  Early Intervention Programs (EIPs) are administered locally by the county/municipality in which the child and family reside. The local health department (LHD) may impose more stringent guidelines for the operation of the local EIP. If we have questions about how services are being delivered in the municipality, including the practice of bringing toys and other therapy materials into homes and community-based settings while delivering EI services, we will contact the local EIP. If the local EIP permits equipment, materials, or toys, and/or we choose to bring equipment, materials, and toys into the home or community setting, we will make sure proper cleaning and sanitizing methods are adhered to, as outlined in Appendix D of the **Health and Safety Standards For the Early Intervention Program And Frequently Asked Questions** guidance document located at health_and_safety_standards.pdf (ny.gov).

- **PI-57:** All individual providers, agency providers, and agency subcontractors must have State approval for all sites where facility-based services are provided. Facility-based providers must maintain documentation of a satisfactory fire inspection report issued within the last year for all provider sites where early intervention services are delivered. All providers delivering early intervention services in a facility setting, including individual providers and agency staff, must have knowledge of emergency evacuation plans for evacuating children with special needs, current evacuation routes, and a process for accounting for all children during an evacuation. Evacuation routes must be posted and visible. Providers must conduct evacuation drills on a quarterly basis at minimum, and at various times of the day. Documentation of these evacuation drills must be maintained. Providers delivering early intervention services in a facility setting must ensure the health and safety of children in the physical setting. Hallways and/or exits may not be obstructed and must be free from clutter. Stairs must be lighted. Electrical outlets in areas where early intervention services are delivered must be inaccessible to children and properly covered. Plaster and paint must not be peeling, chipping, friable, or damaged in areas where early intervention services are delivered. Providers must ensure that playground equipment that is used in the provision of early intervention services to children is in good condition. Equipment must be free of rough edges and sharp corners; be securely mounted; appear sturdy, clean, and safe; and be appropriate for children's age and developmental skill level. Providers delivering early intervention services in a facility setting must ensure that toxic and flammable materials are stored away from heat sources and food and are inaccessible to children or secured in a locked container. Providers must ensure that all children receiving early intervention services are supervised at all times by direct visual contact to ensure they remain in the area of service delivery. There must be a mechanism in place (either physical or by supervision) to prevent children from wandering out of the immediate area. Doors must prevent accidental exit to outside the building. All windows must have locking devices, window guards, or other barriers to prevent children's accidental egress. Emergency egress cannot be prevented by having doors locked on the inside. Providers delivering early intervention services in a facility setting must ensure that child access to building hazards is restricted, e.g., stairs, decks, walkways, ramps and/or porches must be free of ice and snow and have railings and/or barriers to prevent children from falling. Radiators and pipes in areas where Early Intervention services are delivered are covered to protect children from injury.

- **PI-73:** All facility-based providers that administer prescription and over-the-counter medications ensure that the medications are stored and administered in a safe manner in accordance with law and applicable State standards. Medications must be stored safely and not be accessible to children. Medication must be labeled with the child's name. Medication can only be transported by a responsible adult. Written parental permission must be obtained for medication administration. Medication can only be administered by staff with appropriate licensure, including an LPN (under the supervision of a RN or MD), RN, PA, NP, or MD, or individuals other than licensed health care providers who have completed Medication Administration training. Documentation of required credential must be available for examination. Documentation of the administration of medication must be maintained by the provider and available for examination.

- **PI-78:** Facility-based providers must ensure that specific allergy information is obtained for every child receiving early intervention services. Providers must then ensure that any child with a food or other allergy has a written plan in place developed from information provided by the parent, primary care provider, Early Intervention Official, and other early intervention providers. This plan must include identification and documentation of the allergy; strategies for prevention

of exposure; and the required plan of treatment including medication name, dose, and method of administration to treat an occurrence of the allergic reaction. Medications described in the child's allergy plan must be on-premises and readily available for use. The plan must also include training early intervention providers in the administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider; notifying the parent, primary care provider and Early Intervention Official if an allergic reaction occurs; and contacting Emergency Medical Services if epinephrine is administered. For staff administering epi-pen, there is documentation of training by a nurse or other medical professional. The provider must ensure that child food or other allergy-free zone notices or signs are posted, as appropriate, in the service areas where children receiving early intervention services are located.

- **PI-80:** Providers delivering early intervention services in a community setting must protect the general health and safety of children with respect to illness, injury, and emergencies. The provider must be aware of the process for selection of a community site for Early Intervention service provision based on the child and family needs and concerns and the natural environment that would best suit the child's development. This should include a discussion during the Individualized Family Service Plan (IFSP) process. The provider should list individuals who provide input to the site selection which includes themselves, parent, service coordinator and/or Early Intervention Official (EIO). The provider must take action if conditions in a community setting pose potential harm to a child including notification of the parent and EIO of the circumstance and suggestion of an alternative service location. Current emergency parent contact information and emergency consents should be readily available, periodically updated to ensure that it is current and readily available when the parent is not present at the community site.

- **PI-81:** All home-based providers must have policies and procedures in place to address unsafe conditions encountered in the family home environment that would pose harm to children during service delivery. These procedures must involve taking immediate actions to address unsafe conditions in the home for each therapy session, including parent education if appropriate, notifying the Early Intervention Official (EIO) or family's service coordinator, and recommending, if appropriate, an alternate service location to the parent and Early Intervention Official/Designee. Additionally, if a provider observes or suspects child abuse or maltreatment, the provider should call an appropriate authority, such as the New York State Central Registry (SCR), local child protective services, Early Intervention Official/Designee, the family's Early Intervention service coordinator, or the agency Early Intervention supervisor.

- **PI-82:** All providers including aides, teacher assistants, students and volunteers must have an annual health statement from a health care provider prior to rendering services that states the provider (individual) has no disorder or condition that would preclude him/her from providing services. This health statement must be signed by one of the following health care providers: Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Advanced Practice Nurse (APN) which includes Certified Nurse Practitioner (CNP) and Certified Nurse- Midwife (CNM). Agency providers must maintain this documentation for each employee and subcontractor that provides Early Intervention Program (EIP) services for the agency.

  All providers must maintain documentation of the following requirements:
  - Measles, mumps, and rubella (MMR) titer and/or 2 documented doses of the MMR vaccine
  - Tuberculosis (TB) screening and/or testing:

- Existing providers who have previously submitted a negative TB test need to have documentation of an annual health assessment which includes aTB risk assessment form and proof of TB education (information on symptoms of active disease, treatment, and testing requirements).
- Prospective providers need to have documentation of baseline negative TB testing (2 negative tuberculin skin tests or a negative Interferon-Gamma Release Assays (IGRAs) blood test) and documentation of a health assessment which includes a TB risk assessment form and proof of TB education.

  All providers, including individual providers, agency providers and subcontractor providers, can obtain the required TB education online from one of the following websites:

  https://www.cdc.gov/tb/publications/pamphlets/getthefacts_eng.htm;
  https://www.cdc.gov/tb/publications/faqs/default.htm;
  https://www.cdc.gov/tb/publications/pamphlets/default.htm.

  Additionally, the TB education requirement can be fulfilled through an agency in-service training that covers information on symptoms of active disease, treatment, and testing requirements. Documentation of the annual TB education should be maintained and available for inspection by oversight agencies.

In addition, the provider should have documentation of the following recommended vaccines or documentation of refusal: Hepatitis B vaccine; Tetanus immunization within the past 10 years; Diphtheria; Pertussis; Varicella, and Influenza.

All providers must have Professional Liability insurance in an amount not less than $1,000,000 per incident/occurrence. Liability insurance should remain current. Providers, including service coordinators, should complete 10 hours of professional development per year. Service coordinators should complete a minimum of one professional development activity totaling a minimum of 1 ½ clock hours directly related to service coordination per calendar year. All new service coordinators must complete the Department sponsored introductory service coordination training prior to rendering service coordination services. Evaluators should complete a minimum of one professional development activity, totaling a minimum of 1 ½ clock hours directly related to evaluation and eligibility per calendar year. Providers shall ensure that they and their employees who provider evaluation and screening services complete the Department sponsored evaluation and eligibility training within 6 months of employment at an agency, or within 6 months of the date of their provider agreement, whichever is later. Documentation of all training, i.e., training certificates, should be maintained, and available for review.