



**Physical Therapy • Occupational Therapy • Speech Pathology
Special Instruction • Service Coordination**

Policies and Procedures Manual

**Sprout Therapy Group
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POLICY & PROCEDURE MANUAL

EMPLOYEE NAME: _____

The signature below attests that I have received and read a copy of the Sprout Therapy Group Policy and Procedure Manual, including the Sprout Therapy Group Confidentiality Policy, Health and Safety Policy, the Child Abuse Reporting procedures.

Signature

Date

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE



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1. RECORD MANAGEMENT AND CONFIDENTIALITY

1.1 **POLICY STATEMENT** - It is the policy of Sprout Therapy Group to ensure the confidentiality of all medical and personal information and to protect that information from unauthorized use and disclosure. It is the policy of Sprout Therapy Group to comply with the Health Insurance Portability and Accountability Act (HIPAA), the Individuals with Disabilities Education Act (IDEA) and the Federal Family Educational Rights and Privacy Act (FERPA) regulations to ensure that all healthcare information is protected from physical loss, administrative loss, theft, fire and unauthorized personnel who can inadvertently alter, release, or lose data. Personnel, medical and educational records will be stored in physically secure areas.

1.2 **PROCEDURES** – Sprout Therapy Group and its employees will adhere to the following confidentiality procedures:

1.2.1 Only approved personnel have access to the facility in which Early Intervention records are maintained. Anyone else shall be accompanied by authorized personnel. Jeff Dorfman is the Records Coordinator for Sprout Therapy Group and is the only staff member who has routine access to all children's files.

1.2.2 Records containing personally identifiable information are maintained in secure locations. Records are currently stored in a locked file cabinet at 3218 Erie Boulevard Dewitt, New York 13214.

1.2.3 Any records that will be transported in a container, with agency identification, and visibly marked confidential. While in transit, the record shall be with authorized personnel or out of sight in a locked vehicle.

1.2.4 Electronic records that are stored on any Sprout Therapy Group computer are password protected to limit access to authorized staff within the agency. All electronic records are backed up using the online backup and security server. The server uses military grade, AES-256 security to encrypt all communications between Sprout Therapy Group's computers and its servers. Data stored is backed up onto multiple storage servers at datacenters and is protected by enterprise-grade firewalls.

1.2.5 Due to the excessive risk presented by hackers, malware, viruses and scammers, email correspondence that includes any child specific identifiable information such as names, conditions, treatments, etc., is strictly prohibited. This includes correspondence between



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Sprout Therapy Group and its employees, between employees and families and employees and representatives of Early Intervention and Preschool.

1.2.6 Confidentiality of faxed information is maintained by use of a fax cover sheet that includes a confidentiality statement (**See attachment 1.2.6**). Incoming faxes are received at a secure site, where faxed information is not accessible to unauthorized personnel or to the general public. Sprout Therapy Group will also ensure that fax recipients maintain a secure site, where faxed information is not accessible to unauthorized personnel or the general public. Prior to sending a fax to a new location, the sender must place a phone call to the recipient and verify the security of the site.

1.2.7 Only individuals who collect or use information for the purpose of facilitating the child's/family's participation in the Early Intervention Program or Preschool Program are to be given authorization to routinely access a child's record. All employees, independent contractors, consultants, volunteers or any other individuals affiliated with Sprout Therapy Group shall strictly adhere to the confidentiality policies delineated herein and will sign and date and attestation to such (**See attachment 1.2.7**).

1.2.8 An access log is maintained in each child's record that includes the name, date of access, and the purpose for which the record was accessed (**See attachment 1.2.8**).

1.2.9 Parents are notified annually of the process that they must follow to inspect and review all records pertaining to their child. In order to review records pertaining to their child, parents must complete the **AUTHORIZATION TO RELEASE/OBTAIN CHILD TREATMENT RECORDS** (**See attachment 1.2.9**) and return it to the service provider or Sprout Therapy Group's main office via fax or mail. If a parent is unable to submit a written request to review records, a verbal request will be accepted by the service provider. Parents will be mailed a copy of their child's records within 14 days of receipt of the form or verbal request.

1.2.10 Parent access to records includes a review of the record by the parent, an explanation and interpretation of material included in any record upon request, and a copy of any record within 10 working days of the request. If the request is made as part of mediation or an impartial hearing, a copy must be provided within 5 days. When records contain information about more than one child, information about other children must be protected. Only information pertaining to the child/family that is the subject of the request for record access or disclosure may be released. Personally identifiable information about other children is redacted prior to release, as appropriate. Parents have the right to request that changes be



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made to the child's record if they feel that any information in the record is wrong, misleading or violates the child's and/or family's privacy and rights. If a request is made, the Early Intervention Program and/or Sprout Therapy Group must tell the family within 10 days whether or not the request will be granted. If the Early Intervention Program and/or Sprout Therapy Group will not make the requested change, the family may have a statement which reflects their views put into the record. The family also has the right to request a hearing about the denial to change the record. The hearing will be conducted by an individual designated by the municipality who does not have a direct interest in the outcome of the hearing. The Early Intervention Official is responsible for informing the parent in writing of the provider's decision not to amend the record and that the parent has the right to a hearing.

If information in the record is found to be inaccurate, misleading, or to violate the privacy of the child/family, the provider will amend the information and will inform the family's service coordinator. The service coordinator ensures the contents of the record are amended and notifies the parent of the amendment in writing.

1.2.11 Written parental consent must be obtained before personally identifiable health information is disclosed to anyone other than authorized individuals. Written parental consent for release of or obtaining information must include the name of the entity; which records will be obtained or released; the specific record(s) to be used and the purpose of such use; the date the parent signed the consent; and the parent's signature and relationship to the child. Only information appropriate to a request will be released (**See attachment 1.2.11**).

1.2.12 Record review for quality assurance (or other purposes such as fiscal audit, etc.) is only performed by individuals involved in the direct provision of services.

1.2.13 Minimally, treatment records will be retained for seven years from the date that care, services, or supplies were provided or billed, whichever is later. Providers who are licensed, registered, or certified under New York State Education Law must retain records in accordance with the laws and regulations that apply to their profession.

1.2.14 If it becomes necessary to dispose of any records, a cross-cut shredder will be used.

1.2.15 Sprout Therapy Group shall adhere to the conditions of the Family Educational Rights and Privacy Act of 1974 (FERPA). Sprout Therapy Group shall distribute to parents an annual letter notifying them of their rights under FERPA. This letter will also include the appropriate form for parents to obtain/release their child's educational record (**See attachment 1.2.15**).



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1.2.16 Sprout Therapy Group shall adhere to the strictest confidentiality regarding the protection of child records containing sensitive information. Only individuals with expressed prior approval may view or may be informed verbally of the contents of any child record, including, but not limited to, information regarding sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, child's parentage, etc. When parental/guardian consent is granted, only information appropriate to the request will be released.

1.2.17 Through a formal training process at the outset of their employment, Sprout Therapy Group will ensure that all employees, independent contractors, consultants and volunteers with access to personally identifiable information are informed about and will adhere to the strictest confidentiality required by the county, state and federal regulations regarding the handling of sensitive health and personal information, including but not limited to, information regarding sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, child's parentage, etc.

1.3 **EMPLOYEE RECORDS** – Sprout Therapy Group will adhere to the following policies relating to the personnel files of its employees/service providers:

1.3.1 Sprout Therapy Group will comply with NYSDOH standards related to qualified personnel and must be cleared through the State Central Register (SCR) of Child Abuse and Maltreatment as required by Social Services Law.

1.3.2 Sprout Therapy Group will maintain in employee files and document that all agency service providers have current licensure or certification as appropriate and are qualified to deliver Early Intervention services. To ensure that qualified personnel are providing services, Sprout Therapy Group will perform quarterly checks with the State Education Department, Office of the Professions or the Office of Teaching websites. These websites will also be check for new employees prior to the provider's first treatment.

1.3.3 All employees who have the potential for regular and substantial contact with children receiving early intervention services will be screened and cleared through the SCR before beginning service delivery.

1.3.4 Sprout Therapy Group will maintain documentation of database checks completed in each employee's personnel file.



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1.3.5 Sprout Therapy Group will maintain documentation of statement from a medical professional (MD, NP, PA) indicating that the service provider treating children is free of communicable diseases for the purpose of working with children and has up-to-date immunizations. An annual health update form (**Attachment 1.3.5**) will be signed by a medical professional and kept each employee's personnel file.

2. Reporting of Suspected Child Abuse

2.1 **POLICY STATEMENT** - Reports of suspected child abuse, neglect or maltreatment shall be made immediately by telephone and in writing within 48 hours after such oral report on Form DSS-2221 (Report of Suspected Child Abuse and Maltreatment). Refer to "A Guide To Understanding Children's Division Service and the Alliance Program." Child shall be defined as under 18 years of age. Failure to file a report subjects you to penalties listed in SSL Sec. 420).

Mandated sources are required by law (SSL Sec. 420) to report suspected abuse or maltreatment. Any person required by law to report a case who knowingly and willfully fails to do so may be guilty of a Class A misdemeanor and/or may be civilly liable for the damages proximately caused by such failure. Other employees with similar concerns may report suspected child abuse and/or neglect and should discuss it with their supervisor. All employees of Sprout Therapy Group should assume he or she is a mandated reporter and act accordingly.

2.2 **PROCEDURES** – Sprout Therapy Group and its employees will adhere to the following procedures regarding the reporting of suspected child abuse:

2.2.1 All employees shall discuss suspicions and evidence of child abuse or maltreatment with their Supervisor. If the Supervisor is unavailable, follow procedure 2.22 and alert the Supervisor as soon as possible. Note, if the Supervisor doesn't think an incident merits reporting and the employee does, the employee still has the obligation to call the Hotline. Examples of abuse and maltreatment, including neglect, which would require a report to the child abuse hotline include, but are not limited to the following:

- When a parent or other person legally responsible for care inflicts serious physical injury upon a child or commits a sex offense against a child;
- Situations where a parent or other persons legally responsible knowingly allows someone else to inflict such harm on a child;
- Failure to provide sufficient food, clothing or shelter;
- Failure to provide proper supervision, guardianship or care;
- Misusing alcohol or other drugs to the extent that the child is placed in imminent danger.



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2.2.2 Employees may consult with Onondaga County Child Protective Services Liaison, (315) 435-2884, if there is a question as to procedure or whether or not a case is reportable. The Child Protective Services Hotline may also be used for clarification, (315) 422-9701.

2.2.3a Employees must then report information to either Hotline telephone number - local (315) 422-9701 or (315) 422-9840 (mandated reporters) or if the local referral telephone call is refused and the case has merit, call Albany 1-800-635-1522 (for mandated reporters) or 1-800-635-1522.

2.2.3b Within 48 hours of making an Hotline oral report, employees are required to file a written report (Form DSS-2221 – **See attachment 2.2.3b**) to the Sprout Therapy Group office which will immediately forward the written report to Onondaga County Child Protective Complete.

2.2.4 In an emergency situation, see that the child gets necessary emergency medical care, if possible, and call the Hotline immediately. If you feel the child is in need of immediate protection, call law enforcement, and then notify the hotline.

2.2.5 Employees shall document the Hotline telephone report or consultation in the record by date, time, and the reason for placing the telephone call, and name of person accepting or rejecting the Hotline report.

2.2.6 A copy of DSS-2221 shall be made before sending to Child Protective Services. Sprout Therapy Group shall have the primary responsibility of maintaining these copied reports. This copy shall be kept separate from the patient's record. If a written notice is received from Child Protective Services that the case is "indicated," the copy may then go into the patient's record. Cases indicated as "unfounded" may not be kept and shall be destroyed.

3. HEALTH AND SAFETY

3.1 **POLICY STATEMENT** - Sprout Therapy Group delivers Early Intervention, preschool and other pediatric services in a way that protects the health and safety of children and all other persons involved in the delivery of services, including during emergencies. Sprout Therapy Group requires that all employees must review the information contained herein at least annually. If updates are made prior to annual review, an opportunity to review changes in policy will be provided. Upon hire, all employees will review and sign-off on this policy. Sprout Therapy Group uses the New York State ***Health and Safety Standards for the Early Intervention Program*** as a guideline for all health and safety concerns. Employees should read these guidelines annually. A copy of this document is included herein



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(See attachment 3.1) and can also be view online at

http://www.health.ny.gov/community/infants_children/early_intervention/service_providers/health_and_safety_standards.htm .

3.2 **UNIVERSAL PROCEDURES** – Sprout Therapy Group and its employees will adhere to the following procedures regarding health and safety:

3.2.1 Providers will call 911 for medical assistance in the case of a medical emergency and will carry a telephone with in order to report emergency situations.

3.2.2 Providers will carry portable first-aid kits, including disposable gloves

3.2.3 Providers will carry Infant/Toddler Choking First Aid instructions and emergency phone numbers (**See attachment 3.2.3**).

3.2.4 Children are to be supervised at all times. A parent/caregiver is to be present during service delivery in the home. Sprout Therapy Group providers will immediately notify the parent or caregiver, in both the home and community settings, if it is suspected or noted that the child receiving services is ill.

3.2.5 All service providers will be trained on observation techniques to ensure that safe conditions exist for each therapy session. In the event of any unsafe conditions, a "Sprout Therapy Group - Incident Report" will be completed by the service provider. A copy of which will be forwarded to the County EI Supervisor for corrective action and a copy will be placed in the child's file.

If unsafe conditions such as chipping paint, leaky ceilings, or hanging electrical wires, are observed in the home setting during service delivery, Sprout Therapy Group providers may refer the parent to the Early Intervention Office (EIO) or service coordinator to provide educational resources available to the county and/or recommend an alternate location to the parent and EIO. The provider will consult with the service coordinator if circumstances warrant using an alternate location. A report to the child abuse hotline may be made in accordance with Policy 2 above.

When Sprout Therapy Group service providers see a child for therapy at a licensed daycare provider, clinicians do not need to complete the Department Community Health and Safety Survey. For unlicensed community settings (e.g., library, YMCA), Sprout Therapy Group staff is required to assess the safety of the setting where parents will not be present during service delivery, the provider will use the EIO's Community Health and Safety Survey (**See guidelines at**



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http://www.health.ny.gov/community/infants_children/early_intervention/service_providers/health_and_safety_standards.htm#facility_standards. If the parent is not available to survey the site with the provider, the provider may collaborate with the parent to discuss the results of the survey. The survey which will be dated and results will be maintained on file with the provider.

At a community setting, Sprout Therapy Group staff will make themselves aware of where on-site First Aid Kit is housed. Sprout Therapy Group staff will also make themselves aware of any special safety considerations particular to the site. The purpose of this awareness is to ensure quick and informed decision-making in the event of an emergency.

3.2.6 Consumption of or being under the influence of alcohol or controlled substances is strictly prohibited.

3.2.7 Corporal punishment and emotional or physical abuse or maltreatment is prohibited. The use of physical restraints of any form is strictly prohibited. Children do not have access to small or potentially harmful objects, plastic bags or other choking hazards during the delivery of services by Sprout Therapy Group. Children are clean, comfortable and diapers are changed when wet or soiled.

3.2.8 Sprout Therapy Group service providers do not provide transportation of any kind to clients, parents and/or caregivers.

3.2.9 If child is displaying self-injurious behaviors or aggressive behavior that threatens the well-being of the child, Sprout Therapy Group's provider will intervene immediately to protect the child and the parents and contact the service coordinator immediately. Sprout Therapy Group recommends parent intervention when a child is at risk of injuring himself or another child. If incident occurs at a group or community setting, Sprout Therapy Group recommends that the service provider ask head teachers/directors to intervene.

3.2.10 Smoking is prohibited while delivering services. If children are exposed to secondhand smoke from individuals in their immediate environment during the delivery of EI services, the provider should consider referral to the EIO or the service coordinator to provide educational resources available in the county, to the parent or caregiver regarding the consequences of secondhand smoke. The provider should consider collaborating with the service coordinator for the referral of the parent or caregiver to smoking cessation programs.

3.2.11 In the case of service provider illnesses, emergencies or other causes resulting in the inability to provide services the service provider will contact the Supervisor. It is also the responsibility of the service provider to immediately alert the family of the cancellation or



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emergency. If the service provider is unable to contact the family, the Supervisor must be notified. Service providers shall not provide services if fever, diarrhea or vomiting is present.

3.2.12 Cases of non-emergency child illnesses will be treated as follows:

- Parents will be encouraged in cancellation policy and verbally to alert treating clinicians of child illness prior to scheduled session.
- If upon arrival to a scheduled session, child appears sick and unable to fully participate, clinician may elect to reschedule session when child is no longer ill. This will be documented in therapy note.
- Make-up sessions will be completed to the best of the clinician's ability when the family/clinician must cancel a session.
- It is important to note that each clinician is by New York State law a mandated reporter of suspected child abuse and maltreatment. This includes notifying New York State Central Register of Child Abuse and Maltreatment according to NYS Social Services Law (Section 413 or 414) when there is reasonable cause to suspect a child coming before a provider in their professional capacity is an abused or maltreated child

Parents will be notified by service provider during initial consultation meeting of the policies contained in 3.2.11 and 3.2.12.

3.2.13 Universal precautions are utilized when handling body fluids, including adequate disposal of waste. A solution of 1 Tbs. bleach to 1 quart water (or an equivalent product) will be used to disinfect when body fluids are present.

3.2.14 Additional Statement Regarding Children with Behavioral Challenges - In the event that a child seen by Sprout Therapy Group is demonstrating challenging behaviors, use of positive reinforcement strategies is recommended (e.g., verbal praise for desired behavior, visual schedule, motivational chart or non-primary reward). When such reinforcement is unsuccessful, clear, specific verbal or gentle physical prompts may be all that is needed to eliminate an undesired behavior. It is imperative that the clinician work in concert with the caregiver to establish a unified plan for working within the framework of methods that the family typically uses, as long as they are developmentally appropriate and non-aversive, in eliminating or reducing episodes of undesirable behavior.

The service provider, working with the family, can incorporate mutually agreed upon behavioral strategies or educate the family regarding positive strategies that are found to be helpful as part of ongoing treatment. When it is necessary to introduce such strategies, it should be the caregiver implementing the strategy (e.g. a short time-out, removing a desired toy or object) whenever possible. The service provider is prohibited from using any form of aversive



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intervention such as any form of intervention intended to induce pain or discomfort to a child for the purpose of altering behavior.

When a therapist is trying a behavior strategy with a child, this should be discussed clearly with caregivers at home and in daycare/preschool settings, as consistency is a hallmark of effective behavior intervention. A unified approach with the input of all who will implement the strategies is crucial to its success.

When a child is demonstrating significant behaviors that interfere with their ability to participate in intervention and/or impact those around the child, a formal behavior plan may be part of the IFSP with clear-cut goals and strategies. This plan should be documented as part of the IFSP and maintained in the client record. (In such cases, the plan may include emergency physical intervention as a last resort to ensure the safety of the child and others who are nearby.) The family has the right, under EI regulations, to revoke any behavior plan at any time.

3.3 **HAND WASHING PROCEDURES** – Sprout Therapy Group service providers shall adhere to the following policy regarding hand washing.

3.3.1 When to wash hands – service providers shall wash hands upon arrival at work, prior to the beginning of each treatment session, after using the toilet, assisting a child in using the toilet or changing diapers, after coming in contact with a child’s body fluids including wet or soiled diapers, runny noses, spit, vomit, etc., after sneezing or coughing, whenever hands are visibly dirty, after cleaning, immediately after removing gloves used for any purpose, even if hands are not visibly dirty and before and after eating, drinking, or taking a break.

3.3.2 How to wash – service providers shall follow the procedure below when washing hands:

- Always use warm running water and a mild liquid soap.
- Wet hands and apply a small amount (dime to quarter size) of liquid soap to hands.
- Rub hands together until lather appears, continue for at least 20 seconds. Scrub between fingers, under fingernails and around the backs and palms of hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with a paper towel. Avoid touching the faucet handles or towel holder with hands.
- Turn the faucet off using the towel.
- Throw towel in a trash can lined with a plastic bag.
- Hand sanitizers may be used after hands are properly washed.
- When assisting a child in hand washing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child’s hands can hang freely under the running water. After assisting the child, wash your own hands.



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3.4 **PROCEDURES FOR HANDLING OF BODILY FLUIDS AND BLOOD**— Sprout Therapy Group service providers shall adhere to the following policy regarding the handling of bodily fluids and blood. The following guidelines are meant to provide simple and effective precautions against the spread of contagious disease to staff and clients who become exposed to body fluids. These guidelines are designed to ensure that body fluids involving blood, vomit, urine, feces, saliva, and nasal discharges are handled appropriately. Whenever mentioned below, a sanitizing solution of 1 tablespoon of bleach in one quart of water (prepared daily) is to be used to disinfect. If an equivalent product is to be used, it must be stated in writing to be effective against HIV, Hepatitis B and C, and must be safe for use with children.

3.4.1 Service providers shall follow the general procedures below when handling bodily fluids:

- Wear gloves, provided by Sprout Therapy Group, before making contact with body fluids during care and all cleaning procedures. Disposable gloves should be discarded after a single use.
- Hands should be washed in soap and water after handling fluids and contaminated articles even though gloves are worn.
- Disposable items should be used to handle body fluids whenever possible or practical.
- Paper towels should be used to pick up and discard any solid waste materials, e.g., vomit, feces.
- Discard disposal items, including disposable gloves, paper towels, sanitary napkins/tampons, used bandages and dressings and any other items contaminated by bodily fluids in a sealable, leak proof plastic bag that is kept closed and is discarded immediately.

3.4.2 For Washable Surfaces such as a countertop:

- Cleanse with disinfectant and paper towel.
- Allow to air dry.

For floors:

- Cleanse thoroughly with floor disinfectant.
- Soak mop in the disinfectant after use.
- Disposable cleaning equipment should be placed in a plastic bag as appropriate.
- Water should be disposed of in a toilet.
- Rinse non-disposable cleaning equipment (dustpans, buckets) in disinfectant.
- Remove gloves and discard in appropriate receptacle.
- Wash hands as described above.

3.4.3 For Non-Washable Surfaces (Rugs, etc.)



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- Apply sanitary absorbing agent, let dry, vacuum.
- If necessary, use broom and dustpan to remove solid materials.
- Apply rug or upholstery shampoo as directed. Re-vacuum according to directions on shampoo.
- Clean dustpan and broom, if used. Rinse in disinfectant solution.
- Air dry.
- Wash hands as described above.

3.5 **SPECIFIC INCIDENT/EMERGENCY PROCEDURES** – Sprout Therapy Group and its employees will adhere to the following procedures regarding the health and safety incidents or emergencies:

3.5.1 **Choking** - Employees should adhere to the following procedure in the event that a client is choking:

- If the client can make a sound, leave him/her alone and monitor them.
 - o If a sound cannot be made, or if the sound is pitched, take the following action: If the client is older than one (1) year, perform the Heimlich maneuver (must have parent permission if under 18 years, ask if over 18 years). If the client is unconscious, consent is implied.
- If your child is under a year old: Turn facedown over your forearm or on your lap. Hold her jaw with one hand to support the head, which should be lower than her chest. Using the heel of your free hand, deliver five quick slaps between the shoulder blades.
- If she still can't breathe, try chest thrusts: While holding baby, turn her face up, keeping her head lower than her chest. Place two fingers in the middle of her chest and give five thrusts. Repeat with back blows and chest thrusts until the object is visible and you can remove it.
- If your child is older than 1 year old: Stand behind the child with your arms around their waist. Make a fist with one hand, placing the thumb side against the child's stomach above the navel, but below the rib cage. Grasp the fist with your other hand and quickly thrust inward and upward. The Red Cross recommends alternating abdominal thrusts with back slaps to try to dislodge the object.

3.5.2 **Bleeding** - Employees should adhere to the following procedure in the event that a client is bleeding:

- Cuts more than ½" long or ¼" deep generally require stitches and service providers should direct parent or caregiver to seek further medical attention.
- If the client has a minor scratch, wash it first (gloves should be worn).



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- If the cut is profusely bleeding, attempt to stop bleeding first (gloves required).
- Apply direct pressure on the bleeding wound with a sterile pad from first aid kit.
- If client can move the body part, elevate it above the heart.
- Wrap the wound with a pressure bandage.
- If the wound continues to bleed, apply pressure at a pressure point (under arm, in front of leg, at point of leg and hip).
- If bleeding does not stop, seek immediate medical attention or call 911.

3.5.3 **Nosebleed** - Employees should adhere to the following procedure in the event that a client has a nosebleed:

- Put on gloves.
- Pinch client's nostril.
- Lean client forward.
- Keep client quiet.
- Do not let client blow nose.
- If bleeding does not stop in 15 minutes, have the client taken to ER.

3.5.4 **Biting** – If a client bites a service provider, the following procedure should be follow:

- Hepatitis B can be in present in human saliva and a Hepatitis B immunization is recommended.
- If bleeding occurs, treat wound as you would other bleeding sources.
- Wash wound or area of bite with soap and water, even if not bleeding.

3.5.5 **Bruises** - If a service provider notices bruising on a client, he/she should follow these steps:

- Apply ice wrapped in towel at 15 minute intervals.
- If skin turns blue or white, remove ice.

3.5.6 **Bee Stings** – If a client is stung by a bee during therapy, the service provider should follow these steps:

- Make sure stinger is out – use tweezers.
- Apply ice to the sting area.
- If the client is allergic to bee stings and has an injection kit, insert needle into thigh and call 911.

3.5.7 **Poisoning** - If a clinician suspects or knows that a client has ingested a poisonous or toxic substance, the service provider should follow these steps:

- Try to determine what the ingested substance.
- Call POISON CONTROL at 476-4766 (4-POISON).



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- If the client has ingested gasoline or kerosene, do not induce vomiting but seek immediate medical attention.
 - Use Syrup of Ipecac to induce vomiting if indicated by POISON CONTROL.
- 3.5.8 **Lice** - If a clinician suspects or knows that a client has lice infestation, the service provider should follow these steps:
- Enlisting the help of the service coordinator to provide resources for the caregiver.
 - Nits (lice eggs) look similar to white dandruff.
 - Clinician should wear gloves to examine the child's hair and clothing.
 - A child with lice should be sent home (if at a daycare or school setting).
 - Combs and hats should not be shared.
 - Caregivers or parents should be notified of the lice infestation.
 - A service provider must clean all clothing or remove clothing as soon as possible after visiting a lice infested house or client.
 - A service provider should always check to ensure that he/she has not been infested with lice. If this has occurred, use the recommended shampoos, detergents and treatment protocols.
- 3.5.9 **Eye Injuries** - If a client experiences/suffers an eye injury during a therapy session or play group, the following steps should be taken:
- For all eye injuries, the clinician should direct the client/caregiver to seek medical attention.
 - If a toy goes into a client's eye, leave it in and take the client to doctor or emergency facility.
 - Cover both of the client's eyes to prevent movement.
- 3.5.10 **Sprains and Fractures** – If a client experiences a fracture or sprain, the following steps should be taken:
- Do not let the client use the limb until it is X-rayed.
 - Call an ambulance for injuries to the legs, back or head.
 - o A caregiver may transport a client by car for arm or collarbone injuries.
 - o A service provider should NEVER attempt to put an injury back into position.
- 3.5.11 **Seizures** - There are different kinds of seizures that clinicians should be aware of. In a mild seizure a person may appear to be daydreaming. Seizures may affect whole or part of the body.
- Ask: "Has person had a seizure before?"
 - o Note the following: How long did seizure last? Was total or part of body involved? Was person unconscious?
 - Make environment as safe as possible (so client does not injure him/herself while seizing)



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- A person having a seizure needs to be able to move - **Do not hold them down.**

3.5.12 **Allergies** - All known client allergies will be documented in client files. Service providers will specifically ask parents/guardians during the initial consultation about any known allergies the child may have.

If a child with whom the clinician is working evidences any signs of a possible allergic reaction (regardless of whether or not an allergy has been identified,) it is imperative to seek the immediate assistance of the caregiver present (parent, child-care provider, teacher) for guidance. Common signs/symptoms of a possible allergic reaction may include but are not limited to: itching of skin, swelling of lips, eyes, or tongue, itchy, red or swollen eyes, stomach pain, nausea or vomiting, wheezing, tight cough or shortness of breath (call 911). Source:

http://www.emedicinehealth.com/allergic_reaction/article_em.htm

3.6 **INFECTION CONTROL** – Sprout Therapy Group providers will protect the health and safety of children receiving Early Intervention services with respect to infection control as follows.

3.6.1 All providers will demonstrate the following:

- An annual statement from a healthcare provider (PA, NP or MD) that the individual has no known diagnosed disorder that would preclude him/her from providing childcare and is free from communicable disease
- Has received the following requirements:
 - o Measles, mumps and rubella titer/vaccine
 - o Annual TB titer
 - o Hepatitis B
 - o Tetanus w/in last 10 years
 - o Diphtheria
 - o Pertussis
 - o Varicella
 - o Influenza

3.6.2 Providers will protect the health and safety of children with respect to handling food during therapy/oral motor exercises:

- Always use disposable gloves when providing oral motor/feeding therapy.
- Do not allow children to share drinking cups (even among siblings in the home).
- Adaptive utensils must be sanitized after each use.
- Foods should be nutritious, non-toxic and should be based on the child's developmental abilities. Allergies should be probed. Avoid popcorn and peanuts with this population.



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- 3.6.3 Providers will protect the health and safety of children with respect to equipment, materials or other items used during service delivery as follows:
- Equipment, materials and toys used by Sprout Therapy Group providers will be appropriate for the child's developmental age and skill level.
 - All equipment, toys, materials used will be in good condition, free of lead and cleaned regularly and disinfected weekly using a solution of 1 Tbs. bleach to 1 quart water
 - Sprout Therapy Group will circulate information provided by the Department of Health regarding lead paint and toy safety recalls to all staff via e-mail. Sprout Therapy Group will also provide access to written information about recalls and safety toy alerts in a binder in the office for review.

3.7 DIAPER CHANGING PROCEDURES – If it becomes necessary an employee of Sprout Therapy Group to change a child's diaper, the following procedure will be followed:

- Organize needed supplies within reach of the table.
- Place disposable paper on the changing table.
- Put gloves on.
- Pick up and hold the child away from your body to avoid soiling your clothes.
- Lay the child on the paper.
- Remove soiled diaper (and soiled clothes).
- Throw away diaper in a foot pedal trashcan with plastic bag liner.
- Put soiled clothes without rinsing in a plastic bag to give to parent/guardians to take home.
- Clean child's bottom with a disposable wipe.
- Throw away wipe in a foot pedal trashcan with plastic bag liner.
- If a child needs a more thorough washing, use soap, running water and paper towels.
- Remove the disposable paper beneath the child and put in plastic lined trashcan.

3.8 REPORTING PROCEDURES – In addition to stated policies, notification of any emergency/accident situation while servicing a client will be reported immediately to Sprout Therapy Group's Chief Operating Officer who will notify Early Intervention Official of serious problems when appropriate. An incident report (see attached 3.6) must be completed immediately following the incident and on the same day as the incident. Four copies of attached incident report will be distributed. One copy shall be given to child's parent or legal guardian. The second copy will be forwarded to the County Early Intervention Office. The third copy will be kept in the child's record. The fourth copy shall be retained by the agency for the period required by the state's statute of limitations.



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3.9 FIRE SAFETY AND EMERGENCY PREPAREDNESS

3.9.1 **FACILITY EVACUATION PROCEDURE** – In the event of an emergency, the facility will be evacuated according to the plan detailed in **Attachment 3.9**. Evacuation drill will be conducted quarterly in each of Sprout Therapy Group’s parent-child and individual treatment session. A record of these evacuations dates will be retained on file for inspection upon request.

3.9.2 **FIRE SAFETY** – The facility will, at all times, have a currently inspected fire extinguisher present in the service delivery area. A current inspection certificate will be attached to the fire extinguisher. The inspection of this equipment as well as inspection of the facilities automatic fire sprinkler system will take place annually each October. A copy of these inspection reports will be retained on file for inspection upon request.

In addition, a full fire inspection report will be conducted by the Town of Dewitt Fire Department every three years on or before January 30th according to the following schedule: 2015, 2018, 2021, 2024, etc. A copy of this inspection report will be retained on file for inspection upon request.

3.10 **ADDITIONAL REFERENCE INFORMATION** – All employees of Sprout Therapy Group will shall be required to read the NYSDOH – Bureau of Early Intervention document titled: ***Health and Safety Standard for The Early Intervention Program and Frequently Asked Questions*** which can be located at http://www.health.ny.gov/community/infants_children/early_intervention/service_providers/docs/health_and_safety_standards.pdf