

**Risk Assessment and Mitigation Strategies for Applied Behavior Analysis:**  
**Treatment of Children with Autism During a Pandemic**

Written for ABA Providers in Michigan

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*\*This version supersedes all prior versions of the toolkit*

Michigan Taskforce on ABA Treatment During the Pandemic

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## **Risk Assessment and Mitigation of COVID-19 or Other Infectious Disease**

The novel Coronavirus 2019 (COVID-19) pandemic requires several adjustments to the delivery of applied behavior analysis (ABA) services for individuals with autism spectrum disorder (ASD). New information about the virus, our ability to treat it, and strategies to mitigate spread is generated on a daily basis. In addition, daily fluctuations in cases within a specific region impact that region's capacity to provide public health to all who may need it. As of May 2020, projections suggest a 12-month or longer scenario in which the pandemic could factor into how services are delivered.

The present collection of tools is designed specifically for Michigan's ABA providers to assess and mitigate risk to clients, families, and staff while still delivering essential services to the extent that it is safe to do so. Please note these tools do not supersede executive orders from the State of Michigan. Providers should be familiar with state requirements, as well as conditions in their individual regions. The Michigan Department of Health and Human Services and Local Health Departments can provide additional sources of information should users have uncertainty after completing the attached tools.

The tools in this document consist of (1) a **Regional Risk Assessment** to better determine the extent to which COVID-19 prevalence in a given area impacts service delivery considerations, (2) an **Individualized Risk Assessment** to help providers determine the need for various risk mitigation strategies for a given client or family, (3) an example of a **Daily Health Screening Tool** to make moment-to-moment decisions about providing treatment to a specific client on a specific day, (4) a **Risk Mitigation Worksheet** (adapted from Mullen et al., 2020) that providers can use to generate agency-wide and individualized risk mitigation protocols to protect the safety of clients, families, and staff; and (5) **Parent Guidelines** which may be useful to providers as they work with parents/families to prepare safe service delivery and as a stand-alone tool for families to use. Providers may find it helpful to modify the tools for their specific needs. The authors encourage such modifications, yet suggest care in following the overall strategy of assessing risk at regional and individual levels, developing systematic risk mitigation plans, and obtaining informed consent from all involved in in-person treatment. A flowchart for using the tools to assist in decision-making can be found on p. 13. It is included to offer guidance in but not mandates for making decisions.

***These tools are designed to be used in combination with one another where the regional and individual risk assessments intersect to assist in selection of risk mitigation strategies.*** In addition, providers must carefully assess the need for in-person services for a given client and determine whether alternative approaches (i.e., telehealth) are viable (see Colombo, Wallace, & Taylor, 2020; Cox, Plavnick, & Brodhead, 2020; see also [Autism Alliance of Michigan considerations for families](#)). Briefly, providers are strongly encouraged to rely upon telehealth services only in situations where it is a viable treatment option. If a client's behavior places him or herself, or their caregivers, at risk of physical injury or exposure to COVID-19, or if the client is likely to experience significant regression without in-person services, then in-person services should be considered with proper risk assessment and risk mitigation strategies.

Given the variation in types of providers as well as individual client needs, it is impossible to provide a formulaic set of instructions. Instead, we recommend agencies and individual providers use the

included tools, along with the *Professional and Ethical Compliance Code for Behavior Analysts* (Behavior Analyst Certification Board, 2019) to make decisions about how to provide treatment as safely as possible. Several additional resources and articles arising out of the COVID-19 pandemic can be found in the references and links throughout this document.

Michigan is currently using the [MI Safe Start Plan](#) to establish phases of lifting restrictions on business and social interactions for 8 regions across the state. There are six phases in the plan, with Phase 1 indicating extreme caution and Phase 6 representing a post-pandemic context in which all typical services can resume. ***ABA providers are strongly encouraged to incorporate these phases into their risk assessment and mitigation practices as the phases correspond to COVID-19 prevalence within a specific region.***

Table 1 presents an example of how providers might adjust service delivery based on their region's MI Safe Start phase. It is important to remember that each provider will need to make individualized decisions, both for their agency and for individual clients within their agency. Table 1 simply outlines one way to consider aligning service delivery environments with the phases.

Table 1. Example of alignment between MI Safe Start Plan and type of service agency

Contexts for ABA Program	Phases in MI	1 - Uncontrolled	2 – Persistent Spread	3 - Flattening	4 - Improving	5 - Containing	6 – Post Pandemic
In home		In-person service for extreme cases only; All who can wear personal protective equipment (PPE); Frequent handwashing and sanitization of surfaces	In-person service for extreme cases only; All who can wear PPE; Frequent handwashing and sanitization of surfaces	Some services considered for children or families who demonstrate high need; staff work with single client; All who can wear PPE (teach clients); Frequent handwashing and sanitization of surfaces	Services for increased number of clients; staff wear PPE, children taught to wear PPE; minimize number of people in home; staff support single client; Frequent handwashing and sanitization	Services provided for most clients; daily monitoring of health; Consider use of PPE; Frequent handwashing and sanitization	Service delivery compliant with current best practice
In-clinic group model (multiple people in same space)		Telehealth only No in-person services	Telehealth only No in-person services	Telehealth only No in-person services	Potential for some service if physical spacing guidelines are met; possibly a staggered schedule; All wear PPE; Frequent handwashing and sanitization; Implement distancing protocols	Regular services with consent from all parties, monitoring of health; Frequent handwashing and sanitization; Continue distancing policies	Service delivery compliant with current best practice
In clinic 1:1 model (one client and one staff in adequate space)		In-person service for extreme cases only; Staff work with single client, separated from all other staff and clients; Supervision provided remotely; All who can wear PPE; Frequent handwashing and sanitation of surfaces	Extreme precautions taken to separate all clients from one another; staff works with only one client; Supervision provided remotely or at a distance; All who can wear PPE; Frequent handwashing and sanitation of surfaces	Extreme precautions to separate all clients from one another; consider phased return; staff works with only one client; Supervision provided remotely or at a distance; All who can wear PPE; Handwashing and sanitation of surfaces; Implement distancing protocols	Ensure appropriate spacing, minimizing number of people in one room. Some supervision in person, with care to protect all parties; All who can wear PPE; Handwashing and distancing protocols	Services provided as usual with consent from all parties, monitoring of health; Continue handwashing and distancing policies	Service delivery compliant with current best practice

Table 1 cont'd. Example of alignment between MI Safe Start Plan and type of service agency

Contexts for ABA Program	Phases in MI	1 - Uncontrolled	2 – Persistent Spread	3 - Flattening	4 - Improving	5 - Containing	6 – Post Pandemic
Residential Service delivery compliant with Governor’s Executive Orders (e.g., EO 2020-6 and EO 2020-50) and/or the guidance of MDHHS, LARA, or CDC.		Social distancing to extent possible; Frequent handwashing and sanitation of surfaces; All who can wear PPE; Staff restricted to the fewest locations and clients possible and practical; Staff working with COVID-19 cases or presumed positive are in full PPE.	Social distancing to extent possible; Frequent handwashing and sanitation of surfaces; All who can wear PPE; Staff restricted to the fewest locations and clients possible and practical; Staff working with COVID-19 cases or presumed positive are in full PPE.	Social distancing to extent possible; Frequent handwashing and sanitation of surfaces; All who can wear PPE; Staff restricted to the fewest locations and clients possible and practical; Staff working with COVID-19 cases or presumed positive are in full PPE.	Social distancing to extent possible; Frequent handwashing and sanitation of surfaces; All who can wear PPE; Staff restricted to the fewest locations and clients possible and practical; Staff working with COVID-19 cases or presumed positive are in full PPE.	Service delivery compliant with Governor’s Executive Orders and updated policy /procedure from MDHHS and LARA. Staff and individuals given wider range of contact with each other.	Service delivery compliant with Governor’s Executive Orders and updated policy /procedure from MDHHS and LARA.

## Regional Risk Assessment

The purpose of a regional risk assessment is to understand prevalence in a given area and the extent to which local medical systems can or cannot handle new cases. ***Hospitalization is one of the most important environmental variables for ABA providers to use when considering methods for delivering treatment.*** The sections below will provide reference to data that is based on regional numbers. Reference the MI Safe Start Plan and [MI Safe Start Dashboard](#) to help you identify which region you are in and its overall level of risk.

***Hospitalization*** statistics (hospital beds and patients admitted) allow for assessing capacity of the medical system to treat infected individuals. Lower hospitalization ratios indicate medical treatment is more readily available for severe COVID-19 cases while higher hospitalization ratios suggest a decrease in availability of medical attention. Hospitalization in Michigan's 8 regions can be assessed here: <https://www.michigan.gov/coronavirus/0,9753,7-406-98159-523641--,00.html>

***Case identification*** may be useful in addition to hospitalization, though providers should consider percentage of positive cases rather than total positive cases, as the form is not biased by increases or decreases in testing. Case identification in Michigan's 8 regions can be evaluated here: [https://www.michigan.gov/coronavirus/0,9753,7-406-98163\\_98173\\_99225---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173_99225---,00.html)

Although assessing cases and deaths can provide information about COVID-19 in a given region or county, we caution users to remember that testing reliability and availability may interfere with case data and that death counts represent a lag of several weeks or more between infection and reported death. We again emphasize the importance of hospitalization data for your region. ***A complete risk assessment combines the phase for a given region along with individualized assessment data from the Risk Assessment Tool to make decisions about mitigation strategies.***

Although the MI Safe Start plan does not specify criteria for movement between phases, the [MI Safe Start Dashboard](#) identifies phases each region is in for a given day. ***Providers should also consider stable or downward trends in hospitalization data to determine the most appropriate course of treatment provision for their region.*** This can be used in collaboration with the information gathered on the organization and client using the tools below to make a decision about the safety of providing treatment on an individual basis and what considerations need to be made to mitigate risks associated with providing services.

### Implementation of consent to treatment policies:

All staff, clients and family members involved in or exposed to those in treatment should have a thorough and accurate pre-treatment disclosure of their risk of contracting an infectious disease during regular treatment contact, strategies being used to mitigate such risk, and the risks associated with accessing medical treatment for that disease. It is important that clients, their family, and staff thoroughly understand the risks and benefits of accepting, postponing, or declining care prior to determination of how to proceed with that care. Without information about the extent of the risks and benefits of the treatment modality recommended for optimal progress with minimal risk, families and staff do not have the ability to make important choices. If staff determine there is too much risk for continuing to provide services, employers will have to determine the most appropriate way to provide staffing where face to face services are needed. This may mean that staff who are unwilling or unable

to provide the work they were hired to do may not be able to continue to hold those positions where they are unable to complete the job requirements for extended periods of time.

Similarly, families should be able to choose to place in-person treatment on hold while not losing access to services in the future. However, families should not expect that providers will be able to deliver services for a similar intensity as can be delivered in-person. Consent forms should be developed that outline the risk factors and options for treatment that are available, as well as, any organization-specific risk mitigation strategies that can be used to reduce the risk.

#### Liability and Legal Consultation:

Although, consent is necessary to move forward with treatment under these new conditions, consent given to continue treatment under a situation where undue risk occurs does not absolve providers or organizations from their legal responsibility to do no harm. Therefore, the following assessment tools should be used to ensure the treatment decisions that are decided on during this time are the most appropriate and are in the best interest of the client. Organizations may want to discuss different scenarios of treatment engagement with a legal representative to determine liability for individual organizations and situations.

#### **Additional Resources for Employers/Employees**

State of Michigan

<https://www.michigan.gov/coronavirus/>

United States Department of Labor

<https://www.osha.gov/SLTC/covid-19/>

Centers for Disease Control and Prevention

Re-opening Office Spaces: <https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html>

Re-opening Businesses: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

OSHA guidance on Preparing Workplaces for COVID 19

<https://www.insurancejournal.com/app/uploads/2020/03/OSHA-covid19-prep.pdf>

## Standard Mitigation Practices

Based on what is now known about COVID-19 as well as several approaches to conceptualizing how ABA therapy can be delivered given the general risk, there are several mitigation practices that should be in place if a specific region falls in Phases 1-5. We recommend that you review the documents below to better understand recommended strategies to incorporate into your routines when delivering in-person ABA services during the pandemic.

The Michigan Department of Health and Human Services provides information on their website about common symptoms to look for in both children and adults as well as strategies to use to reduce the risk of spreading Coronavirus for those working during the pandemic.

- [Childcare Symptoms Monitoring Protocol During COVID-19 Response](#)

The CDC provides resources on planning and implementation strategies to be used in childcare organizations that are open during the pandemic.

- [Guidance for Child Care Programs that Remain Open](#)

The Michigan Department of Health and Human Services provides information on their website about how to clean and disinfect during the pandemic to ensure that your environment and your personal protective equipment remains virus free.

- [Cleaning and Disinfecting of Childcare Environments During COVID-19 Response](#)

## Individualized Risk Assessment

### Environmental Considerations:

To assist in determining the risk of providing behavioral health treatment, the modality and location of that treatment must be considered. The following sections should be completed regarding the level of risk based on the environmental variables that exist in different treatment environments. Based on the level of risk; involved providers and families may determine that services would be best discontinued, delivered via telehealth, offered in home or in clinic. If face to face services will continue, consider whether home or clinic-based services offers the least amount of risk for the client, family and staff. High risk in one setting may indicate that treatment should be temporarily shifted, if possible, to an alternative location. For example, if you are currently doing home-based services, but there are numerous family members in a small house and you are not confident that you can keep your workspace disinfected it would be less risk to the staff to have the services in a center-based environment until the region is in phase 6.

1. (0 = minimal risk, 1 = moderate risk, 2 = more than moderate risk)

IN-HOME: Risk Consideration	0	1	2
Size of treatment space (0 = ample space enabling at least six feet in between each workspace and others in the environment; 2 = small tight space)			
Number of people in space (1= small number of people based on the size, 2 = large number of people based on the size)			
Ability to keep treatment area disinfected by family or staff (1 = low risk, very clean, 2 = high risk, little control of cleanliness of work area)			
Ability to keep individuals aside from the client out of the treatment space (0 =no addition people; 2 = siblings repeatedly in space, attempting to sit or climb on therapist)			
Access to hand-washing facilities (0 = access anytime with bathroom isolated to staff member and client; 2 = limited or no access to handwashing)			
Other			

2. (0 = minimal risk, 1 = moderate risk, 2 = more than moderate risk)

CLINIC: Risk Consideration	0	1	2
Size of treatment space (0= ample space enabling greater than 6 feet in between each workspace and others in the environment; 2 = small space)			
Number of people in space (0 = one child and one staff in room that they do not leave, 1 = more than one child and one staff in room or regular use of other spaces, 2 = large number of people based on the size)			
CLINIC: Extra staff trained to safely disinfect surfaces available for cleaning protocol in-clinic			
Access to sufficient cleaning materials (0= all cleaning materials have been secured, 1= some additional resources are available, but may be limited or shared, 2= cleaning materials have not been secured and modifications are needed)			
Access to hand-washing facilities (0 = access anytime with bathroom isolated to staff member and client; 1= handwashing is available, but is a shared or limited space, 2 = limited or no access to handwashing)			
Other			

### Risks to Individuals:

To assist in determining the risk of providing behavioral health treatment and the modality and location of that treatment, the following sections should be completed to assess the level of risk to the individuals involved in providing/obtaining treatment. In an effort to assist providers in making decisions that prioritize safety, each item can be scored as “0” = minimal risk, “1” = moderate risk, or “2” = more than moderate risk. All items with a score of “2” or those with a score of 1 in one or more categories for each section should lead to corresponding risk mitigation strategies. The more items with a score of “2”, the greater the overall risk which requires increased precautionary measures unless the risk can otherwise be mitigated. Based on the level of risk involved, providers and families may determine that services would be best discontinued, offered via telehealth, in home or in clinic.

Recent findings indicate that children account for small amounts of the spread of COVID-19 compared to adults (Ludvigsson, 2020). Children have accounted for a small percentage of cases, when they do test positive, they have viral loads below those that are most likely to transmit the disease, and that they are more likely to be exposed to older adults that are in a higher risk category when they are at home rather than in a school or clinic setting (Ludvigsson, 2020). This supports the indication of minimal risk for children 0-18 and our emphasis on individualized risk assessment and mitigation. There may be situations where there is little risk to conducting in-person treatment where standard risk mitigation practices are in place, regardless of which regional phase your local community is in.

#### 1. Client (0 = minimal risk, 1 = moderate risk, 2 = more than moderate risk)

Risk Consideration	0	1	2
Immune compromised (autoimmune disorder, cancer treatment, other medications, etc.)			
Medical conditions (asthma, diabetes, heart disease, obesity etc.)			
Age (0=0-18, 1=19-65, 2=65+)			
Contamination behaviors (PICA, mouthing, eye poking, nose picking)			
Will the child honor physical distancing (as opposed to hugging, climbing on, or touching staff)?			
Other			

#### 2. Family/Household Members (0 = minimal risk, 1 = moderate risk, 2 = more than moderate risk)

Risk Consideration	0	1	2
Immune compromised (autoimmune disorder, cancer treatment, other medications, etc.)			
Medical conditions (asthma, diabetes, heart disease, obesity etc.)			
Age of oldest family member (0=0-18, 1=19-65, 2=65+)			
Available space during treatment for social distancing			
Family members' exposure to COVID-19 (0 = household members work from home no exposure; 2 = household member is essential front-line worker)			
If parents become ill with COVID-19, is there someone that can care for child(ren)			

3. Staff (0 = minimal risk, 1 = moderate risk, 2 = more than moderate risk)

Risk Consideration	0	1	2
Immune compromised (autoimmune disorder, cancer treatment, other medications, etc.)			
Medical conditions (asthma, diabetes, heart disease, obesity etc.)			
Age (0=0-18, 1=19-65, 2=65+)			
Works with client who engages in contamination behaviors (spitting, vomiting, lack of hygiene and toileting skills)			
Possible exposure to COVID-19 outside of work			
Other			

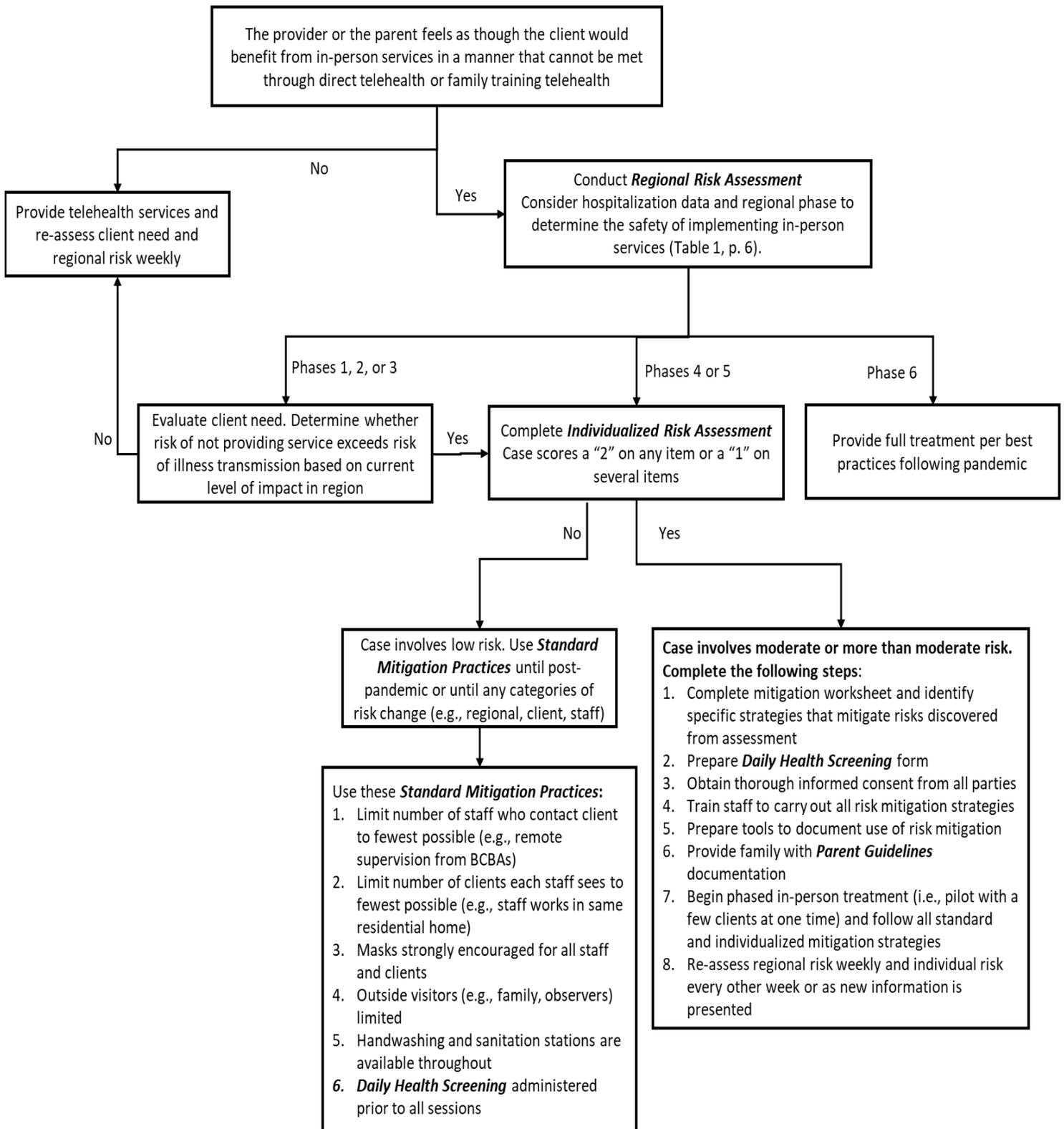
**Daily Health Screen**

Client Screening Tool

Daily monitoring of infectious disease symptoms is important to determine the changing risk of infection based on individual symptoms of the staff, client and the family members of the client. Daily screenings should be conducted prior to any face to face treatment. If the answer to any of the following questions is YES then specific procedures and policies should be developed to reduce the risk of infecting other individuals in the home or the clinic settings.

	Yes	No
Has the client had any contact with individuals suspected of having COVID-19 or other infectious disease in the last 14 days?		
Have any immediate household members of the client had any contact with individuals suspected of having an infectious disease in the last 14 days?		
Has the client or any member of their immediate family been instructed to self-quarantine?		
Has the client or any member of their immediate family had any of the following symptoms in the past 14 days:		
Cough or sore throat		
Fever of 100.4 or above (taken with non-contact thermometer)		
Rash consistent with "COVID toes"		
Respiratory symptoms, shortness of breath, or difficulty breathing		
Medications taken for cold, flu, fever		
Chills		
Muscle pain or body aches		
Headache		
Fatigue		
New loss of taste or smell		
If available, rapid COVID-19 test administered and client or family member tests positive (if/when available)		

Figure 1. The following flowchart provides a sequence that may be helpful to providers when administering the risk assessments in this toolkit and making decisions about treatment that are informed by the Mi Safe Start phases.



# Individualized Mitigation Strategies for ABA Therapy

Adapted from *Operational Toolkit for Businesses Reopening or Expanding* (Mullen et al., 2020); Johns Hopkins University

Use the sections below to design your risk-specific treatment mitigation strategy. Complete this document with the direct care staff when appropriate and always review results with direct care staff. Where relevant, mark the possible measures you can implement to reduce risk (column 2) and describe how you plan to integrate these interventions (column 3). Please note, **not all measures or considerations will be applicable to your operations**. There are blank spaces provided to fill in additional measures.

## Physical Distancing Measures: Person-to-Person

Mitigation	Possible measures/considerations (check all that could be applied to your business or add your own)	How will you integrate these interventions? Design your mitigation strategy
<p>1. Limit the <u>number of</u> interactions between employees and clients.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Move part or all of your practices online.</li> <li><input type="checkbox"/> Enable supervisors to work from home, where possible.</li> <li><input type="checkbox"/> Establish telehealth service options.</li> <li><input type="checkbox"/> Restrict number of staff working with client.</li> <li><input type="checkbox"/> Restrict number of clients each staff work with</li> <li><input type="checkbox"/> Restrict number of clients and employees allowed into the facilities (if in-clinic).</li> <li><input type="checkbox"/> Coordinate with families to limit number of people in home</li> <li><input type="checkbox"/> Alternate employee shifts so that the same group of people are exposed only to each other.</li> <li><input type="checkbox"/> Limit or eliminate Behavior Analyst in-person contact with staff and clients (i.e., shift to telehealth).</li> <li><input type="checkbox"/> Work with staff and families to adjust schedules to accommodate (a) multiple sessions per day, (b) isolating staff with clients</li> <li><input type="checkbox"/> Conduct observation sessions via telehealth to limit number of people in same space.</li> <li><input type="checkbox"/> Change arrival and departure procedures for clients to reduce the number of personnel interacting in common places at one time.</li> <li><input type="checkbox"/> _____</li> </ul>	
<p>2. Limit <u>close-contact</u> interactions between employees and clients</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct meetings virtually.</li> <li><input type="checkbox"/> Limit meeting attendance and time frames.</li> <li><input type="checkbox"/> Utilize outdoor spaces to the extent possible during therapy sessions.</li> <li><input type="checkbox"/> Place shields or other physical barriers between therapy spaces to assist in maintaining a 6-foot distance between people.</li> <li><input type="checkbox"/> Utilize masks in close-contact settings.</li> <li><input type="checkbox"/> Teach clients to wear masks.</li> <li><input type="checkbox"/> Use gloves for all tasks involving food toileting, etc.; and for all interactions when possible</li> <li><input type="checkbox"/> Utilize floor markings to ensure distance between employees and clients.</li> <li><input type="checkbox"/> Deliver therapy from more than 6 feet away as often as possible.</li> <li><input type="checkbox"/> Promote frequent handwashing for staff and clients</li> <li><input type="checkbox"/> _____</li> </ul>	

## Physical Distancing Measures: Persons-to-Shared Objects

Mitigation	Possible measures/considerations (check all that could be applied to your business or add your own)	How will you integrate these interventions? Design your mitigation strategy
<p>3. Incorporate procedures to <u>limit or sanitize objects</u> moving between employees and clients.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sanitize objects after they are touched by client.</li> <li><input type="checkbox"/> Employ 'sanitization' team in clinic to clean objects and spaces.</li> <li><input type="checkbox"/> Sanitize all work surfaces and items used during sessions</li> <li><input type="checkbox"/> Sanitize counters, light switches, doorknobs, etc.</li> <li><input type="checkbox"/> Limit objects brought into therapy space from outside environments.</li> <li><input type="checkbox"/> Reduce or eliminate shared objects</li> <li><input type="checkbox"/> Minimize use of shared spaces</li> <li><input type="checkbox"/> Disinfect all shared spaces following each use</li> <li><input type="checkbox"/> _____</li> </ul>	

## Health Screenings

Mitigation	Possible measures/considerations (check all that could be applied to your business or add your own)	How will you integrate these interventions? Design your mitigation strategy
<p>4. Ensure all parties have <u>health screening</u> prior to session with client</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> BCBA or BT checks with family immediately <b>prior</b> to arrival at clinic or client home</li> <li><input type="checkbox"/> Upon greeting client/family, BT administers daily health screening questions from 6 ft away</li> <li><input type="checkbox"/> BT checks client temperature, and temperature of driver (in clinic) or others in home using non-contact thermometer</li> <li><input type="checkbox"/> Failed screening or high temp leads to immediate isolation of client or staff member</li> <li><input type="checkbox"/> Isolations last until negative test or 3 days since recovery (without fever or use of fever reducing medications) or 10 days since symptoms began <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</a></li> <li><input type="checkbox"/> _____</li> </ul>	
<p>5. <u>Isolation and quarantine</u> conditions</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify illness conditions under which you will not deliver in-person services to an individual client (Risk Assessment Tool, Risk to Individuals section)</li> <li><input type="checkbox"/> Identify conditions under which a staff member will have to quarantine (e.g., symptoms of COVID-19 or exposure to others with confirmed case)</li> <li><input type="checkbox"/> Develop procedures for recommending testing</li> <li><input type="checkbox"/> Determine if/how an ill client or staff member can present negative test results to return to therapy/work</li> <li><input type="checkbox"/> Develop procedures for letting client families or staff know if they've been exposed</li> <li><input type="checkbox"/> Determine how long an exposed person needs to isolate</li> </ul>	

## Sanitation and Hygiene Measures

Mitigation	Possible measures/considerations (check all that could be applied to your business or add your own)	How will you integrate these interventions? Design your mitigation strategy
<p>6. Procure, store, and maintain necessary <u>supplies</u> (e.g. cleaning supplies, personal protective equipment, thermometer s etc.).</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify priority cleaning supplies to disinfect surfaces, shared equipment, and facilities.</li> <li><input type="checkbox"/> Request an increase in supplies from manufacturers.</li> <li><input type="checkbox"/> Obtain increased shipments of hand sanitizer, rubs/gels, tissues, and other paper products.</li> <li><input type="checkbox"/> Procure masks and other necessary personal protective equipment for employees.</li> <li><input type="checkbox"/> Provide handwashing and hand sanitizer stations throughout the facility for employees, clients, etc.</li> <li><input type="checkbox"/> Increase handwashing for clients and staff</li> <li><input type="checkbox"/> Ensure staff have materials to take into homes as needed (masks, sanitizer, gloves)</li> <li><input type="checkbox"/> Procure signage and other notices related to hygiene procedures.</li> <li><input type="checkbox"/> Communicate hygiene and infection control requirements internally and externally</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	
<p>7. Develop a detailed <u>cleaning schedule</u>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop and implement a sanitation plan with increased cleaning schedules to ensure surfaces, shared equipment, and rooms are cleaned more frequently.</li> <li><input type="checkbox"/> Identify who will be responsible for the increased cleaning schedule (e.g., contractors, current employees).</li> <li><input type="checkbox"/> Ensure that those in charge of cleaning are provided with appropriate personal protective equipment.</li> <li><input type="checkbox"/> Provide ample time for cleaning and disinfecting of materials and facilities.</li> <li><input type="checkbox"/> Ensure cleaning undergoes quality assurance checks.</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	

<p>8. <u>Educate and train employees</u> on hygiene and sanitation practices.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Train employees on infection prevention and control procedures and WASH (water, sanitation, and hygiene procedures).</li> <li><input type="checkbox"/> Create or modify training modules to include implemented public health and social measures (e.g., infection control practices, physical distancing, etc.)</li> <li><input type="checkbox"/> Display signage and posters on handwashing and hygiene etiquette.</li> <li><input type="checkbox"/> Identify means to distribute information on best practices in the workplace.</li> <li><input type="checkbox"/> Train employees on conducting and responding to health screenings</li> <li><input type="checkbox"/> Reward honesty in health reporting</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	
<p>9. Ensure <u>objects moving between employees and customers</u> are clean.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide means by which individuals can sanitize objects or surfaces when interacting with them.</li> <li><input type="checkbox"/> Dedicated cleaner for handles, baskets, and other high-touch surfaces</li> <li><input type="checkbox"/> Provide protective coverings for high-touch surfaces for easier cleaning (e.g., touchscreens).</li> <li><input type="checkbox"/> Provide equipment to limit direct contact with high-touch surfaces (e.g., gloves).</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	

## Company Policy Strategies

Mitigation	Possible measures/considerations (check all that could be applied to your business or add your own)	How will you integrate these interventions? Design your mitigation strategy
<p>10. Encourage employees to <u>stay home when sick</u>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Create and adapt paid sick-leave policies to suit recommended quarantine/isolation policies.</li> <li><input type="checkbox"/> Encourage employees to work from home if sick.</li> <li><input type="checkbox"/> Create plans on appropriate ways to guide your ill employees to seek medical care and testing or to contact the local health department.</li> <li><input type="checkbox"/> Maintain up-to-date resources with important contact information (e.g., staff medical officer, health department, health clinics, etc.).</li> <li><input type="checkbox"/> Establish 2-way communication with employees working remotely or out sick.</li> <li><input type="checkbox"/> Establish appropriate ways to communicate possible workplace exposures to employees.</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	
<p>11. Prepare the business for reducing activities or employee in-person hours, in the event of <u>renewal of shelter-in-place</u> restrictions or a surge of community cases.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Create plans in the event of resurgence of cases or additional public health measures that restrict operations.</li> <li><input type="checkbox"/> Determine conditions under which it is unsafe to deliver any in-person services.</li> <li><input type="checkbox"/> Determine conditions under which staff present too much risk to be allowed to work.</li> <li><input type="checkbox"/> Create alternating schedules for employees to minimize contact.</li> <li><input type="checkbox"/> Prepare stock, vital supplies for partial or total business closure.</li> <li><input type="checkbox"/> Determine conditions under which you will shut down or heavily restrict services</li> <li><input type="checkbox"/> Prepare families for the possibility of restricted services</li> <li><input type="checkbox"/> Consider increase in family training sessions</li> <li><input type="checkbox"/> Prepare plan for telehealth only services if new restrictions in place.</li> <li><input type="checkbox"/> Prepare for serving families with minimal technology access should new restrictions be put in place.</li> <li><input type="checkbox"/> Identify conditions under which you can return to in-person services if they need to be restricted</li> <li><input type="checkbox"/> _____</li> </ul>	

## Risk Communication Strategies

Mitigation	Possible measures/considerations (check all that could be applied to your business or add your own)	How will you integrate these interventions? Design your mitigation strategy
<p>12. Provide information for your employees on <u>changes to work expectations</u> and safety practices.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe new day-to-day expectations (e.g., wearing a mask, washing hands, etc.).</li> <li><input type="checkbox"/> Adapt existing systems to inform employees of changes (e.g., email newsletter, weekly meetings, etc.).</li> <li><input type="checkbox"/> Create new systems to inform employees of changes (e.g., email newsletter, weekly meetings, etc.).</li> <li><input type="checkbox"/> Identify the best spokesperson to deliver these messages.</li> <li><input type="checkbox"/> Determine how frequently these messages should be sent.</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	
<p>13. Develop and implement an outlet to receive and respond to client and <u>employee concerns</u>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adapt existing systems to receive feedback.</li> <li><input type="checkbox"/> Create new systems to receive feedback.</li> <li><input type="checkbox"/> When appropriate, find ways to anonymize feedback systems.</li> <li><input type="checkbox"/> Identify team leaders to collate comments and concerns.</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	
<p>14. Develop a <u>communication strategy for clients</u> that explains the actions your agency is taking to reduce the risk of spreading COVID-19 and explain what role they have in ensuring that these procedures work.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe roles and expectations of clients in the delivery of ABA therapy.</li> <li><input type="checkbox"/> Mask wearing for families and clients</li> <li><input type="checkbox"/> Maintain physical distancing.</li> <li><input type="checkbox"/> Minimize contact with shared surfaces.</li> <li><input type="checkbox"/> Develop systems to communicate these changes in expectations for clients.</li> <li><input type="checkbox"/> Explain to families the sequence for a phased return if applicable</li> <li><input type="checkbox"/> Modify existing systems to communicate these changes in expectations for clients.</li> <li><input type="checkbox"/> Create signage in multiple languages if needed.</li> <li><input type="checkbox"/> Improve access to vulnerable populations.</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	

<p>15. Build a regular <u>communication plan</u> to ensure that employees and customers receive new and important information in a timely and efficient way.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify the quickest and easiest means of communication to deliver urgent messages (e.g., text, email, etc.).</li> <li><input type="checkbox"/> Convert existing employee communication systems.</li> <li><input type="checkbox"/> Develop new methods (e.g., communication apps, business interface alerts, etc.).</li> <li><input type="checkbox"/> Build in flexibility in your communications systems for targeted messaging.</li> <li><input type="checkbox"/> Create/modify department-specific systems.</li> <li><input type="checkbox"/> Create/modify location-specific systems (for businesses with multiple locations).</li> <li><input type="checkbox"/> Incorporate opportunities to receive questions or feedback on delivered communications.</li> <li><input type="checkbox"/> Incorporate cybersecurity into messaging systems.</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	
<p>16. Develop a strategy to <u>communicate safety practices to community members and other stakeholders.</u></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify communication channels to communicate safety practices (e.g., social media, press release, etc.).</li> <li><input type="checkbox"/> Identify which aspects of your safety practices are most critical to share with the community.</li> <li><input type="checkbox"/> Determine best practices for regular information sharing with stakeholders and investors.</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	

## **Parent Planning Guidelines for ABA Services During the COVID-19 Pandemic**

### Risk Benefit Analysis of Continuing Treatment

Parents should evaluate the risk and benefit of receiving in-person services based on the individual risks that are associated with their child's needs and their family situation. It is not mandatory that services are continued or discontinued during this time. Behavioral health services are considered essential. However, individual risks should be assessed to determine the level of safety in a given situation, as well as the risk of decreasing the amount or intensity of services. There is no specific plan that will work for everyone and your service provider will likely want to work with you to discuss the options for services.

Things to consider when determining if continuing services or modifying services is in the best interest of your child and your family:

- Do you, your child, or other family members or friends that you have regular contact with have an increased risk of serious health complications if someone gets COVID-19 (e.g., over the age of 65; health conditions such as asthma, diabetes, heart disease, obesity; or immune issues such as autoimmune disorder, cancer treatment, other medications)?
- Does your child engage in behaviors that might make it more likely that they could get or spread COVID-19, such as mouthing objects, spitting, feces smearing, etc.?
- If you took a break from therapy would there be increased risk of behavioral issues or significant regression?
- Can you and your provider determine a safe working situation where the treatment area can be kept sanitized and personal protective equipment can be used?
- Are there certain treatment goals that can be completed via parent training or telehealth?

If you and your provider plan to move forward with treatment or a modified treatment plan then it is important that you discuss the risks and have a good understanding of how to best reduce those risks. You may also want to discuss the conditions under which you may need to reduce services in the future, as well as when and how services would be restarted. It is important that you feel confident that the benefit of services as they are agreed upon by you and your treatment provider outweigh the risk of potential exposure to COVID-19.

### Expectations and Considerations for Continuation of Treatment

The following provides information for parents whose children are receiving ABA services during the COVID-19 pandemic. It is designed to help parents prepare for receiving those services as safely as possible. Due to the COVID-19 pandemic, there are several practices Behavior Technicians and Behavior Analysts are likely take to keep all clients, families, and staff safe during therapy sessions. These guidelines follow the CDC recommendations for reducing risk of transmitting COVID-19.

### **Parents can expect the following from providers:**

- Likely reduction in number of people having direct contact with child or family
- Direct care staff complete their own health screening prior to a session and cancel session if any health risk is discovered (e.g., fever, interaction with others presumed positive)
- Administer health screening to family consisting of several questions about health of child and all household members prior to a treatment session
- Sanitize workspace and materials before and after sessions, or if touched by another person during a session
- Wash hands frequently and instruct client to do same
- Maintain physical distancing to extent possible during treatment session
- Wear cloth mask during sessions and teach client to wear cloth mask as able

### **Providers expect the following from parents:**

- Provide Behavior Technician and Behavior Analyst with accurate information about the status of being exposed to someone with COVID-19 symptoms (fever, cough, shortness of breath).
- Provide Behavior Technician and Behavior Analyst with daily accurate information about the status of all members of the household regarding showing any signs of COVID-19 as outlined by the CDC (fever, cough, shortness of breath) or symptoms of other potential illness (e.g., headache, nausea).
- Allow Behavior Technician to take the temperature of child prior to each session, person who transports child to treatment (if in-clinic), or everyone in the household upon arrival (if in-home).

### **Regular health screenings**

The providers working with your child will likely ask a series of health-related questions prior to each session. The purpose of these questions is to reduce the likelihood of COVID-19 transmission. Be prepared to answer a set of questions similar to the following:

- Has anyone in the home been in contact with a person with a confirmed case of COVID-19?
- Has anyone in the home been in contact with anyone who is a possible case of COVID-19?
- Is anyone in the home experiencing any symptoms of any illness? If so, what are the specific symptoms?
- Are any people in the home experiencing a fever?

## Special preparation for in-home treatment

If your child receives treatment in your home setting, there are several additional actions parents can take to decrease the likelihood of transmission. The following is a list of safeguards to protect yourself and your family, as well as your behavioral service providers.

- Ensure a designated treatment space is available for Behavior Technician to interact with child – isolate treatment to one area of the home
- Sanitize environment before and after Behavior Technician arrives and departs (Technician will do the same). [See CDC Guidelines on Household Cleaning and Disinfection](#)
- Select specific bathroom for Behavior Technician to wash hands during session
- All other family members should refrain from going into the treatment area unless specific goals have been established ahead of time to include siblings or parents
- Physical distancing should be practiced at all times, to the extent that individuals in the home (including the client) understand how to maintain physical distancing guidelines
- Ask other family members to wear masks, to the extent possible, when provider is in the home, especially if they are participating in activities with the client and the Behavior Technician during treatment
- Ensure family members wash hands frequently, and specifically after sneezing, coughing, blowing nose, touching face, or consuming food or drink
- Refrain from any household guests during treatment sessions
- Do not schedule other appointments (e.g., cleaners, repairs) when an in-home treatment session is planned

## Consideration for center-based treatment

If your child receives treatment in a clinic-based setting, there are changes that may be made to clinic policies and procedures during this time to decrease the likelihood of transmission. The following are new policies and procedures that your clinic **may** have in place to protect your child, you, your family, as well as your behavioral service providers.

- The center may institute curbside pick-up and drop-off procedures where the staff meets you and your child at your car at scheduled times to limit the number of people in the building, especially in a waiting area or lobby.
- The center may cancel (or limit) observations and visitations to the clinic for parent training or parent meetings. Those meetings, if scheduled may be done in the home or on video camera, or on a very limited basis, in an isolated location in the building.
- The center may cancel social groups or peer-based activities to abide by social distancing guidelines and avoid large groups of people in one space.
- The center may require you to limit the items that are transferred back and forth between the center and the home such as toys, iPads, communication devices. If items are transferred staff will likely have to sanitize items that come into the center.
- The center may change the regularly scheduled time of treatment or reduce hours to avoid too many people the building or a specific space or avoid mealtimes.
- The center may ask that you do not bring food items into the center or limit the use of edibles and snacks to specific times and areas of the building.

- The Behavior Analyst may put some goals on hold that increase risk of exposure including toileting and some hygiene tasks, etc.

### **Cancelled Sessions**

Although providers will make every attempt to maintain treatment sessions, there are some events outside of your provider's control that could lead to a cancelled session, or temporary break from treatment.

- Should a member of the household be exposed to a confirmed case of COVID-19, providers may pause treatment until a test demonstrates a negative result for family members or until 14 days has passed with no symptoms.
- Should a member of the household experience symptoms of COVID-19 as outlined by the CDC (fever, cough, shortness of breath), providers will likely pause treatment until at least 10 days after the onset of those symptoms
- If a staff member scheduled to work with a client on a given day has an exposure to COVID-19 or shows symptoms of the illness, treatment for that day may be cancelled and remain cancelled until a test demonstrates a negative result or until 14 days has passed with no symptoms.

### **Additional Resources for Families**

The Autism Alliance of Michigan

<https://autismallianceofmichigan.org/covid-19-resources-may-2020/>

The State of Michigan

<https://www.michigan.gov/coronavirus/0,9753,7-406-98178---,00.html>

Michigan Department of Education

[https://www.michigan.gov/mde/0,4615,7-140-37818\\_53456---,00.html](https://www.michigan.gov/mde/0,4615,7-140-37818_53456---,00.html)

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