



On the Move Pediatric Therapy
2520 Regency Road Suite 150
Lexington, KY 40503
(O) 859.224.0834
(F) 859.224.0882
www.onthemovepeds.com

Client Name: _____

Client DOB: _____

Client Temperature Taken at Clinic: _____

Date: _____

COVID19 Session Precautions

We are all excited to return to the clinic, to have sessions again. In order to protect you, your child and our staff we are implementing CDC recommended safety standards and/or those recommended by our governor as well as good hygiene practices. We want to work together with you to minimize the risk of anyone getting sick so that we can continue to provide ABA services to your child.

1. Adherence to Governor Beshear's present COVID19 Phase recommendations:

- a. All members of the household maintain social distancing of a minimum of 6 feet from others at all times when in the community. _____ (initial)
- b. Wearing a mask when in the community. _____ (initial)

2. No member of the household has come into contact with a confirmed COVID19 patient within the past 14 days. _____ (Initial)

- a. If any member of the household comes into contact with a confirmed or suspected COVID19 patient at any time, client/ parent / guardian will immediately notify OTM by:
 - i. Written notification: Email amanda@otmpeds.com
 - ii. Call the office 859/224-0834. _____ (Initial)

3. No member of the household has traveled to/from any country / region that has a Level 3 Travel Health Notice in place due to Covid19, within the past 14 days. _____ (initial)

- a. If any member of the household has essential travel to any country / region that has a Level 3 Travel Health Notice in place, client / parent / guardian will immediately notify OTM by:
 - i. Written notification: Email amanda@otmpeds.com
 - ii. Call the office 859/224-0834. _____ (Initial)

4. Take a daily temperature of everyone in the household. _____ (Initial)

5. If any member of the household experiences any of the following symptoms: cough, fever above 100.4 degrees F, shortness of breath, or any other cold or flu-like symptoms, there may be no in-person session delivery until all members of the household are symptom-free for at least 24 hours. _____ (initial)

- a. Client / parent / guardian will immediately notify OTM by:
 - i. Written notification: Email amanda@otmpeds.com
 - ii. Call the office 859/224-0834. _____ (Initial)

6. Non-clients may not be present in the clinic or sessions at this time.

- a. This includes siblings, relatives, and friends. Exceptions must be reviewed and approved by parents and OTM administration (Clinic Director, ABA Executive Director, and LBA for your child). _____ (initial).

7. At this time only OTM staff and clients are allowed in the clinic. _____ (initial)



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Our staff will take additional precautions regarding clinic maintenance and device / material / toy maintenance at the clinic. You will see changes in

1. Screening questions prior to your child entering the clinic area. _____ (initial)
2. Hand washing Protocol (washing for 20 seconds with soap & water)
 - a. Staff wash hands immediately upon arrival at the clinic, prior to meeting your child at the door and after escorting your child to the door for pick-up. _____ (Initial)
 - b. Clients wash their hands at the onset of session, in the presence of staff. _____ (Initial)
 - c. All staff and clients wash their hands immediately upon arrival at the clinic or before entering the treatment area and just prior to leaving the clinic treatment area(s). _____ (Initial)
3. Each child and her/his designated staff will have their own room in which to carry out sessions.
4. Disinfect staff devices (laptop, phone) before and after each session.
5. Disinfect all toys, games, and material used during clinic sessions, immediately after the session ends, and before putting them away.
6. Disinfect all hard surfaces before and after all clinic sessions or use.
7. Staff may not bring toys or games into the OTM clinic unless approved by the OTM administration.
8. We have decreased the number of behavior technicians/Registered Behavior Technicians working with any one individual to minimize the probability of potential exposure to the Covid19 virus.
9. Licensed Behavior Analysts (LBAs) who oversee your child's case will be carrying out observation of sessions via video as much as possible. When LBAs are in the room with any child, she will be wearing a mask and/or face shield as well as following the hand washing protocol.

I have read, understand, and agree to uphold the above Covid19 session precautions.

Parent / Guardian Signature: _____

Date: _____