

*POLICY: COVID Parent/Client- Return to Clinic V7*



1601 E Main Street, Unit G Saint Charles Il, 60174 Phone: 630.880.0993 Fax: 630.480.4049 Email: info@myrecess.com

*Re: POLICY: COVID Parent/Client- Return to Clinic*

Hello to our AMAZING My Recess families. We are missing all of you and have heard from many of you that you are ready to come on back to the clinic. We are too and have been carefully creating a PHASED RE-ENTRY program to make our 'Back to Clinic' as successful as possible. You are receiving this letter as you are in PHASE ONE of our gradual re-entry. We have reserved PHASE ONE for our families who were unable to access our Telehealth services during this time.

As essential workers, we are excited to have the option to re-open the clinic while also continuing to provide support through Telehealth.

**PHASES:** What do we mean by phases? Well, we are slowly adding clients, families, and therapists back into the clinic in effort to perfect our new policies following CDC and state guidelines as well as maintain physical distancing through spacing out our session in our clinic space.

**FLOW:** Our COVID "FLOW" will help to promote physical distancing and allow session to have more space during their in-clinic time.

- **Curbside Pick Up:**
  - Text or Call your therapists that you have arrived.
  - Your therapist will meet you at our main building door chat prior to your child's session and to transition your child up to the clinic. Lobby remains closed at this time. If you child requires handling during his/her session, your therapists may request your presence during the session time. Please plan accordingly
- **Masks PPE:** Please provide your own mask
  - Child: Please bring a mask and place it on your child.
    - If you child does not tolerate a mask, let your therapist know and we will discuss our accommodations at this time
  - Parent: Discuss with your therapists prior to session if you will be attending our sessions.
- **In:** Entrance through standard clinic door.
- **Out:** Exit through kitchen door (back door or clinic) and return to your car.
- **Therapy Space:** Each child/session will be conducted within either a private therapy room or within the gym space following physical distancing regulations through parent support and per session design.
- **Bathroom:** Per our building the bathroom is open. Please take your child to the restroom prior to their sessions.

**CLEANING:**

- **HAND WASHING:** Anyone entering the clinic will be required to wash hands upon entering and leaving the clinic. Sink in kitchen will be available for use as well as hand sanitizer throughout the clinic.

*POLICY: COVID Parent/Client- Return to Clinic V7*

- **SHOES OFF:** Shoes will be taken off prior to entering clinic. Please assure your child has socks. (Should your child have AFOs etc. Exceptions will be made through cleaning of shoes prior to entering clinic).
- **LIMITED EQUIPMENT:** The clinic currently contains only equipment that is wipeable as well as easily and quickly sanitized.
- **CLEANING:** Your therapists will be carrying a 'caddy' of cleaning supplies with them throughout the session. These supplies have been recommended through COVID regulations. Toys and equipment will be cleaned throughout sessions as well as before and after sessions.
- **FEEDING AND ORAL THERAPY:** Please refer to COVID FEEDING AND ORAL THERAPY POLICY (this will be provided to you separately as you are affected).

**PPE/COVID CLEANING:**

- **MANDATORY:** Staff will be wearing masks as well as removing shoes prior to sessions (following state requirements at this time).
- **CLEANING:** Specialized cleaning procedures have been put into place. Your therapist has reviewed cleaning guidelines. Your therapist will be carrying a kit of cleaning supplies to clean during and between sessions. Additional staff have been added to support cleaning the clinic prior to this time.
- **FAMILIES:** Please provide your own mask. We do have masks available for use if needed. Please discuss use with your therapist prior to session date.
- **OTHER PPE:** Some therapists have opted for the use of gloves and face shields based on unique client needs. They will discuss the use of these prior to your session.
- **PLEXIGLASS WALL:** We have added a plexi glass divider to therapy rooms to allow for therapist to take down masks to show clients their faces for modeling.

**COVID EXPOSURE POLICY:**

- **CONTACT:** Should you or your child come in contact with anyone with COVID-19, please immediately contact Mindy Maxwell 630.880.0993 to report. Your sessions will be transitioned to telehealth for 2 weeks. You will be able to return to clinic upon presenting a doctors orders.
- **COVID exposure in clinic:** Clinic will follow CDC guidelines of sanitization should clinic become aware that someone who entered the clinic was exposed to COVID-19.

**SUPPORTING YOUR KIDS FOR THE CHANGES:** We created a video social story as well as a PowerPoint social story for you and your children to see how the clinic will look and feel a bit different. These will review most of these policies. We have done our BEST to keep things as expected as possible for your children and bring FUN to each session. We are wearing badges that have our faces on them so that children can still see our faces.

We will continue to follow CDC guidelines as well as new State specific protocols for Essential Workers. We have also consulted with our local pediatricians to assure our policies were in line with their recommendations as well.

Please reach out with any questions, concerns, or ideas. We are so grateful for our families and how they have risen to the Telehealth learning curve. We shared so many Telehealth successes amongst our team and are ready to continue the FUN in clinic.

*By setting up your ' In Clinic 'appointment, you are agreeing to abide by the updated policies and procedures our clinic has put into place in response to the COVID pandemic. By setting up your ' In Clinic 'appointment, you are also stating your agreement that My Recess, Inc. has put into place policies and procedures that align*

*POLICY: COVID Parent/Client- Return to Clinic V7*

*with your families safety and comfort. By setting up your ' In Clinic 'appointment you are acknowledging that you are aware of risks entering a public setting during this time.*

*\* Regarding: Re: POLICY: COVID Parent/Client- Return to Clinic*

***By signing this document you are agreeing to.***

***\_\_\_\_\_ following and understanding My Recess POLICY: COVID Parent/ Client Return to Clinic.***

***\_\_\_\_\_ you and your child have not been exposed to COVID to your knowledge.***

***\_\_\_\_\_ you and your child are not experiencing any symptoms of COVID***

***\_\_\_\_\_ you have taken your temperature as well as anyone entering the clinics temperature and it remains under 100.5 degree Fahrenheit. If higher, you have cancelled your appointment.***

***\_\_\_\_\_ you and your child have not traveled in the past 2 weeks***

***\_\_\_\_\_ I agree to COVID exposure portion of this policy and will notify My Recess immediately upon notification of any symptoms. Doctors order will be requested to return to clinic 2 weeks post.***

***\_\_\_\_\_ I understand that while COVID-19 remains a health concern as defined by the State of Illinois and the Center of Disease Control, I agree to following protocols while visiting My Recess Therapy. I also acknowledge that I am aware of the risk associated with visiting a public place during this time. I may request to transition to telehealth at anytime. (reimbursement dependent on insurance).***

---

***Parent Signature:***

***Date:***

*“Supporting Kids and Families on a Foundation of FUN”*

*Brooke S. Backsen MOT, OTR/L, RYT*

*My Recess – Founder*

*Occupational Therapist*

*[brooke@myrecess.com](mailto:brooke@myrecess.com)*

*630.880.0993*