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Oak Hill Community Programs

Questions and Answers for Families RE: Coronavirus 19 (COVID-19)

4/9/20

The questions were submitted by parents, guardians and family members. The answers provided by Gina Gardella, RN, Oak Hill Nurse Supervisor.

1. I have heard that some people are asymptomatic for Covid-19. Could one of the residents or staff members actually be a carrier for Coronavirus and not know it?

The topic of asymptomatic and spreading to others with mild cases or early positive stage is possible. The main way the disease spreads is through Respiratory droplets expelled by someone coughing. The response stage of screening staff before entering each program to not allowing staff on shift with symptoms. The basic public health prevention act of following social distancing, hygiene of hands, surfaces and mask wearing is the best proactive approach to mitigating against the COVID-19. We have, as of 4-3-20 assigned, all staff to wear surgical grade masks which lowers the transmitting significantly. Then we monitor symptoms of the staff by asking questions before entering the Program if exposed, COVID-19 symptoms present and temperature check before entering Program. We will continue to carryout best practice to minimize exposure to your loved ones.

2. Given this relatively new information of asymptomatic people walking around, is Oak Hill considering a testing plan for everyone in the Oak Hill realm; i.e., residents and staff? By testing plan, I mean vital signs and blood tests, or any other appropriate medical test.

We check the one element of vital sign, temperature before the staff enter the program and follow parameter of 100.0 or higher will not enter the program. Our up-dated Guideline now instructs Staff, before leaving their home, to check their temperature. We inform the staff to see their medical provider immediately with any concerning symptoms of fever, cough and shortness of breath. The testing has been very challenging as time goes on with the progression of the Virus. The testing criteria we are keeping up-to-date as availability and criteria changes. Currently, unless there are symptoms, testing will not be done to ease someone's concerns.

3. In the event a non-verbal client who requires a one to one staff ratio at all times (with exceptions only when staffing is short, at which times she is required to be in her chair), finds themselves having to go to the hospital for ANY reason (even not Covid-19 related), what provisions there to handle this situation when the hospitals are not allowing aids or family to attend to a client that needs to enter the hospital. Staffing at the hospital in "normal" times is not sufficient to allow a one to one, much less with all the issues currently going on. How would such an issue be dealt with when the client needs to have someone to keep her calm and distracted from other things going on. Could arrangements be made to allow a family member to attend to the client?

Our Mission: Oak Hill sets the standard, partnering with people with disabilities, to provide services and solutions promoting independence, education, health and dignity.

We continue to have individuals needing to be assessed in the hospital for other medical reasons besides COVID-19 with staff presence. We will send our staff with a mask and one on the individual as tolerated. The hospital protocol during this crisis may dictate what is safe for all involved. We as always will advocate to best support your family member sent to an acute care setting. We will discuss options with family during this difficult time to jointly plan best support out individuals.

4. In Therap it appears that staff were instructed to post client temperatures with a HIGH level of notifications, even though the results of this action were a Normal temperature. Would it not be more beneficial for nursing staff to pay closer attention to clients with elevated temperatures and therefore be notified by HIGH notification level ONLY of those cases?

I agree, all programs use the E MAR for staff to document each participant's temperature twice a day at a minimum. Any temperature over 99.5 would require a call to the RN and the RN would follow up with the participant's PCP.

5. If a resident is tested and is quarantined for fourteen days and is returned to the group home awaiting test results that take five days....if the test is negative does the five days subtract from the fourteen leaving only nine days to be quarantined?

I have clarified and set up with the CT Public Health Laboratory at Rocky Hill, that, if our Individuals need to be tested, the specimen will be sent to the state lab. The results take 24 to 48 hours. The time frame of 14 days will start at onset of symptoms such as fever, shortness of breath, respiratory symptoms; once symptoms are not present for 72 hours, after 14 days the quarantine will end. We will also consult with the PCP if determination to extend due to symptoms lasting longer.

6. Given the possibility of the virus being brought into the Group Home on clothing, unknown at this time how long it could last on clothing, but let's say for example someone coughs directly into their elbow, they are directly and closely putting the virus on themselves and then carrying into the home. They then provide intimate care for the resident, in close proximity to their person. How dangerous is this?

We currently have the best practice of staff wearing masks throughout their shift. The cough would have a barrier due to mask wearing. The projecting out into the environment will be mitigated. The staff have been trained about the importance of cleaning surfaces and being aware of how they touch items during their shift and cleaning hands after touch act. The response stage of COVID-19 has changed the culture in how staff carry out tasks in each program. I have observed diligent staff action with hand sanitizing, surface cleaning and social distancing.

7. Could we ask the staff to keep a pair of "clean shoes" at the Group Home to change into in order to minimize transmittal on shoes?

The discussion with Dr. Neuhaus, State Epidemiologist of CT DPH had commented on wearing shoes in programs. There is no increase or significant source of transmission with shoes. The programs have checklists of cleaning floors up to three times a day included in the surface cleaning. We have put in the updated Guidelines; suggestion: if staff have an extra pair of appropriate footwear to use only in the work program and leave street shoes at entrance.

8. Most of the group home is carpeted and everything keeps tracked in from the outside, the residents walk in bare or stocking feet. My concern is about the virus living on the rug they walk upon.

The staff act to assure bottom of feet are cleansed if an individual walks around barefoot. The mask has reduced the falling of droplets to the floor / carpet while on shift. The doorknob and countertop are the highest transmission risk; again, we disinfect all surfaces three times a day at least. Staff are reminded the act of hand washing is best prevention. The staff will vacuum twice daily all carpets to assure more frequent removal of particles occur. Individuals in our location should not walk round barefoot without socks in the common areas at this time.

9. What is being done to clean/disinfect the rugs in group homes and other fabric surfaces like chairs and couches?

All Staff are wearing masks to eliminate droplets at this time. Staff are vacuuming and cleaning floors as listed on the checklists in each location.

10. Also, while it was mentioned last Friday that the staff would be wearing masks beginning at midnight, no staff that I saw over the weekend was wearing a mask. Did I misunderstand what was said?

The mask wearing was implemented in all programs last Friday, 4/3/20. We currently have all staff wearing on shift. There is an alternative cloth mask if staff have difficulty breathing using surgical grade masks deployed to program.

11. Where can families of people in group homes see a list of current (and changing in real time) safety requirements for staff (ie take temp before entering, wear masks, gloves, number of times to change gloves/masks, number of times to wash hands, wear gloves when preparing meals or feeding clients, etc)?

We have guidelines for staff to follow to prevent the spread of COVID-19. The use of gloves continues as appropriate with direct care with individuals. The overuse of gloves can cause less washing of hands and transferring spread to many surfaces. We have training for Infection control and Universal Precautions and how to use PPE correctly. All staff have a heightened awareness of hand washing and universal precautions.

12. Given the current situation and vulnerability of this population, can Oak Hill be more aggressive in safety recommendations than what the CDC requires?

I can say confidently, Oak Hill has been aggressive with initiating systems for staff to follow for preventing the spread of COVID-19. We clean surfaces three times a day, which is above the CDC recommendation of daily. We started wearing masks before DDS or DPH implemented. The no visitor action was the leading prevention of exposure by community members. The act of obtaining PPE supplies have been challenging for all health care providers. We have continued to obtain items and have significant orders in place.

13. What actions are taken in a group home when a staff member or sub tests positive for the virus?

We have a process of identifying staff reporting symptoms and immediately taking staff off shift. The staff report to medical provider for recommending plan of care or testing criteria review. The Community Program Admin and HR review level of contact with all scheduled staff and alert program. When the staff is cleared to return to work, mask and face shield to be worn with direct care task for individuals. Staff is not to work with any individual that are immune compromised or medically fragile for minimum of 14 days from onset of symptoms.

14. What actions are taken in a group home when a housemate is suspected of having or has the virus?

The RN has a guideline to start a Medical Monitoring Form to have staff measure and monitor potential symptoms. The RN will notify MD to report symptoms that are presenting to determine plan of care. The individual with symptoms will be isolated in their bedroom and have one staff caring for individual that is ill. The advanced PPE equipment will be assigned to staff working with individual.

15. Like nursing homes are beginning to do, are Oak Hill group home clients going to be moved to non-Covid-19 group homes or 'recovery' group homes if positive for virus?

We currently have plans to provide care as medically appropriate in the Group Home. If care needs acute care setting, the individual will be transferred to hospital.

16. Can you address whether staff in group homes are wearing PPE? I'm concerned that they are living at home and living normally. Then going to group homes. Now that it is known that asymptomatic people can be contagious, I am concerned. Thanks.

The PPE items wore daily is the face mask and gloves for individual care. The face shield and gown wearing if positive cases, symptoms of COVID-19 present, or pending cases with symptoms or MD recommendation. We do have N 95 masks for when positive case occurs. We are continuing to look for PPE equipment to replenish our supply on a daily basis.

17. I have a health-related question specific to my brother who has a DNR/DNI order. I have written to the RN assigned to his home with my concern and have not yet received a reply. I just wrote to her yesterday so she may write back to me...I'm sure she's very busy. You will see the email below. Basically, my question is: For someone with a DNR/DNI order, what comfort measures would be used if the person became critically ill with the virus and was having difficulty breathing? Would comfort medication or hospice support be available?

We will honor the DNR/DNI order. If there are changes with implementing the order, the Team should meet to review. The plan to give palliative care will be ordered by the PCP and for Hospice on board to lead the way. The Nebulizer and suctioning may affect the ability to keep in the Group Home and we will review with the PCP to be proactive. I have called the local VNA to obtain how their agency is approaching cases in this current crisis.