Building Resilience in the Midst of a Pandemic:
What Health Care Workers and Leaders Can Do During the COVID-19 Pandemic

April 30, 2020
MUTE

CHAT

RAISE HAND

Q&A
The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for $608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

- Increase access, quality of health care, and improve health outcomes.
Health Centers close to Public Housing

• 1,400 Federally Qualified Health Centers (FQHC) = 28.4 million

• 385 FQHCs In or Immediately Accessible to Public Housing = 4.4 million patients

• 107 Public Housing Primary Care (PHPC) = 817,123 patients

Source: UDS
Public Housing Demographics

- 2.2 million residents
- 2.2 Persons per household
- 38% Children
- 59% Female
- 83.2% Below federal poverty level
- 55% Less than high school diploma
- 52% White
- 43% African-American
- 25% Hispanic
- 38% Disabled

Source: HUD
A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

**Adult Smokers with Housing Assistance**

- **Public Housing**: 33.6%
- **Housing Choice Voucher**: 35.3%
- **Multi Family**: 30.9%

**Source**: Helms VE, 2017

<table>
<thead>
<tr>
<th></th>
<th>HUD-Assisted</th>
<th>Low-income renters</th>
<th>All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair/Poor Health</td>
<td>35.8%</td>
<td>24%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>71%</td>
<td>60%</td>
<td>64%</td>
</tr>
<tr>
<td>Disability</td>
<td>61%</td>
<td>42.8%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17.6%</td>
<td>8.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>COPD</td>
<td>13.6%</td>
<td>8.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asthma</td>
<td>16.3%</td>
<td>13.5%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>
Psychological Impact of COVID-19 Pandemic on Health Care Workers

Proportion of respondents reporting psychological symptoms:
- depression, 50.4%;
- anxiety, 44.6%;
- insomnia, 34%; and
- distress, 71.5%.


- Total: 1830 Contacted Individuals
- Respondents: 1257, Participation rate: 68.7%
- 68% Nurses, 32% Physicians
### PUBLIC HOUSING PRIMARY CARE (PHPC) COVID-19 BY THE NUMBERS

**April 12, 2020**  
Numbers as of April 3, 2020  
Number of PHPC respondents: 60 (56% of all PHPCs)

**In 2018, there were 107 PHPCs serving 817,123 patients living in or immediately accessible to public housing.**

<table>
<thead>
<tr>
<th>PHPC Adequate Supply of Personal Protective Equipment (PPE) for the next week:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>71.67%</strong> Surgical Masks</td>
</tr>
<tr>
<td><strong>65%</strong> N95/FFP Masks</td>
</tr>
<tr>
<td><strong>66.67%</strong> Gloves</td>
</tr>
<tr>
<td><strong>88.33%</strong> Goggles</td>
</tr>
<tr>
<td><strong>53.33%</strong> Face Masks &amp; Goggles</td>
</tr>
</tbody>
</table>

**PhHC WORKFORCE:**  
55.25% Health Center Weekly Visits (Versus Pre COVID-19 Weekly Visits)  
171 PHPC Sites Closed

<table>
<thead>
<tr>
<th>Staff Members with Positive COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>179</strong></td>
</tr>
<tr>
<td><strong>21.33%</strong> Staff Unable to Work *</td>
</tr>
</tbody>
</table>

**PHPC with COVID-19 Testing Capacity 85%**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive-up/Walk Up</td>
<td>51.66%</td>
</tr>
<tr>
<td>Lab Capacity</td>
<td>16.67%</td>
</tr>
</tbody>
</table>

**Total Tested: 5,963**

<table>
<thead>
<tr>
<th>Positive Cases</th>
<th>Total Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,210</td>
<td>210</td>
</tr>
<tr>
<td>6,760</td>
<td>427,460</td>
</tr>
</tbody>
</table>

**Total U.S. Positive Cases: 21.86%**

**Source:** [nchph.org](http://nchph.org)

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### PUBLIC HOUSING PRIMARY CARE (PHPC) COVID-19 BY THE NUMBERS

**April 27, 2020**  
Numbers as of April 17, 2020  
Number of PHPC respondents: 71(66.39% of all PHPCs)

**In 2018, there were 107 PHPCs serving 817,123 patients living in or immediately accessible to public housing.**

<table>
<thead>
<tr>
<th>PHPC Adequate Supply of Personal Protective Equipment (PPE) for the next week:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>90.14%</strong> Surgical Masks</td>
</tr>
<tr>
<td><strong>81.69%</strong> N95/FFP Masks</td>
</tr>
<tr>
<td><strong>77.46%</strong> Gloves</td>
</tr>
<tr>
<td><strong>90.14%</strong> Gloves</td>
</tr>
<tr>
<td><strong>81.69%</strong> Face Masks &amp; Goggles</td>
</tr>
</tbody>
</table>

**PhHC WORKFORCE:**  
55.14% Health Center Weekly Visits (Versus Pre COVID-19 Weekly Visits)  
178 PHPC Sites Closed

<table>
<thead>
<tr>
<th>Staff Members with Positive COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>103</strong></td>
</tr>
<tr>
<td><strong>19.86%</strong> Staff Unable to Work *</td>
</tr>
</tbody>
</table>

**PHPC with COVID-19 Testing Capacity 90.14%**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive-up/Walk Up</td>
<td>66.66%</td>
</tr>
</tbody>
</table>

**Total Tested: 7,200**

<table>
<thead>
<tr>
<th>Positive Cases</th>
<th>Total Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,273</td>
<td>1273</td>
</tr>
<tr>
<td>8,886</td>
<td>8886</td>
</tr>
</tbody>
</table>

**Total U.S. Positive Cases: 19.86%**

**Source:** [nchph.org](http://nchph.org)

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DISCLAIMER:
This publication is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,924,000 with 95 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit hrsa.gov.
Today’s panelists:

- Elizabeth Guroff, MA, LCMFT, Director Trauma Informed Services
- Javier Rodriguez, MD, Chief Medical Officer
- Sonia Tucker, Chief Quality Officer
- Sophia da Luz, Director of Nursing
How Can We Help Them?

Health Care Workers Mental Health Needs during the COVID-19 Pandemic
Today’s Presenter

Elizabeth Guroff, MA, LCMFT
Director, Trauma-Informed Services
National Council for Behavioral Health
ElizabethG@TheNationalCouncil.org
DEEPAK CHOPRA'S 3-MINUTE MEDITATION
What do you need to give yourself permission to do, feel, or not do to show up for this read-along?

Sometimes the first step in getting started is giving ourselves permission. Maybe you need to give yourself permission to:

01. Stay open minded
02. Give yourself the time you need
03. Make a list of questions

Or if you're doing this in a group setting, permission to:

01. Show up to the group meetings
02. Ask for what you need
03. To pass during group sharing
04. Ask for more time

Write your permission slips below or on a sticky note. Feel free to have more than one.
Learning Objectives

• Discuss the potential mental health impact of the COVID-19 Pandemic among Health Care Workers

• Examine strategies to support and protect the mental health of Health Care Workers

• Review Resources to lessen the psychological impact of COVID-19 among Health Care Workers
Anxiety is a normal human response to a stressful situation.
Common reactions to COVID-19

Concern about protecting oneself from the virus because they are at higher risk of serious illness.

Concern that regular medical care or community services may be disrupted due to facility closures or reductions in services and public transport closure.

Feeling socially isolated, especially if they live alone or are in a community setting that is not allowing visitors because of the outbreak.

Guilt if loved ones help them with activities of daily living.

Increased levels of distress if they:
- Have mental health concerns before the outbreak, such as depression.
- Live in lower-income households or have language barriers
- Experience stigma because of age, race or ethnicity, disability, or perceived likelihood of spreading COVID-19.
Outbreaks can be stressful

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Stress during an infectious disease outbreak can include

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco, or other drugs
Coping with Stress and Fear

Stay informed—but don’t obsessively check the news

Focus on the things you can control

• Plan for what you can
• Ground yourself when you start to feel “what-ifs” spiraling

Stay connected—even when physically isolated

• Emotions are contagious, so be wise about who you turn to for support

Take care of your body and spirit

• Be kind to yourself
• Maintain a routine as best you can
• Take time out for activities you enjoy
• Get out in nature, if possible
• Find ways to exercise
• Avoid self-medicating
• Take up a relaxation practice
• Help others (it will make you feel better)

https://www.helpguide.org/articles/anxiety/coronavirus-anxiety.htm
Safety

• Prioritizing physical, emotional and psychological safety in each interaction – share resources with your team.

• Share best practices on working remotely.

• Model vulnerability – talk about challenges, difficult emotions and create safe spaces for staff to do the same.

• Check in with staff often, asking how they are doing and what they may need, make sure someone is doing the same for you.

• Regulate, regulate, regulate.
Trust and Transparency

• Share as much information as possible.
  – Trust that staff can handle difficult news.
  – Consider daily check-ins/meetings to allow for information sharing/processing.

• Examine current expectations.
  – Adjust to changing needs and challenges of staff.
    • Deadline extension.
    • Project reassignment.

"Compassion becomes real when we recognize our shared humanity"
Pema Chodron
Collaboration and Mutuality

• Allow time for social interaction.
  – Consider allowing staff to use sharing platforms (Zoom) to stay in touch with family members.
  – Consider daily check-ins/meetings to ask for ideas, solutions, connections.

• Partner with Staff
  – Look for common experiences not only related to crisis.
    • Share child/pet photos.
    • Use humor.
Voice and Choice

• Seek staff input.
  – Offer options for altering work schedules based on staff needs.
  – Normalize grief around losses.
  – Ensure all staff know how to access EAP’s etc.

• Recognize your privilege
  – Practice cultural humility.
  – Be curious and unknowing regarding how this may be impacting your staff.
  – Ensure everyone is invited to contribute.
The National Council’s Framework for Trauma-Informed Leadership

**Safety** - physical, psychological, emotional, and social
- Trustworthiness and transparency - among staff, clients/patients, family members, and partners
- Peer support and mutual self-help
- Collaboration and mutuality - partnering to level power differentials
- Empowerment, voice, and choice - for staff, clients/patients, family members, and partners
- Confronts cultural, historical, and gender issues to promote meaningful inclusion

**Adaptive Leadership Skills for Managing Change**
- Advocacy vs. inquiry
- Discussion vs. dialogue
- Getting on the balcony
- Identifying the adaptive change
- Stepping into the void: Risk and courage
- Creating a holding environment
- Maintain focused attention
- Give the work back to the team
- Protect all voices
- Reset

**Trauma-Informed Principles** (SAMHSA, 2014)

**Implementation Strategies for Organizational Change** (adapted from Kotter, Inc., 2019)
- Gain commitment from organizational leadership
- Develop a Core Implementation Team (CIT)
- Build consensus
- Create a shared vision
- Communicate for buy-in
- Assess the organization
- Develop a plan
- Create a monitoring system
- Take action

**Fostering Supportive Environments**
- Diversity, equity, and inclusion as central principles
- Safety includes physical, psychological, and emotional considerations
- Opportunities for collaboration without punishment for failure
- Dare to Lead™ Heart of Daring Leadership principles (Brown, 2018) - courage and vulnerability, self-awareness and self-love, rewarding brave work, touch conversations, and whole hearts
Fostering Supportive Environments

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Adaptive Leadership Skills for Managing Change

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Relational Contagion
A calm, regulated adult can regulate a dysregulated person.

BUT
A dysregulated adult can NEVER calm anyone.
Co-regulation
Reactive child and well-regulated adult (e.g. teacher)

Present, parallel, patient, persistent – facilitate multisensory, multi-domain, repetitive activity

Rhythm & Relationship = Regulation

Time

Terror
Fear
Alarm
Alert
Calm
Co-dysregulation
Reactive child and overwhelmed adult (e.g. teacher)

Child

Adult

Present, overwhelmed, frustrated, angry = escalation = increased incidents/restraint

Time

Terror
Fear
Alarm
Alert
Calm
Discharge of Trauma

easy charge

sympathetic

parasympathetic

easy discharge
Parasympathetic
(rest and digest)
Sympathetic
(fight, flight or freeze)
Discharge of Trauma

sympathetic

parasympathetic

easy charge

easy discharge
When trauma is not discharged
Resiliency

“Resiliency is the capability of individuals to cope successfully in the face of significant change, adversity, or risk. The capacity changes over time and is enhanced by protective factors in the individual and environment.”

(Steward et al., 1991)
"You are not working from home; you are at your home during a crisis trying to work."

I've heard this twice today. I think it's an important distinction worth emphasising.

11:39 · 3/31/20 · Twitter Web App

90K Retweets 331K Likes
Adaptive Leadership Skills for Managing Change

- Advocacy vs. inquiry
- Discussion vs. dialogue
- Getting on the balcony
- Identifying the adaptive change
- Stepping into the void: Risk and courage
- Creating a holding environment
- Maintain focused attention
- Give the work back to the team
- Protect all voices
- Reset

BE AN ACTIVE LISTENER
What is Active Listening

- A skill, developed over time and improved with practice
- Requires listening to understand, not listening to respond
- Includes listening with all your senses, being fully present in the conversation
- Includes active exploration and interest in what the speaker is sharing with you
- Conveys your investment in the relationship with the speaker
Step 1

Active Listening starts with Reflective Listening

1. Listening to understand
2. Paraphrasing what was heard
3. Verifying what you think you heard

Most people do not listen with the intent to understand; they listen with the intent to reply.

Words: Stephen R. Covey / Image: Marc Wathieu
Reflective Listening

“What I hear you saying is....”
“Is that Correct?”

Yes - “Is there any you’d like to add?”
No - “What did I miss?”

- Continue process until the speaker has nothing else to add
  - Do not provide any response to what is said
    - Including non-verbal responses
Step 2

Now that we’ve heard, we need to respond with

Active Listening

1. Responding to what we heard
2. Not sharing your opinion if it wasn’t asked for
3. Not answering questions that weren’t asked

**Only respond to what you heard the speaker say**
HOW TO DEAL WITH STRESS AND ANXIETY

MIND

Accept that you cannot control everything.
Put your stress in perspective: is it really as bad as you think?

Do your best.
Instead of aiming for perfection, which isn't possible, be proud of however close you get.

Maintain a positive attitude.
Make an effort to replace negative thoughts with positive ones.

Learn what triggers your anxiety.
Is it work, family, school, or something else you can identify? Write in a journal when you're feeling stressed or anxious, and look for a pattern.

https://adaa.org/tips-manage-anxiety-and-stress
Limit alcohol and caffeine.
Alcohol and caffeine can aggravate anxiety and trigger panic attacks. Instead, drink water.

Eat well-balanced meals.
Do not skip any meals and always keep healthy, energy-boosting snacks on hand.

Get enough sleep.
When stressed, your body needs additional sleep and rest. It's important to get 8 hours of sleep per night!

Exercise daily.
Exercising can help you feel good and maintain your health.
ACTION

Take deep breaths.
Inhale and exhale slowly throughout the day when you are feeling stressed.

Slowly count to 10.
Repeat, and count to 20 if necessary.

Give back to your community.
Volunteer or find another way to be active in your community, which creates a support network and gives you a break from everyday stress.

Take a time out.
Practice yoga, listen to music, meditate, get a massage, or learn relaxation techniques. Stepping back from problems helps clear your head.

Get help online.
If you are struggling with stress and anxiety in your life, consider taking a mental health screen. Screening is an anonymous, free, and private way to learn about your mental health. www.mhascreening.org

Talk to someone.
Tell friends and family you're feeling overwhelmed, and let them know how they can help you. Talk to a physician or therapist for professional help.

To access webinars, blogs, and other tools to help you manage stress and anxiety visit: www.adaa.org
Empowerment Tools That Can Be Taught

- Emotional regulation techniques such as breathing exercises.
- Self-care such as sleep hygiene, good nutrition, exercise.
- Cognitive approaches, visualization or meditation.
- Body work such as Qi Gong, yoga stretching.
- Creating a quiet, safe, comfortable space.
- Music, art, dance and other creative endeavors.
- Connecting with supportive family/friends virtually.
- Creating structure, making the bed every day, getting out of pajamas.
- Spiritual rituals.
- Pleasurable activities.
# Arousal Continuum

Adapted from Dr. Bruce Perry’s 
*The Boy Who Was Raised as a Dog*

<table>
<thead>
<tr>
<th>Internal State</th>
<th>CALM</th>
<th>ALERT</th>
<th>ALARM</th>
<th>FEAR</th>
<th>TERROR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Style</td>
<td>ABSTRACT</td>
<td>CONCRETE</td>
<td>EMOTIONAL</td>
<td>REACTIVE</td>
<td>REFLEXIVE</td>
</tr>
<tr>
<td>Regulating Brain Region</td>
<td>NEOCORTEX</td>
<td>CORTEX Limbic</td>
<td>LIMBIC Midbrain</td>
<td>MIDBRAIN Brainstem</td>
<td>BRAINSTEM Autonomic</td>
</tr>
<tr>
<td>Dissociative Continuum</td>
<td>REST</td>
<td>AVOIDANCE</td>
<td>COMPLIANCE Robotic</td>
<td>DISSOCIATION Fetal Rocking</td>
<td>FAINTING</td>
</tr>
<tr>
<td>Arousal Continuum</td>
<td>REST</td>
<td>VIGILANCE</td>
<td>RESISTANCE Crying</td>
<td>DEFIANCE Tantrums</td>
<td>AGGRESSION</td>
</tr>
<tr>
<td>Sense of Time</td>
<td>EXTENDED FUTURE</td>
<td>DAYS HOURS</td>
<td>HOURS MINUTES</td>
<td>MINUTES SECONDS</td>
<td>NO SENSE OF TIME</td>
</tr>
</tbody>
</table>
Survival Mode Response

Inability to
- Respond
- Learn
- Process
Impact the Lower Brain

Rhythmic
Respectful
Rewarding
Repetitive
Relational
Relevant

How to support your staff

- Monitor Secondary Traumatic Stress symptoms
- Allow time for your staff to be with their family to recover from responding to the pandemic.
- Insert Self-Care strategies into Daily work schedule
- Media-Distancing
- Provide Personal, Reliable, Supportive Connections
Resilience: Ability to adapt well to stress, adversity, trauma or tragedy

**Emotional regulation:** The ability to control our emotions, attention, and thus our behavior

**Impulse control:** The ability to manage expression of our feelings.

**Accurate identification** of the cause of adversity

**Realistic optimism:** Being positive about the future and realistic

**Self-efficacy:** The sense that we can solve problems and succeed

**Reaching out:** The continued drive to take on more challenges and opportunities

**Empathy:** Able to read others behavior, to understand their states, and build relationship

**Resilience:** Ability to adapt well to stress, adversity, trauma or tragedy
I GET TO
- VS -
I HAVE TO

Who are you staying home for?
#IStayHomeFor
Focusing on Post-Traumatic Growth

Rapid Cycle Adaptive Leadership Journaling

For some, writing down thoughts and feelings allows a leader to understand themselves more clearly. It allows a leader to observe and learn about their thoughts and emotions in a more concrete way. Journaling gives a person an opportunity to make successful strategies and what has been learned from unsuccessful strategies by viewing thought processes and emotions from a more objective perspective, which can help identify opportunities for growth as well as track moments of derailment. The National Council suggests Journaling at the same time daily, allowing oneself the space to start a ritual of contemplation. Even if a person cannot think of what to say, it is worthwhile sitting for the full five minutes and allowing the space for examination.

<table>
<thead>
<tr>
<th>Week of</th>
<th>My biggest success today was...</th>
<th>My biggest struggle today was...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
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<tr>
<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
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<td>Thursday</td>
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<tr>
<td>Saturday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At your first time I want to remember this is the week that, happened.
Remember

Everyone reacts differently to stressful situations

Take care of yourself and your community

Ways to cope with stress
- Take breaks from watching, reading, or listening to news stories
- Take care of your body
- Make time to unwind
- Connect with others

Know the facts to help reduce stress

Take care of your mental health
Resources

- www.7cups.com
- https://www.healthline.com/nutrition/16-ways-relieve-stress-anxiety#section1
Resilience and COVID-19 Webinar

Dr. Javier Rodriguez CMO
Sophia DaLuz DON
Sonia Tucker CQO
Content

• 1.) La Maestra’s COVID Response – action plan
• 2.) Protocols
  Social Distance
  Disinfection
  Testing and Treatment
  PPE
• 3.) Challenges
  PPE
  Testing
  Staffing
  Stress
• 4.) Services Provided
Coronavirus (COVID-19) Screening Form

Date: ________________ Date of Birth: ________________

Name: _______________________________

1. In the past 14 days have you developed (please mark all that apply):
   - Fever
   - Difficulty breathing
   - Cough
   - Loss of taste or smell
   - Sore Throat
   - Body Aches
   - Headache
   - Chills

2. In the past 14 days have you:
   - Traveled anywhere with Coronavirus cases?  ____ YES  ____ NO

3. In the past 14 days have you:
   - Had contact with a person who is under investigation (PUI) for Coronavirus (2019-nCOV) patient?
     ____ YES  ____ NO

   If YES - Who?
   - ____ Family Member
   - ____ Friend
   - ____ Co-worker
   - ____ Care Taker
   - ____ Care Giver
   - ____ Other

Patient Signature ________________________________________

Please submit completed form to the Front Desk or Registered Nurse.

Identify, Isolate, Inform

LMCHC rev 4/30/2020
Scenarios for PSRs:

1. If patient presents positive for question 1 and negative for question 2 or 3 – Provider should evaluate for other conditions.
2. If a patient comes and responds yes to any of the symptoms in question 1 and positive for travel within the last 14 days (question 2) – Isolation and Triage by RN
3. If patient comes in and respond yes to any of the symptoms in question 1, negative for question 2 and positive contact with a PUI (question 3) within the last 14 days – Isolate and Triage by RN
4. If patient comes in and respond yes to any of the symptoms in questions 1, positive for question 2 and positive for question 3 – Isolate and Triage by RN
5. If question 1 is negative, question 2 is negative but question 3 positive – Triage by RN

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>Office Visit</td>
</tr>
<tr>
<td>2</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>Isolate, RN Triage</td>
</tr>
<tr>
<td>3</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>Isolate, RN Triage</td>
</tr>
<tr>
<td>4</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>Isolate, RN Triage</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>RN Triage/Office Visit</td>
</tr>
</tbody>
</table>

Note: all patients with respiratory symptoms should be offered a surgical mask.

Scenarios for RNs:

Scenario 1: No RN intervention is needed.
Scenario 2, 3 and 4: RN should activate La Maestra’s 2019-nCOV protocols.
Scenario 5: Triage with PPE

Scenarios for Providers:

Scenario 1: Provider should evaluate for other conditions (Flu, allergy, regular cold)
Scenario 2, 3 and 4: Follow La Maestra’s 2019-nCOV protocols.
Scenario 5: Office Visit and Consult County for guidance.

- Forms are to be scanned and archived by MA and RN into patient chart under Coronavirus Screening Category.
Note: For pediatric cases Screening RN to present the case to the Pediatric RN or Provider whenever possible.

1. In the past 14 days, have you developed: Fever, Difficulty breathing, Cough, Sore Throat, loss of smell or taste, body aches or chills?

   NO
   Continue hand hygiene and Social activity limitation.
   And
   Give the patient an appointment with his/her PCP.

   YES
   
   2. Have you had close contact with a COVID-19 positive patient within the last 14 days?

      NOT SURE
      
      3. Have you traveled to areas affected by COVID-19 within the last 14 days?

         YES
         The patient should be placed in the schedule of the designated provider covering the sick area.
         Or
         Schedule a Telemedicine appointment.

         NO
         YES
The adult workflow in the screening area:

1.) Adult (18 and older) with any symptoms checked, history of having had contact that was confirmed positive for COVID-19 or history of traveling: will be sent to the Cough and Cold (fever) Clinic (CCC). The provider will be performed a physical examination and decide if COVID testing is indicated. **This applies even if the patient has a previously scheduled appointment.**

   **Note:** Please **DO NOT** promise the patient that they will get tested. This will be a provider’s decision.

2.) Patient (18 and older) gets checked in in the CCC to see provider:
   - **Patient with Symptoms:** Rapid Strep and/or Flu test will be performed. Once the tests are performed and depending on the physical examination and results of the strep and flu test, the provider will decide if the SARS CoV2 RNA test is indicated.
   - **Patient with known exposure to a confirm COVID-19 positive case:** If the patient has a known exposure to the COVID-19 positive case **without any PPE**, the provider will perform a physical exam and will order SARS CoV2 RNA test. If the patient had PPE, conserved social distance, and **lack of symptoms**, the provider would also consider Social Determinants of Health to determine the need for SARS CoV2 RNA testing. Self-isolation for 14 days, hand hygiene and other preventive measures should be indicated per CDC guidelines.
   - **Patients with no symptoms and history of travel:** Self-isolation, hand hygiene, and other preventive measures should be indicated per CDC guidelines.

3.) The patient seen in the CCC will remain there. The swab for Strep and Flu will be performed by the MA working the CCC. If a SARS CoV2 RNA is needed, such a test will be performed by Lab personnel dressed in full PPE.

   For medications, the patient will remain in the CCC, and the medication will be delivered to the site.

**Pediatric Patients:**

1.) Pediatric patient (young than 18) with any symptoms (Fever, cough or respiratory difficulty)

   In P1: The patient will be scored (by Screening RN or Assigned personnel) to the isolation tent located in the back parking lot through the back stairway. Once in the isolation tent, the Pediatric RN will come down to triage the patient.

   In the back parking lot screening area: The patient will be scored to the isolation tent. The Pediatric RN will do the triage.

   **Note:** the Screening RN is **NOT to triage the patient.**

2.) Once the pediatric RN assesses the patient in the isolation tent, she will decide to bring the patient to the 2nd floor pediatric. The relocation of the patient from the isolation tent to the 2nd floor will happen via the back stairway.

   **Note:** If the pediatric RN and/or provider will come down to assess the patient, the staff will have the otoscope, tong depressors, and alcohol swaps ready.
# PROTOCOLS

**Protocol for Personal Protective Equipment use during COVID-19**

**Appropriate Staff:** All La Maestra (LM) staff

**Purpose:** to define usage of personal protective equipment (PPE) during the COVID-19 period due to shortage of supplies nationwide.

**Applicable departments:** All staff at La Maestra Community Health Centers

**Effective date:** March 23, 2020 revised April 20*, 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Gloves</th>
<th>Gowns</th>
<th>Mask</th>
<th>Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Medical Staff</td>
<td>Non sterile exam gloves</td>
<td>minimal or low levels of barrier protection</td>
<td>N95 with confirmed ATD. Face mask at all times</td>
<td>Goggles/shield with splash/high velocity fluids</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Non sterile exam gloves</td>
<td>minimal or low levels of barrier protection</td>
<td>N95 with confirmed ATD. Face mask at all times</td>
<td>Goggles/shield with splash/high velocity fluids</td>
</tr>
<tr>
<td>Janitorial</td>
<td>Non sterile exam gloves</td>
<td>Only when cleaning/disinfecting</td>
<td>Face mask at all times. N95 to clean area with ATD</td>
<td>Goggles/shield with splash/high velocity fluids</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Non sterile exam gloves</td>
<td>Not needed</td>
<td>Face mask all times</td>
<td>Goggles/shield with splash/high velocity fluids</td>
</tr>
<tr>
<td>Security</td>
<td>Non sterile exam gloves</td>
<td>Only when risk of splash with body fluids (must have available)</td>
<td>Face mask at all times. 6ft distance. N95 if potential with ATD</td>
<td>Goggles/shield with splash/high velocity fluids</td>
</tr>
<tr>
<td>Ancillary Staff</td>
<td>Non sterile exam gloves</td>
<td>Not needed</td>
<td>Face mask at all times. 6ft distance.</td>
<td>Goggles/shield with splash/high velocity fluids</td>
</tr>
</tbody>
</table>

ATD: Aerosol Transmissible Disease
Patient population: Adult and pediatric patients with symptoms that indicate possible COVID-19 infection, who come in to La Maestra clinics.

Key points:
- Details regarding isolation/precautions, personal protective equipment, patient movement, family visitor policy, and cleaning/disinfection can be found here.

Clinical symptoms:
- Range from uncomplicated upper respiratory tract viral infection to pneumonia, acute respiratory distress syndrome (ARDS), sepsis, and septic shock (Table 1)

Diagnosis and Testing:
- Patients who qualify for testing through this algorithm will have a single nasopharyngeal swab obtained and sent for rapid flu test, CLIA waived followed by COVID-19 PCR.

1. Patients need to have at least 2 out of 3 of the following symptoms in order to qualify for testing:
   - Fever (T>100°F)
   - New cough
   - Shortness of breath, difficulty breathing, or hypoxemia
   - Or

- In pediatric patients that would be sent to Rady Children Hospital for respiratory distress should be tested for Flu/COVID-19 before transferring to the hospital.

2. At least one of the following risk factors for COVID-19 severe outcomes or outbreaks:
   - Age ≥ 65
   - Compromised immune system (AIDS, organ or HSC transplant, immunosuppressive therapy)
   - Healthcare worker or immediate household contact of one
   - Hemodialysis patients
   - Resident of nursing home or other long-term care facility
   - Residents of congregated living settings
   - First responders

Sociodemographic factors:
- Homeless/Inability to self-isolate/no access to outpatient testing
- Primary caretaker of vulnerable populations (e.g., immune-compromised, age ≥ 65)
- Close contact with a patient who has tested positive for COVID-19

- Close contact is defined by CDC as:
  - a. within six feet of a COVID-19 case for a prolonged period of time, close contact can occur while caring for, living with, or sharing a healthcare waiting area or room of a COVID-19 case
  - b. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

3. Younger, healthy individuals with mild illness do not need to be tested. They should stay home for 7 days or 72 hours after symptom resolution, whichever is longer. Additionally, testing is not recommended in persons who are asymptomatic. A negative test result does not rule out an infection.

Testing asymptomatic patients for COVID-19 is generally not recommended. The following allowable exceptions are listed below:
- Adult and pediatric patients with planned hematopoietic stem cell transplantation conditioning therapy within the following 48 hours
- Adult and pediatric patients with planned imminent solid organ transplantation
The goal of La Mastra Family Clinic, Inc. is to establish protocols to ensure that the organization has a functioning coordinated process in place to reduce the spreading of certain infections like Coronavirus Disease 2019 (COVID-19). The facility will comply with the mandatory reporting measure of the Centers for Disease Control and Prevention (CDC) as well as work closely with the hospitals and Infectious Control Professionals that are most familiar with the containment of this outbreak. To accomplish those objectives, La Mastra Family Clinic, Inc. has executed necessary actions to assist in the protection of staff and patients including:

The inclusion of protocols will increase the vigilance for patients presenting with fever or other symptoms consistent with Coronavirus Disease 2019 (COVID-19) to include Antigen Transmissible Disease (ATD) screening for patients, clinical management of COVID-19 patients, and infection prevention and control.

The Call Center will utilize verbiage from the Patients Under Investigation (PUI) ** to screen patients. Any patients presenting with fever or other symptoms consistent with Coronavirus Disease 2019 (COVID-19) and have travel history to Coronavirus affected countries will be informed that they will be contacted by a registered nurse shortly.

I. Patient Screening

Patients will be screened for potential Coronavirus Disease 2019 (COVID-19) exposure and will complete and sign the Health Questionnaire Form** to determine if they are a patient under investigation (PUI) for COVID-19.

If the patient does not have the potential for Coronavirus Disease 2019 (COVID-19) exposure, the patient may visit the clinical service area.

If the patient has the potential for Coronavirus Disease 2019 (COVID-19) exposure, the patient will be transferred to the respective isolation room.

II. Initial Assessment

- The registered nurse will isolate the patient in a single room and with the door to the hallway closed.
- The medical provider and medical assistant will implement standard, contact, & droplet precautions and the following criteria:
  - Immediately report any person suspected of having Coronavirus Disease 2019 (COVID-19) to the Epidemiology Program by phone at 619.692.8499 (Mon–Fri 8-5) or 858.585.5255 (after hours)

<table>
<thead>
<tr>
<th>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</th>
<th>AND</th>
<th>Any person, including healthcare workers who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from affected geographic areas (see below) within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
</tr>
</tbody>
</table>

Recommendations for Reporting, Testing, and Specimen Collection

Clinicians should immediately implement recommended infection prevention and control practices if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19. State health departments that have identified a PUI or a laboratory-confirmed case should complete a PUI and Case Report form through the process identified on CDC’s Coronavirus Disease 2019 (COVID-19) website. State and local health departments can contact CDC’s Emergency Operations Center (EOC) at 770.488.7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays. Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal OR oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs.

III. Use of personal protective equipment (PPE)

All persons entering the patient room are required to properly wear personal protective equipment to prevent skin or clothing contamination including:
- Gown (fluid resistant or impermeable)
- N95 Facemask
Challenges

• Challenges

  PPE – Lack of Personal Protected Equipment
  Testing – Reduce number of testing
  Staffing – Furlough staff due to age, chronic conditions and reduce revenue
  Stress – We have seen an increase in stress and anxiety amongst the staff due to lack of hours or due to possible exposure to COVID.
SERVICES PROVIDED

- Family Practice: In person and Telemedicine (telephonic visits and Virtual Visits)
- Pediatrics: In person and Telemedicine (telephonic visits and Virtual Visits)
- OB/GYN service: In person and Telemedicine (telephonic visits)
- Dental: emergency and Teledentistry.
- Mental Health and Substance Use Disorders
- Telemedicine
- Pharmacy: Deliveries and Curve side Pick ups
- Social Services
- Case Management: Telephonic only

Total Number of patients tested for COVID since 03.16.2020: 120
Total Number of patients that tested POSITIVE for COVID19: 22
Thank you!
If you would like to ask the presenter a question, please submit it through the questions box on your control panel.

If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.
What’s New from NCHPH

Bridging the Digital Divide:
Using Technology to Improve Access to Health Care for Public Housing Residents

April 2020
National Center for Health in Public Housing

Developing Cross-Sector Partnerships
April 2020

Published in partnership with:
NATIONAL MUSEUM OF CARE CONSORTIUM
NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING

SOCIAL DETERMINANTS OF HEALTH FOR PUBLIC HOUSING RESIDENTS:
ACCESS TO HEALTHY FOOD

Using data and maps created by National Center for Health in Public Housing (NCHPH) and other national data sources, this publication is one of four that identify the prevalence of social factors and population health indicators that affect public housing residents. It is a resource for community, health center staff, decision makers, and public housing stakeholders.
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<tbody>
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</table>

Please contact our team for Training and Technical Support

703-812-8822