

Coronavirus COVID-19



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

National Center for Health in Public Housing

- 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.



Training and
Technical
Assistance



Research and
Evaluation



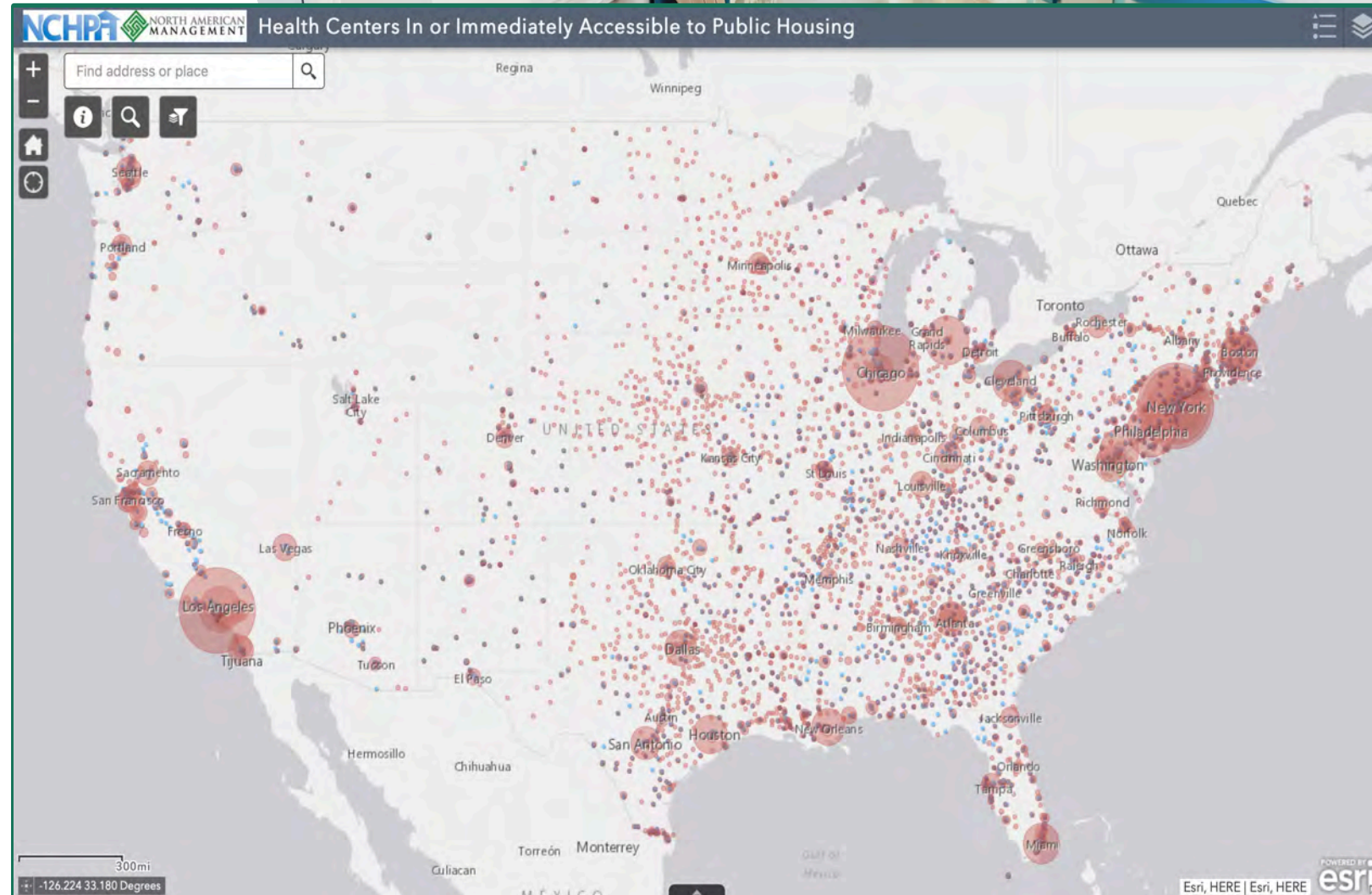
Outreach
and
Collaboration

Increase access, quality of health care, and improve health outcomes

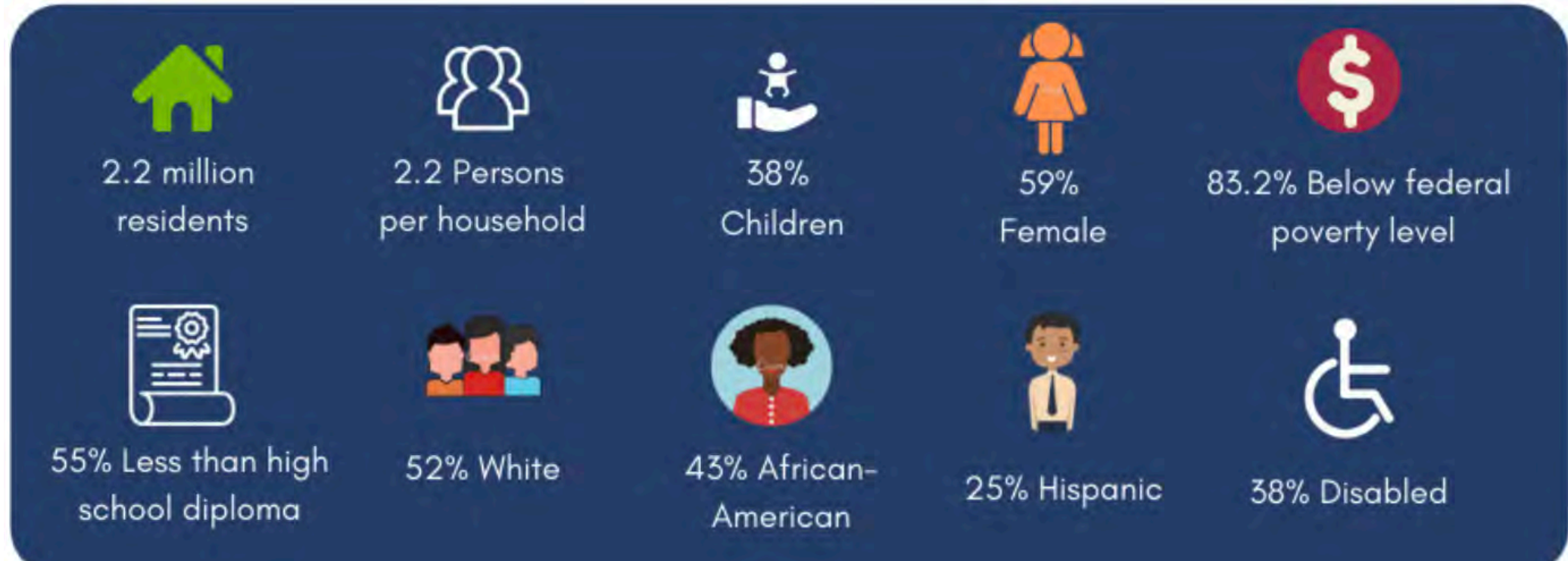
Health Centers close to Public Housing

- 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

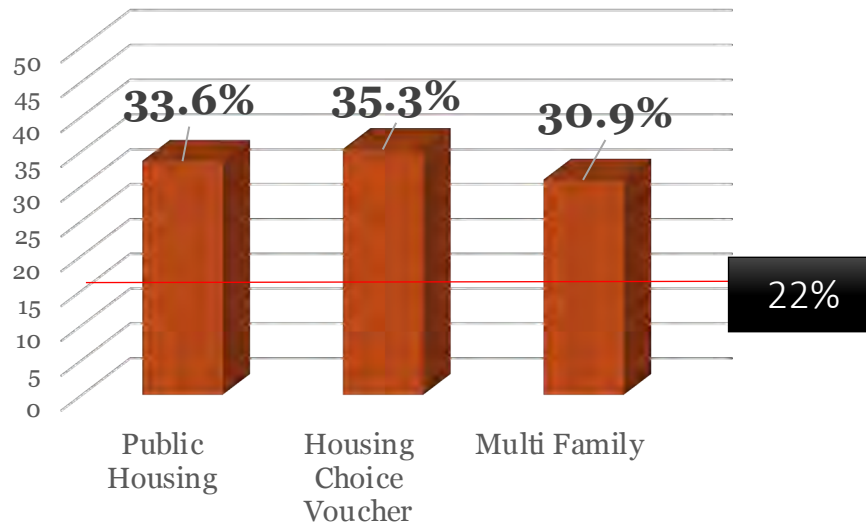


Source: HUD

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



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

Proportion of respondents reporting psychological symptoms:



- depression, 50.4%;
- anxiety, 44.6%;
- insomnia, 34%; and
- distress, 71.5%.

Healio 

- Total: 1830 Contacted Individuals
- Respondents: 1257, Participation rate: 68.7%
- 68% Nurses, 32% Physicians

Data reference: Lai J, et al. JAMA Network Open. 2020;doi:10.1001/jamanetworkopen.2020.3976.

Psychological Impact of COVID-19 Pandemic on Health Care Workers

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.

PHPC Adequate Supply of Personal Protective Equipment (PPE) for the next week:

71.67%
Surgical Masks

65%
N95/PPR Masks

66.67%
Gowns

88.33%
Gloves

53.33%
Face Masks & Goggles



PHPC WORKFORCE:

55.25% Health Center Weekly Visits (Versus Pre COVID-19 Weekly Visits)

171 PHPC Sites Closed

179 Staff Members With Positive COVID-19

21.33% Staff Unable to Work*

DISCLAIMER:

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PATIENT TESTING

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

Drive-up/Walk Up Testing Capacity **51.66%**

Lab Capacity **16.67%**

PHPCs COVID-19 SPREAD :

5,963
Total Tested

1,210
Total PHPC Positive Cases

6,760
Total Health Center Positive Cases

427,460
Total U.S. Positive Cases



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

April 27, 2020
 Numbers as of April 17, 2020
 Number of PHPC respondents= 71(66.35% of all PHPCs)

IN 2018, THERE WERE **107** PHPCs SERVING **817,123** PATIENTS LIVING IN OR IMMEDIATELY ACCESSIBLE TO PUBLIC HOUSING.

PHPC Adequate Supply of Personal Protective Equipment (PPE) for the next week:

90.14%
Surgical Masks

81.69%
N95/PPR Masks

77.46%
Gowns

90.14%
Gloves

81.69%
Face Masks & Goggles



PHPC WORKFORCE:

55.14% Health Center Weekly Visits (Versus Pre COVID-19 Weekly Visits)

178 PHPC Sites Closed

103 Staff Members With Positive COVID-19

19.86% Staff Unable to Work
(due to site/service closure, exposure, family/home obligations, lack of PPE, etc.)

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PATIENT TESTING

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

Drive-up/Walk Up Testing Capacity **60.56%**

PHPCs COVID-19 SPREAD :

7,200
Total Tested

1,273
Total PHPC Positive Cases

8,886
Total Health Center Positive Cases

957,875
Total U.S. Positive Cases



Today's panelists:



- Elizabeth Guroff, MA, LCMFT,
Director Trauma Informed Services



LA MAESTRA
COMMUNITY HEALTH CENTERS
City Heights - El Cajon - National City - Lemon Grove

- 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.

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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

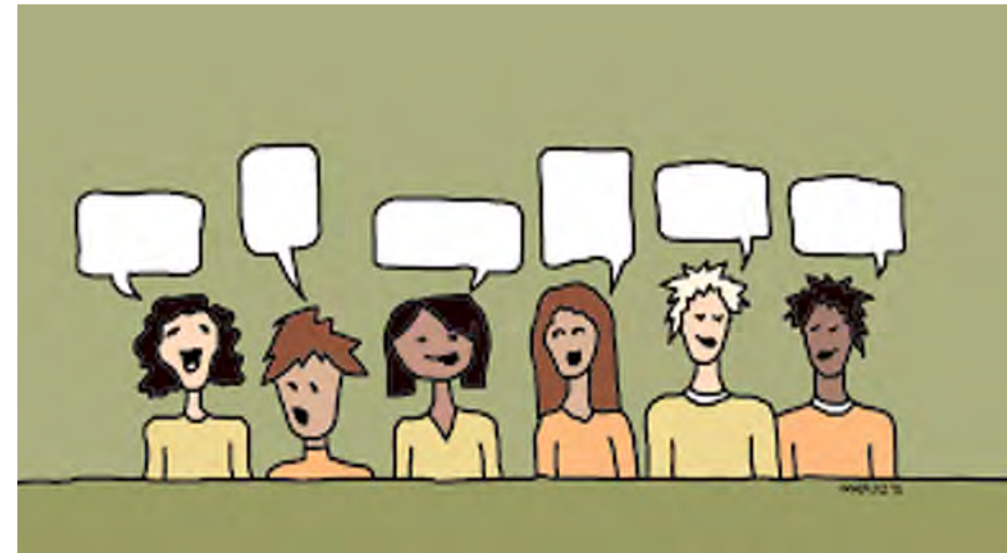
Collaboration and Mutuality

- 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.

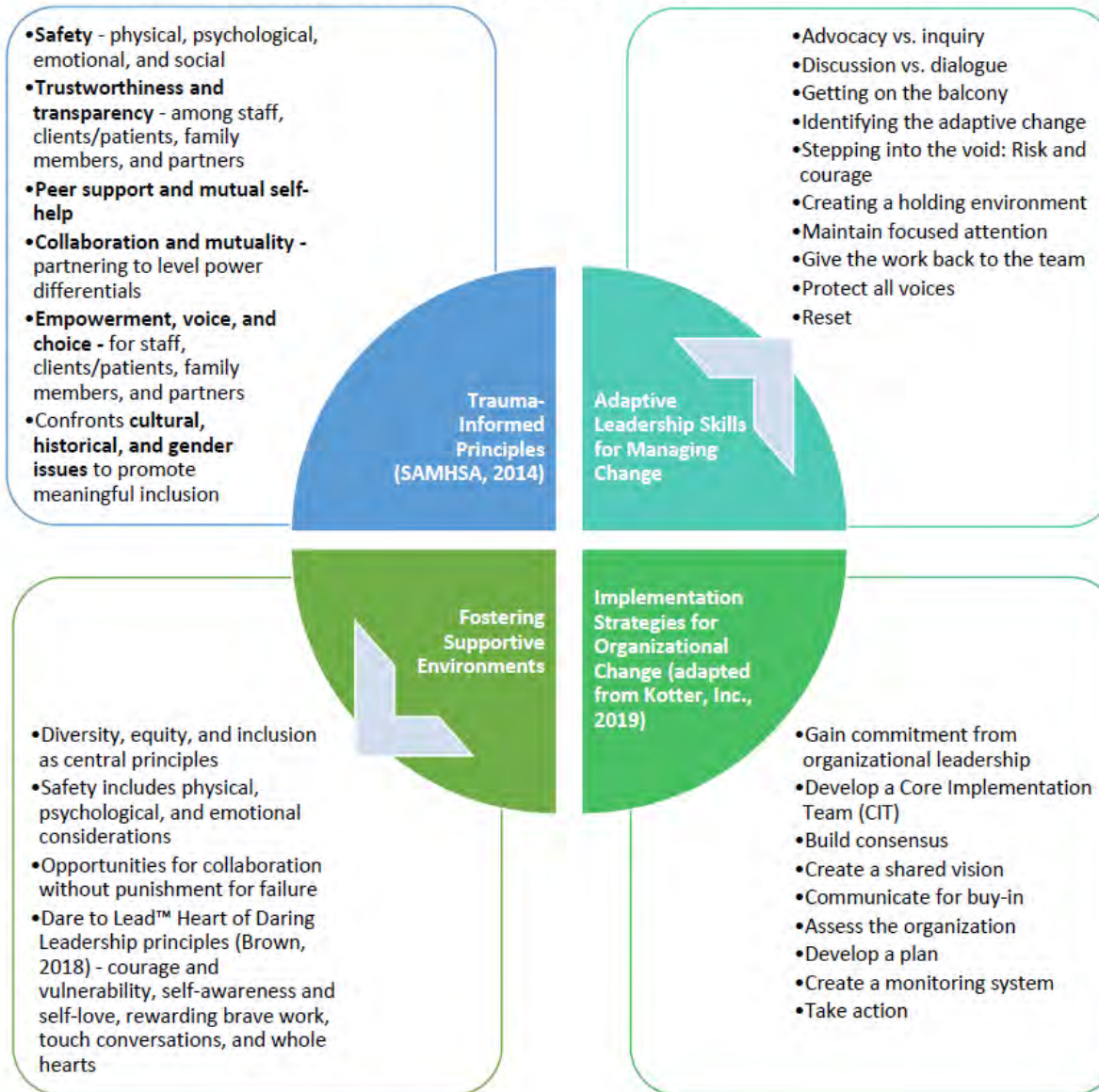


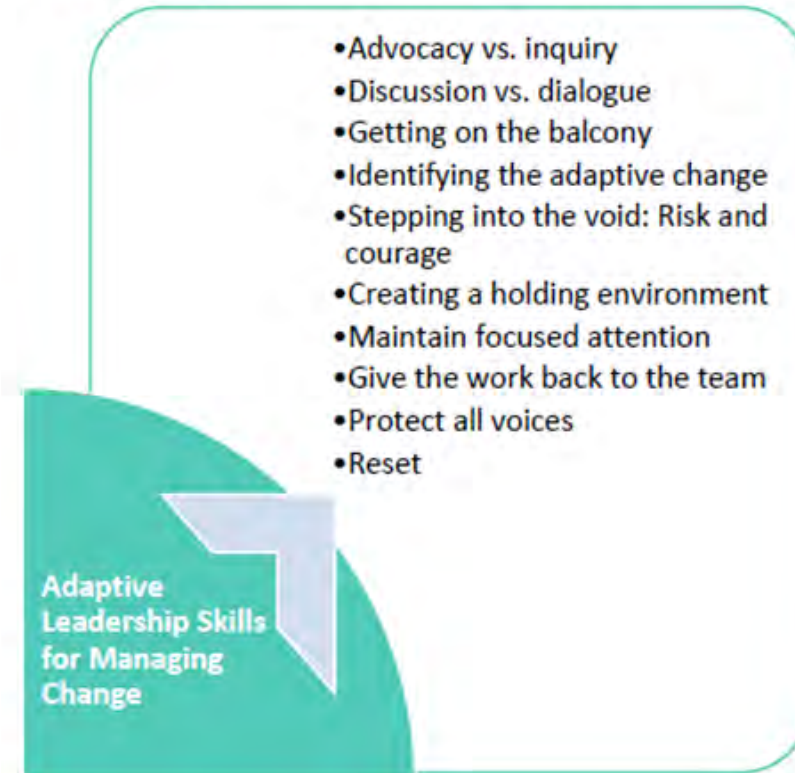
Voice and Choice

- 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.



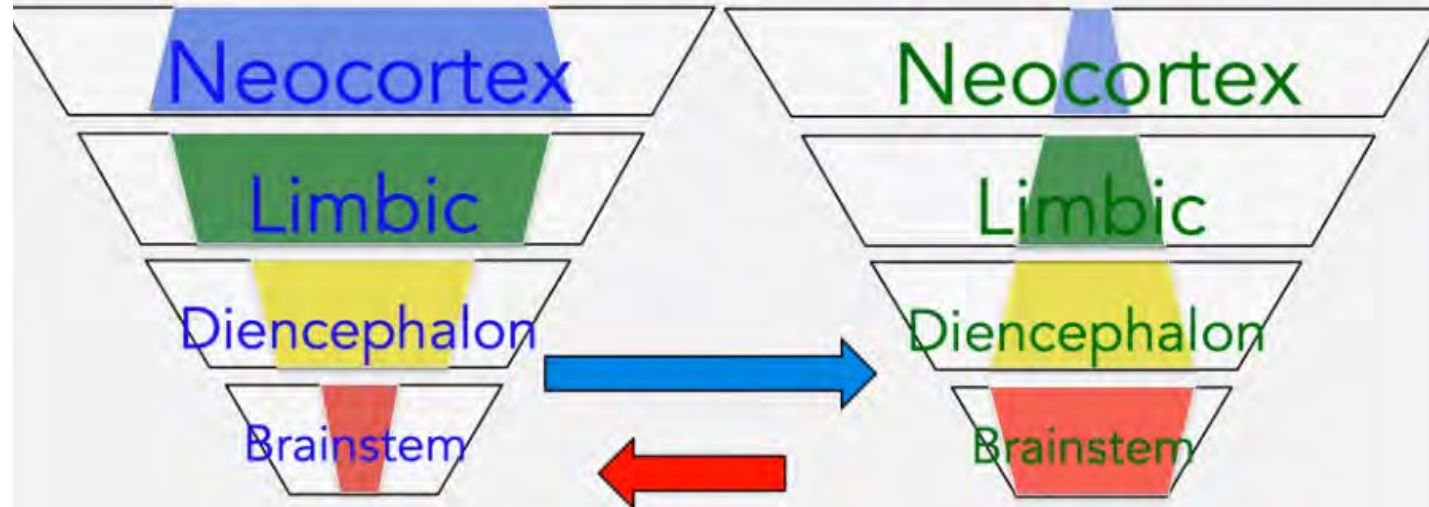
The National Council's Framework for Trauma-Informed Leadership





Relational Contagion

A calm, regulated adult can regulate a dysregulated person.



BUT

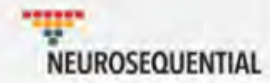
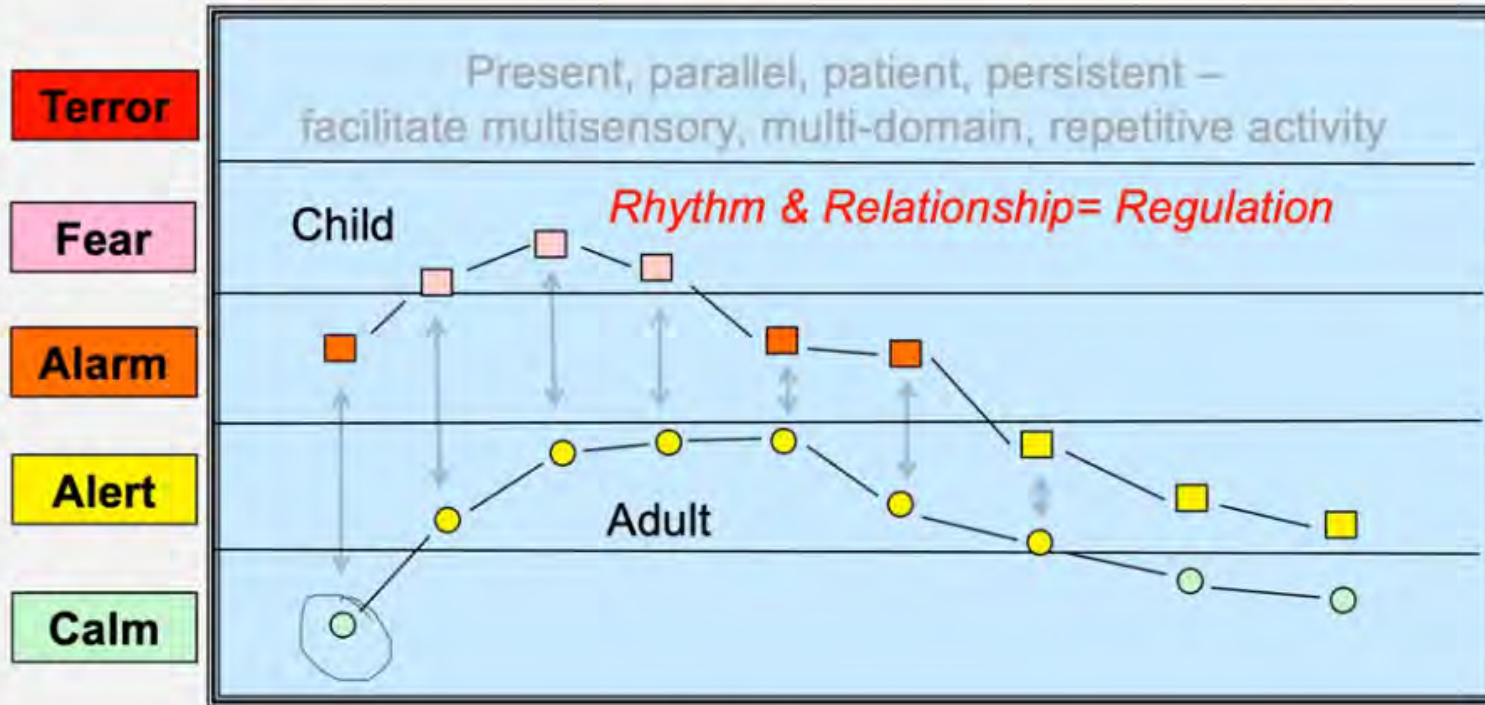
A dysregulated adult can NEVER calm anyone.

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NEUROSEQUENTIAL
NETWORK™

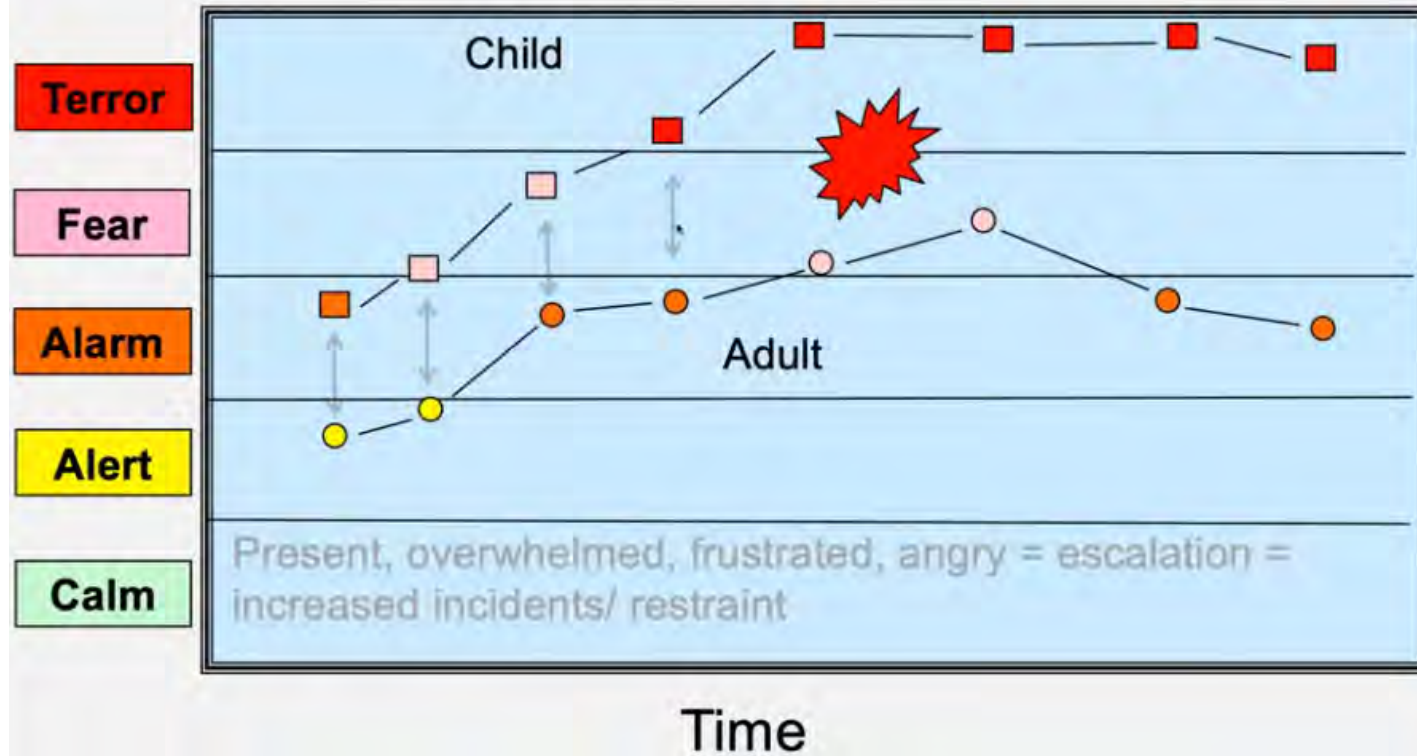
Co-regulation

Reactive child and well-regulated adult (e.g. teacher)



Co-dysregulation

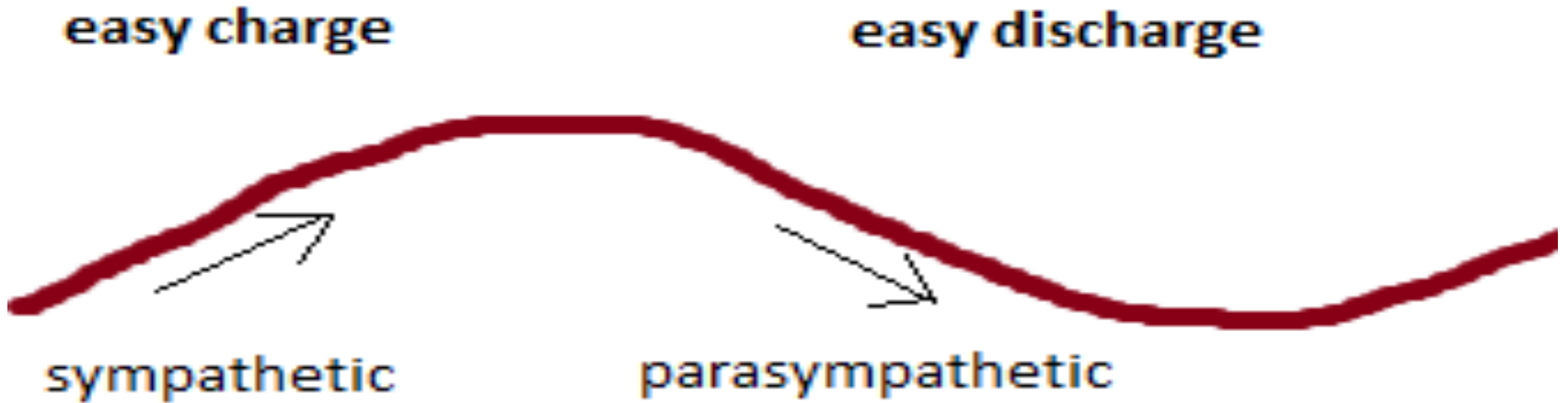
Reactive child and overwhelmed adult (e.g. teacher)



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NEUROSEQUENTIAL
NETWORK™

Discharge of Trauma



Parasympathetic (rest and digest)



Sympathetic (fight, flight or freeze)

FIGHT



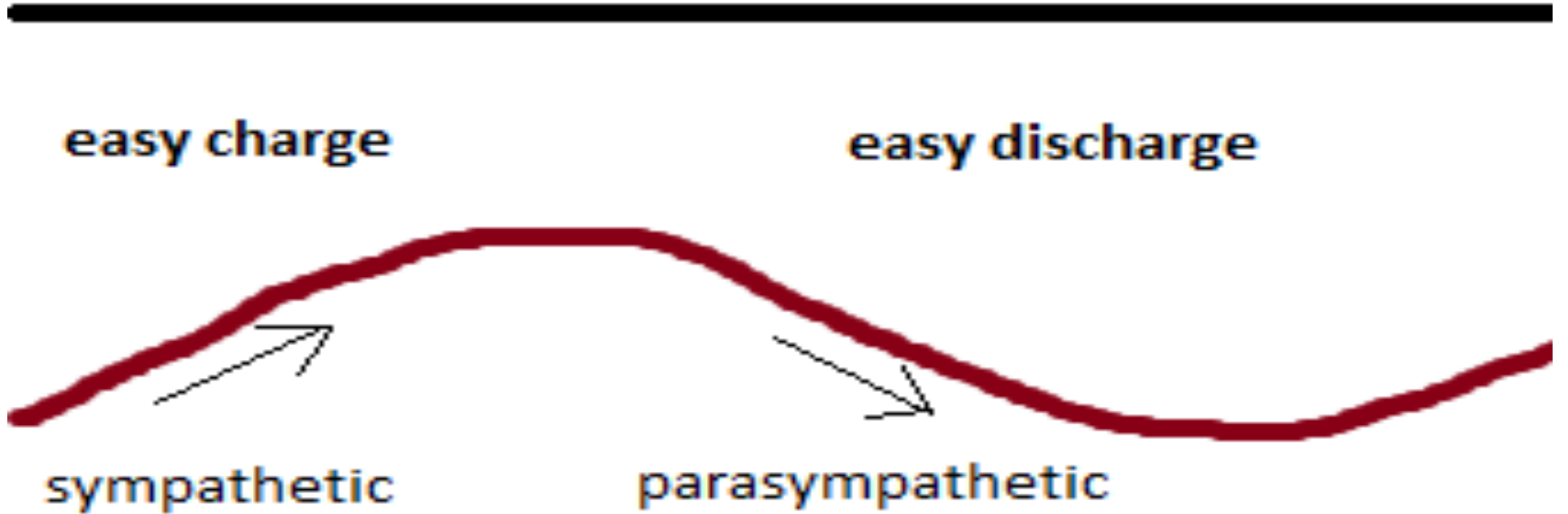
FLIGHT oohlala!



FREEZE



Discharge of Trauma



FIGHT



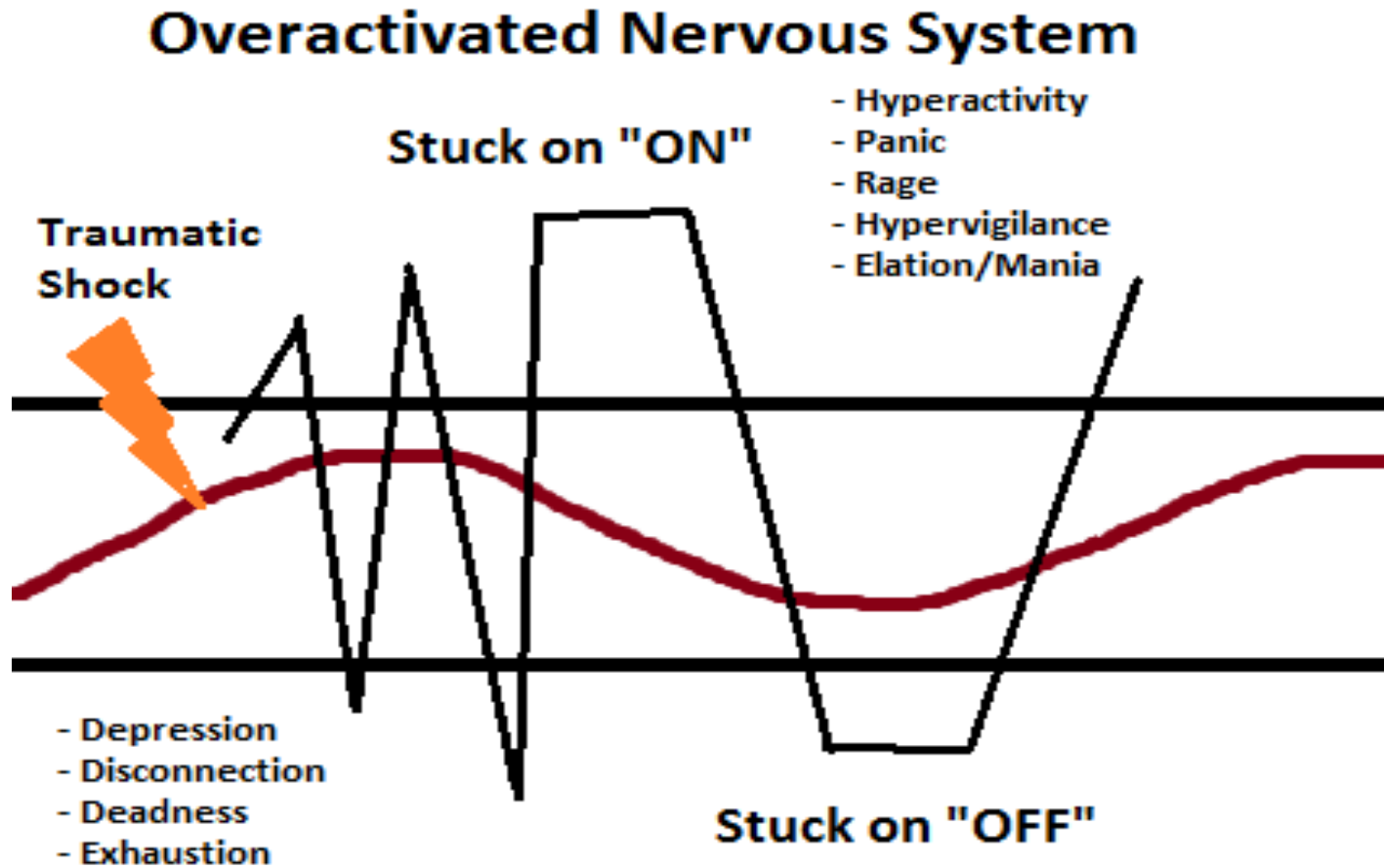
FLIGHT oohlala!



FREEZE



When trauma is not discharged



FIGHT



FLIGHT oohlala!



FREEZE



FIGHT



FLIGHT oohlala!



FREEZE



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)



Neil Webb
@neilmwebb

"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



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

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

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

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





**ANXIETY AND DEPRESSION
ASSOCIATION OF AMERICA**

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>

BODY



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.



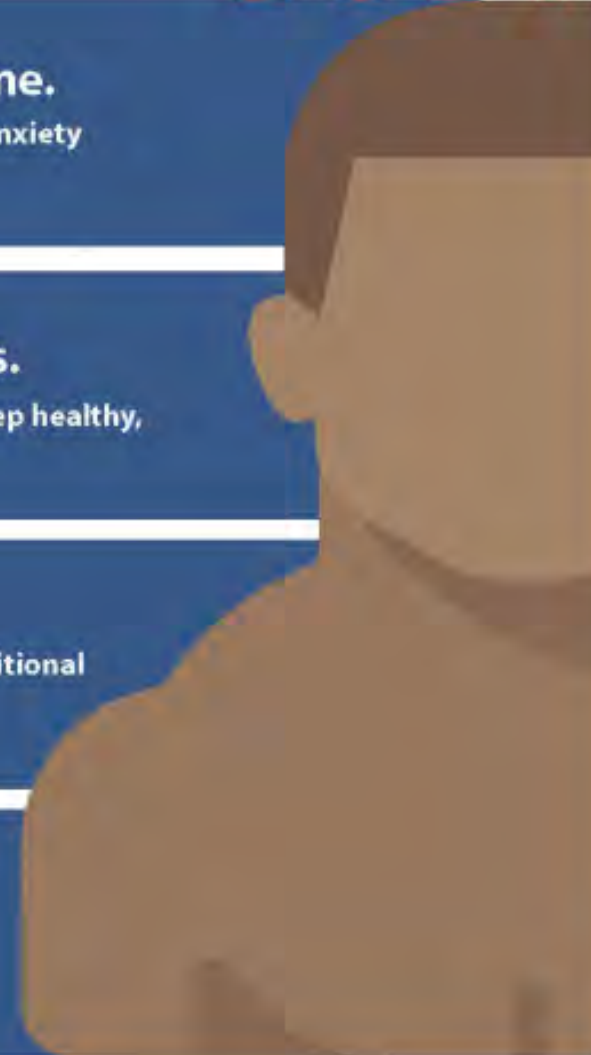
Get enough sleep.

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.

10

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.

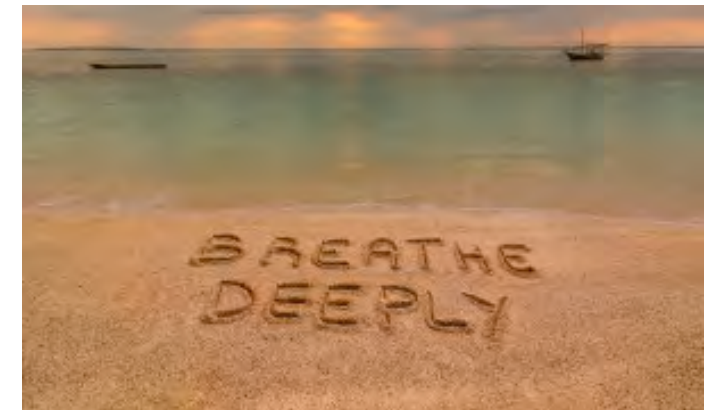
Tell friends and family you're feeling overwhelmed, and let them know how they can help you. Talk to a physician or therapist for professional help.

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

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

Survival Mode Response



Inability to

- Respond
- Learn
- Process

Impact the Lower Brain



Rhythmic

Respectful

Repetitive

Rewarding

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

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

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

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



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



I GET TO
-VS-
I HAVE TO

Who are you
staying
home
for?
#IStayHomeFor

Focusing on Post-Traumatic Growth



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

Part of the National Council's Leadership Development Program

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 **mark successful strategies and what has been learned from unsuccessful strategies** by viewing thought processes and emotions from more of an outside perspective, which can help identify opportunities for growth as well as track moments of brilliance. 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.

Week of _/_/_	My biggest success today was...	My biggest stressor today was...
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

A year from now I want to remember this is the week that _____ happened.

www.thenationalcouncil.com

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>
- <https://www.helpguide.org/articles/anxiety/coronavirus-anxiety.htm>
- <https://adaa.org/tips-manage-anxiety-and-stress>
- <http://mentalhealthchannel.tv/episode/youre-wired-for-anxiety-and-youre-wired-to-handle-it>
- <https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/>

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: _____

Name: _____ Date of Birth: _____

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

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 questions 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

Scenario	Question 1	Question2	Question 3	Action
1	+	-	-	Office Visit
2	+	+	-	Isolate, RN Triage
3	+	-	+	Isolate, RN Triage
4	+	+	+	Isolate, RN Triage
5	-	-	+	RN Triage/Office Visit

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:

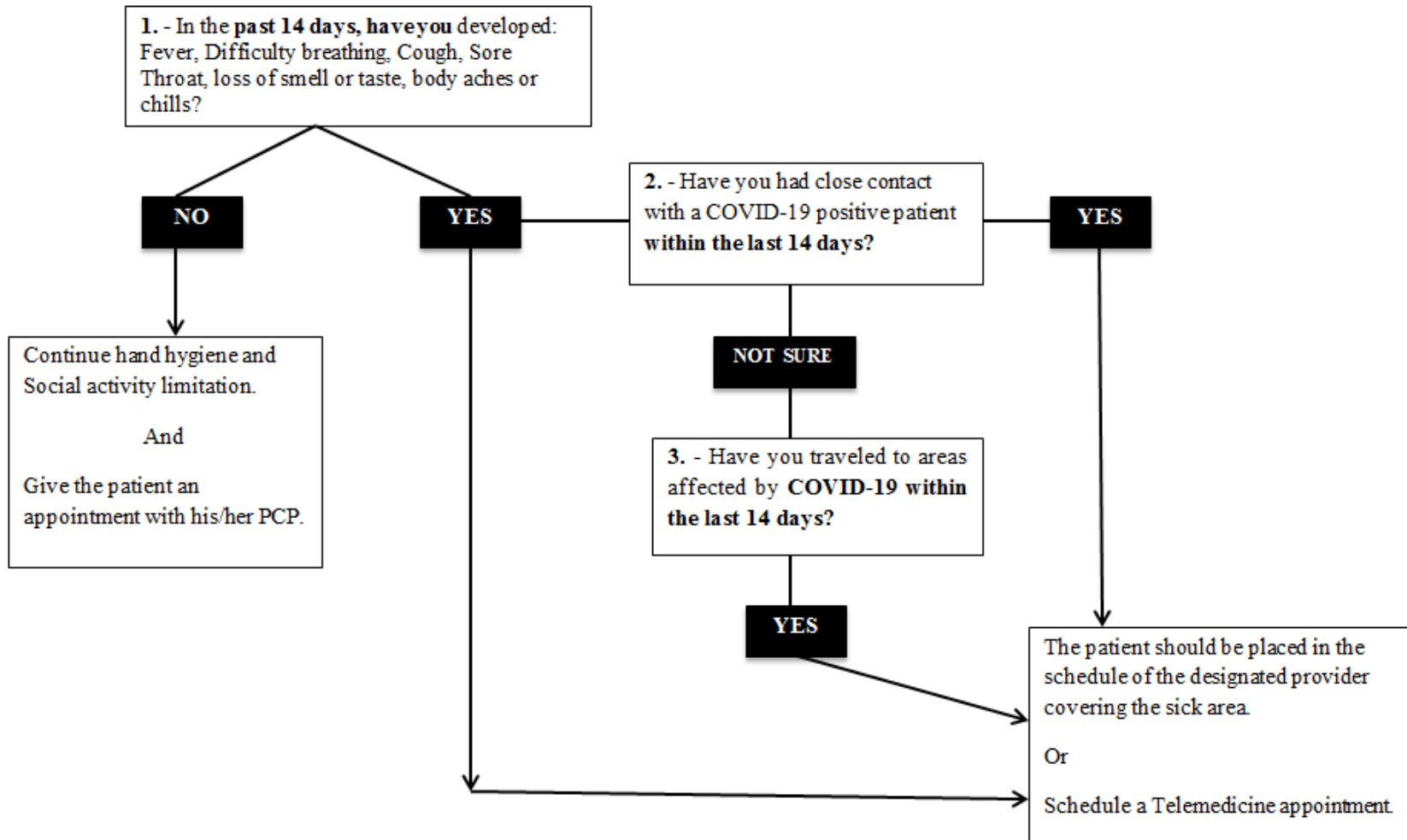
Scenario 1: Provider should evaluate for other conditions (Flu, allergy, regular cold)

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.



PROTOCOLS

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 swabs 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 20th, 2020

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

ATD: Aerosol Transmissible Disease



TITLE: Protocols for Testing, Diagnosis and Management of COVID-19 infection in Pediatric and Adult patients.

REVISED:

Date: April 24, 2020

Signature(s):

Javier Rodriguez, M.D.
Chief Medical Officer

Patient population:

Adult and pediatric patients with symptoms that indicate possible COVID-19 infection, who come in to La Maestra clinic sites

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 ($T > 100^{\circ}\text{F}$)
- 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 test 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 congregate living settings
- First responders

Sociodemographic factors:

- Homeless/inability to self-isolate/no access to outpatient testing
- Primary caretaker of vulnerable populations (e.g. immunocompromised, 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



TITLE: Protocols for Patients Being Evaluated for Coronavirus Disease 2019 (COVID-19)

REVISED: April 24, 2020

Date: March 1, 2020

Signature(s):

Javier Rodriguez, M.D.
Chief Medical Officer

The goal of La Maestra 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 Infection Control Professionals that are most familiar with the containment of this outbreak. To accomplish these objectives, La Maestra Family Clinic, Inc. has executed necessary actions to assist in the protection of staff and patients including:

The initiation of protocol will increase the vigilance for patients presenting with fever or other symptoms consistent with Coronavirus Disease 2019 (COVID-19) to include Aerosol 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 areas.

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 858-565-5255 (after hours)**

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

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 processes identified on CDC's Coronavirus Disease 2019 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!



Q&A



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.

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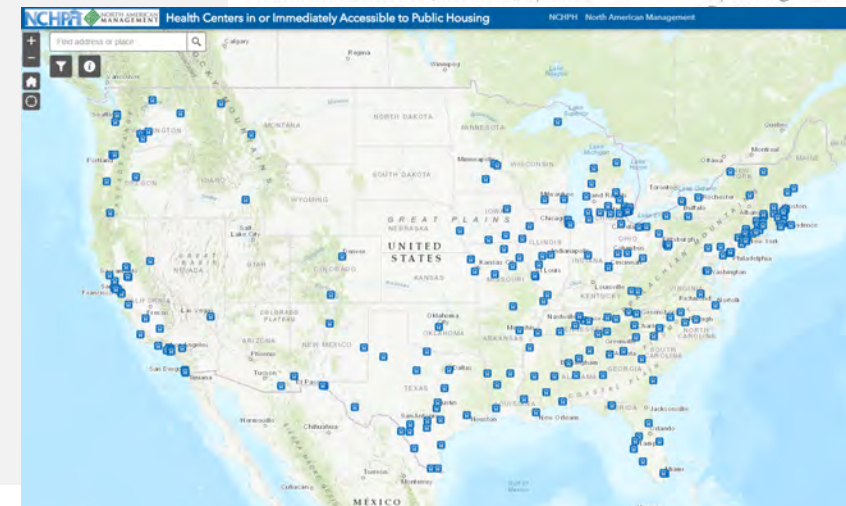
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