



DODD Frequently Asked Questions about Long-Term Services and Supports Pre-Surge Planning Toolkit

The Ohio Department of Developmental Disabilities (DODD), Department of Health, Department of Medicaid, and Department of Aging have collaborated to create a Long-Term Services and Supports (LTSS) Pre-Surge Planning Toolkit that includes concept diagrams and tools related to coronavirus (COVID-19).

Please note that the Centers for Disease Control and Prevention (CDC) and State of Ohio guidance is routinely updated. Always follow the directions of a person's health care provider and the local health department.

1. What decisions do clinicians (health care professionals) need to make?

In Nursing Facility/Congregate Care (NF/CC) settings, the facility clinicians and their hospital partners will always guide the facility care and the transfer to hospital care. In community settings, the person's primary care clinician and LHD clinicians will guide the home care and direct/coordinate testing and hospital admissions.

2. As a DSP, what is my role in the person's journey through COVID-19?

You should support people according to their Individual Service Plan (ISP), their personal preferences, and COVID-19 status. This potentially includes contacting a health care professional and the local health department if the person complains of or appears to be ill.

3. What is my role in the staff journey in community settings?

You need to self-screen to determine if you are well enough to safely go to work. You need to wash your hands, keep your hands away from your face, wear a mask, and provide the care the person needs using the appropriate level of personal protective equipment (PPE) for the task.

4. When should I call the doctor?

It is important at this time of planning to take everyone's baseline vital signs, so you know what a person's normal rate of temperature, pulse, respirations, and blood pressure are. Call the doctor if someone complains of not feeling well or if vital signs are changing. Always follow your existing emergency procedure for calling 911 according to your CPR/first aid and medication administration training (which includes signs of respiratory distress).

5. What if 911 must be called for transport to the hospital?

Make sure the person is wearing a mask. Be prepared to tell 911 dispatcher what the person's COVID-19 status is (unknown, exposed, or positive/presumed positive). Make sure you have

detailed personal and health information to send to the hospital with the person. If the 911 call is for the potential COVID-19 illness, the person may have to go to the hospital alone; make sure it is communicated to EMS who should be contacted about the person's condition, admission, and discharge.

6. What does it mean to change to metered dose inhalers?

Nebulizer breathing treatments release moisture into the air that could contain infected droplets. Contact a person's health care professional (HCP) to see if the prescribed respiratory medication can be changed to a metered dose inhaler that does not aerosolize the medication the way a nebulizer does. If people must continue to use nebulized treatments, try to do so in a private location, and sanitize all surfaces afterward. Use the maximum available PPE and stand as far from the person as possible to prevent your exposure to any aerosolized droplets.

7. Who should gather the health status information for Tool #3 or Tool #5?

That will be dependent on the setting and person-centered. Whoever is supporting the person day-to-day and can take the baseline vital signs and conduct ongoing vital sign monitoring.

8. Why take baseline vitals if a person does not seem ill and we do not normally monitor vital signs?

Knowing the person's baseline (or typical vital signs) will help you recognize changes that could be signs of COVID-19.

9. What is SpO2, and what if I can't measure SpO2?

SpO2 is a measure of the oxygen level in a person's blood using a pulse oximeter (finger clip). If you do not have access to this tool, be sure to monitor other vital signs routinely. An increase in breathing rate or heart rate can indicate the body is working harder to maintain blood-oxygen levels. Report changes to a health care professional. Seek emergency care according to normal CPR/first aid guidelines.

The temperature monitoring on Tool #3 is in Centigrade. What are the Fahrenheit equivalent temperatures on the NEWS2 (E) evaluation?

<u>Celsius</u>	<u>Fahrenheit</u>
≥39.1° _____	≥ 102.3°
38.1 - 39.0° _____	100.6 - 102.2°
37.1 - 38.0° _____	98.8 - 100.4°
36.1 - 37.0° _____	98.6 - 97.0°
35.01 - 36.0° _____	95.2 - 96.8°
≤35° _____	95°

10. The patient journey in the community says to contact my case manager, if appropriate.

When should I contact the Case Manager/Service and Support Administrator (SSA)?

Contact your SSA if your support needs change or your current support personnel are not available to you. Connect with your SSA if your COVID-19 status changes, so they can assist you to get the support you need along your journey.

11. The patient journey diagrams indicate to ensure advanced directives are updated.

In the planning for potentially significant illness, it is important that the person's wishes are clearly understood at this time, so they can be communicated if or when intensive interventions may be needed.

12. What does it mean by "if care exceeds ability to remain home" (page 8)?

This means they need more medical care than can be provided in their home. This does not refer to the ability to maintain strict isolation or quarantine within a person's home.

If a person cannot tolerate isolation within their community home, apartment, or facility unit, it may be necessary to designate the entire residence as quarantined or isolated.

In larger facilities, people may move to another designated unit within the same facility so that cohorts of people with the same COVID-19 status (green, orange, or purple) can be supported in the same home.

In smaller community settings, people should remain in their own home unless the staff shortages or other crisis conditions exist. To prevent further spread of COVID-19, people should not be transferred to outside facilities or other homes.

When they are too ill to be cared for at home, the provider should coordinate with their clinician about how and where more advanced medical care can be provided.

13. What is meant by limiting movement/transfer?

Limited movement/transfer is about keeping people at home, so they are exposed to as few people as possible and that they personally expose as few people as possible.

14. What is the difference between isolation grouping people in a facility/home versus moving people to an alternate facility/home to be isolated?

In a large facility, specific units or homes may be designated to aggregate cohorts of people with the same COVID-19 status. In smaller homes and apartments, people should shelter, isolate, and quarantine at home. They should avoid moving to a different facility.

15. What does isolation in-place look like?

If people are willing and able to isolate in their own rooms with a designated bathroom, personnel providing physical and emotional support should be protected and meals should be delivered to the isolation area. To the degree possible, the assigned personnel should consistently conserve PPE and limit exposure. Special attention to social and emotional needs is important.

16. What if isolated person does not want to stay in their room?

If a person cannot tolerate isolation in their own room, everyone in the house/apartment/unit should be protected from exposure by using PPE and social distancing. Roommates without COVID-19 may choose to reverse-isolate, avoiding exposure to the ill person by staying in their own rooms and having a designated bathroom.

17. What if people do not have the availability of separate bathrooms?

Extra disinfection and cleaning after every use of the bathroom should be implemented as much as possible. Homemade disinfectant solutions of bleach and water can be used, if needed. The usual precautions need to be used to protect people from accidental exposure to caustic substances and unintended consumption.

18. Are personnel supposed to always wear masks?

Yes, they are supposed to wear masks all the time, but it might not be able to be a PPE mask. When supplies are very limited, strategic planning is essential.

If working with asymptomatic non-exposed people, use a non-PPE mask. Save PPE supplies for current or potential work with ill people. Save surgical masks for working with exposed people and N95 masks for presumed/tested cases. You may need to conserve surgical masks for work with presumed/tested people if or when N95 are/will be in short supply.

In addition to social distancing, the CDC recommends everyone who is not alone to wear a mask of some kind to limit droplet spread.

19. What do we do if we do not have the PPE referenced in the documents?

The documents reference non-PPE means of attempting some level of protection. See Tool #11, Tool #12, and the links to CDC guidance at the bottom of Tool #10.

Here is more [guidance from the CDC about](#) how to manage different types of PPE during shortages.

20. Can I go home if I have been caring for someone in quarantine or isolation?

Yes. Remove protective clothing after exiting the facility. Use alcohol-based hand sanitizer before getting in your car. Follow instructions on Tool #10 for taking off clothes and showering when re-entering your own home.