

Health and Training Related COVID-19 Preparedness Frequently Asked Questions (FAQ)

It is normal to feel fear and anxiety regarding this COVID-19 pandemic, this is a new and evolving experience for all of us. The best way to counterbalance our anxiety caused by fear is to educate ourselves with the facts as much as possible combined with practicing deep breathing and relaxation techniques. This FAQ is to assist individuals, families and providers with health and training related COVID-19 preparedness.

Please note, DDS staff should contact their supervisors with clarification on how any of this guidance applies to their workplace.

COVID-19 General Questions

1. What is COVID-19?

According to the World Health Organization (WHO), the Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome. Coronavirus (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans.

Common signs of COVID-19 infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection may cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Standard recommendations to prevent infection spread include regular hand washing, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.

2. What is social distancing?

*According to the Centers for Disease Prevention and Control (CDC) **social distancing** means remaining out of congregate settings, avoiding mass gatherings, and maintaining a distance of approximately 6 feet (or 2 meters) from others whenever possible. This intentional increase in physical space minimizes the risk of catching or spreading COVID-19. Examples of social distancing include: closing schools and switching to online classes, working from home instead of in an office, communicating with extended family members and others via electronic devices instead of visiting (i.e., FaceTime, Skype), canceling or postponing large meetings/gatherings, closing dine-in services at restaurants, closing movie theaters, etc.*

3. What is self-isolation?

*According to the CDC **self-isolation** refers to the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order. Self-isolation meaning staying indoors and avoiding contact with others. The person on self-isolation should not go to school, college, work, shopping, or have visitors. Self-isolation may be recommended while awaiting COVID-19 test results.*

4. What is quarantine?

*According to the CDC, **quarantine** in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from*

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others who have not been so exposed, to prevent the possible spread of the communicable disease. The difference between isolation and quarantine is that isolation keeps infected people away from others to prevent the spread of a disease; whereas, quarantine is an attempt to prevent an infection from occurring.

5. An employee at our agency has just reported that he/she has a confirmed diagnosis of COVID-19. What should we do?

In the event an employee has been confirmed to have COVID-19 (i.e. actually had a positive test, not just respiratory-like symptoms), everyone who has had close contact with that employee needs to self-monitor at home for 14 days from the date they were last exposed to the person confirmed to have COVID 19.

In this context, “close contact” means a person who was within 6 feet and spent more than 15 minutes with the person in an enclosed space (like an office or conference room).

In the event that an agency learns that it has an employee who has been diagnosed with COVID-19, the agency’s HR personnel should contact the employee to verify the following information:

- *That the person has actually tested positive for COVID-19 (as opposed to just being told by a medical provider to assume that he or she may have it)*
- *The last date the person was physically in the office or worksite*
- *The locations in the office or site where the person spent more than 15 minutes*
- *The people in the office or site with whom the person was in close contact*

The agency should notify any employee who was in close contact with the person who was diagnosed to send them home to contact their own medical provider and to self-monitor at home for 14 days. (In so doing, the agency must make every effort to avoid comprising the confidentiality of the diagnosed person’s identity). The agency should also follow the CDC’s guidance regarding cleaning the areas occupied by the diagnosed employee.

6. What if an employee was exposed to someone who was exposed to someone who tested positive for COVID-19, should they self-isolate?

If you were exposed to someone who has tested positive for COVID-19, and you have no symptoms, you should let your primary care provider/physician know and follow his/her instructions.

Should the person tell everyone who was exposed to him/her that he/she was exposed?

If exposed to someone who tests positive for COVID-19, you should notify your primary care provider and follow the advice given. It may not be feasible to notify everyone you may have come into contact with, but it is important to attempt to notify others when possible. If you are tested and positive for COVID-19, you should inform people with whom you have been in close contact with.

Should everyone who may have been around that person self-isolate?

We should assume that at any given time we may have been exposed to someone who either later tested positive for COVID-19, or was exposed to another person who later tested positive for COVID-19; therefore, we should all be practicing good thorough handwashing with soap and water for at least 20-seconds each time. We should be more self-conscious of times that we touch our face, hair, scratch an arm or leg, or other ways in which we may contaminate ourselves without realizing it. Hands touch

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many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick

(WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>)

If everyone uses thorough handwashing and routinely sanitize or wipe surfaces down, we can minimize the spread of germs and viruses.

Simple steps to keep our environments safe:

- a) When using a public toilet, do not use your foot/shoes to flush the toilet, other people who flush the toilet with their hands are picking up all of the germs left behind from other people's shoes. Instead, after using the toilet, take some toilet tissue to use to flush to toilet and then drop the tissue in the toilet.*
- b) When washing your hands, people often forget to wash their thumbs; make sure you spend time washing each finger, the space between your fingers, fingernails, palms, and the outside of your hand. Lather your hands with soap and water, use friction to scrub your hands, and then rinse and dry your hands. In public restrooms, if you can roll the paper towels down so they hang, after drying your hands you can use the paper towels without touching the dispenser. Use the same paper towel to turn the faucet off and open the door handle to exit the bathroom and throw the towel in the garbage as you exit the bathroom.*
- c) Only use hand sanitizers when there is no access to soap and water. Antibacterial hand sanitizers, if use too frequently, may decrease the natural protective flora on your hands and contribute to antibacterial resistance, produce a film on your hands and no longer be effective after consecutive uses, and contribute to dry and cracked skin.*
- d) Sanitizing wipes should be reserved for cleaning surfaces when other cleaners are not available.*

7. Governor Lamont's Executive Order 7C prohibits visitors to all DDS facilities. What should an agency do if a guardian wants to take an individual home during this time?

DDS recommends that agencies should be advising guardians that an individual cannot return to the residence until the Executive Order prohibiting visitors is lifted. This policy is in the best interests of the individual, their housemates, the staff of the agency and the family members.

8. How can I get tested for COVID-19?

If you have symptoms of COVID-19, please contact your healthcare provider, and they will determine if a referral for testing is appropriate. All healthcare providers/prescribers have been advised by the Department of Public Health (DPH) when and how to refer patients for testing.

9. Is it too late to get an influenza vaccine?

No, it's not too late to get an influenza vaccination, people generally have until approximately April 1, 2020 to receive the seasonal influenza vaccine.

10. Should I make my own hand sanitizers?

Currently, there is a lack of evidence-based research to support the effectiveness of homemade hand sanitizers in killing the new coronavirus on people's hands. Thorough handwashing for at least 20 seconds with soap and water is endorsed as an effective method of preventing the spread of viruses and other germs.

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Due to the current Public Health Emergency, on March 13, 2020, the Food and Drug Administration (FDA) authorized pharmacies to compound hand sanitizers.

11. How long can COVID-19 live on surfaces and other objects?

COVID-19 coronavirus contaminates people and objects through saliva droplets. Once on a surface/object the COVID-19 can survive for hours to a few days, depending on the type material the surface or object is composed of. Every day, we are learning more about COVID-19 and its ability to survive on objects and under certain temperatures.

12. Governor Lamont's Executive Order (EO) 7C prohibits visitors to all DDS facilities. What should an agency do if a guardian took an individual home prior to the EO being issued, and now they want to have the individual return back to the facility?

The Implementation Order for Governor's Lamont's EO applies to all decisions made after the issuance of the EO. For home visits that began prior to the issuance of the EO, DDS recommends that the agency and family determine the process on a case-by-case basis, based on the health and safety of the individuals, their housemates, the staff, and the family.

Options for the family and provider to consider when deciding include:

- Can the individual stay at the guardian's home for 2 additional weeks to monitor for symptoms?*
- Can the individual self-isolate for 2 weeks at the group home to ensure no symptoms arise?*
- Is there a health and safety risk if the individual stays at the guardian's home?*
- Are there in-home supports that the guardian can access that may assist the individual and allow them to stay in the guardian's home until the EO is lifted?*

13. Governor Lamont's Executive Order (EO) 7C prohibits visitors to all DDS facilities. How is this interpreted for providers that provide In Home Supports in a private home?

DDS recommends that the provider and family determine the process on a case-by-case basis, based on the health and safety of the individuals, their housemates, the staff, and the family.

Options for the family and provider to consider when deciding include:

- Is anyone in the home showing symptoms of COVID-19 or feeling ill?*
- Are there remote support options that can be implemented?*
- Can services be reduced to only essential services? No social and leisure activities.*

14. What if a guardian wants to visit with their loved one outside of the group home or at their day program?

Governor Lamont's EO prohibits visitors into all residential facilities to mitigate the spread of COVID-19. Providers should be assisting individuals with going to day program (if open) and necessary medical appointments, but all other visitation, based on the Governor's EO, is suspended until the EO is lifted.

If a guardian would like to remove an individual from a group home, the guardian should be advised that the individual will have to stay with the guardian until the EO is lifted.

15. An individual at our agency has just reported that he/she has a confirmed diagnosis of COVID-19. What should we do?

For any individual that is showing symptoms of COVID-19 or has tested positive for COVID-19 the instructions from their medical provider should be followed.

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For those showing symptoms please call the individual's medical provider and determine the appropriate best steps based on their guidance. This may include quarantining, self-isolation, hospitalization and/or a referral for COVID-19 testing.

If a person tests positive for COVID-19 the agency should be working with the medical provider directly on the next appropriate steps. If the individual lives in a congregate setting, the housemates' medical providers should be contacted for appropriate steps for those individuals.

DDS should be made aware of all actions.

Nursing/Health-related Questions:

16. Are group home nurses (public, private, consulting) allowed to visit residential homes?

Yes, Nurses assigned to individuals who reside in residential settings are expected to continue to support the medical needs of the individuals and nursing delegation responsibilities.

However, DDS is suggesting that nurses contact the residence to determine if anyone is actively sick with a respiratory illness or known to be under surveillance with quarantine or social distancing instructions from a medical professional or have tested positive for COVID-19.

In addition, residential settings may have implemented screening protocols that nurses may have to adhere to.

If the nurse is sick with respiratory viral symptoms or has been advised to self-isolate by a healthcare provider then he/she should notify the group home manager (or other designated contact) of the covering nurse's information.

17. Omnibus Budget Reconciliation Act (OBRA) and Long-Term Care DDS Nurses

DDS has registered nurses who, by federal mandate, are responsible for oversight of persons temporarily or permanently placed in skilled nursing facilities (SNF). These nurses are required to visit individuals at the SNF to complete nursing assessments. The Centers for Medicare and Medicaid Services (CMS), Centers for Disease Prevention and Control (CDC), and the Department of Public Health (DPH) have provided direction for SNF/nursing homes to restrict all visitors in order to protect the elderly population from contracting COVID-19. OBRA and Long-term Care DDS nurses are instructed to contact facilities via telephone to obtain verbal information about the individuals and are to be notified by the SNF/nursing home of any changes in condition for persons identified individuals with intellectual/developmental disability (IDD) and those identified as having a related condition.

Nurses are to notify the Regional Health Services Director and the Director of Health and Clinical Services of anyone who has tested positive for COVID-19.

18. As Physicians cancel routine appointments and clinics cut back on some appointments, it is important for nurses to be at the residential homes as scheduled to ensure that residents and staff are healthy, and that individuals continue to receive appropriate medical care. The nurses are utilizing enhanced standard precautions when entering, staying and leaving the homes. Should scheduled visits by the homecare/visiting nurse be cancelled?

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No, homecare/visiting nurses should not be cancelled. However, the homecare/visiting nurses have been advised to call/contact the residence or person prior to the visit, and verbal screen for respiratory or other symptoms of illness in order to minimize unnecessary travel and decrease the risk of exposure to viral illnesses.

If the nurse has symptoms of a viral respiratory illness (i.e. a common cold), he/she may wear a face mask during visits or postpone/rescheduled visits.

This process may be different for the various homecare/visiting nurse agencies and those nurses follow the guidelines implemented by their agency.

19. Are nurses permitted to work remotely and utilize video chatting for nursing assessment, delegating to non-licensed employees, etc.?

Registered Nurses (RN) and Licensed Practical Nurses (LPN) are not included as providers in healthcare legislation specific to the 2016 CT Telemedicine Policy. Telemedicine is a telehealth parity law specific to Medicaid. At this time Nurses (RN and LPN) are not authorized to use Telemedicine or Telehealth; these services are reimbursable when provided by Nurse Practitioners, Physicians, and Physician Assistants.

DDS has not yet established video chatting or other electronic face-to-face services for nursing assessment or delegating to non-licensed med certified employees. Nurse are expected to routinely use standard or universal precautions and educate non-licensed employee on appropriate use of precautions, infection control measures, and methods to minimize the spread of diseases.

20. Can residential caregivers send individuals to the hospital emergency department and medical appointments or walk-in medical centers without accompanying them?

Supported persons should not be sent to the hospital, medical appointments, or walk-in medical centers without a support staff person accompanying them; unless the person is independent and prior to COVID-19 has managed his/her medical care independently. It is important to consider that with a viral illness, persons who were previously able to coordinate their own care may require additional assistance as they manage treatment and recover.

Hospitals and emergency departments (ED) are overwhelmed and likely short staffed and it would not be appropriate to send individuals to the ED without staff supports. Individuals can be easily overwhelmed by the amount of overstimulation, medical procedures, equipment, and long waits in the ED, etc. Support staff are invaluable in this area; they provide medical professionals with information regarding the persons medical history, medications, presenting concerns, etc.

The impact of the presence of support staff is multifaceted with benefits to the individuals supported as well as to hospital employees and medical professionals.

21. Should staff be wearing masks for all direct care?

Masks are recommended only when risk of exposure is present. Masks are not recommended for healthy people in the general population. However, people who are ill with a respiratory disease can wear a mask to prevent spreading the illness to others.

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22. Can anyone be authorized at the last minute to give meds?

No. Employees who are not currently med certified may not administer medications or participate in the med admin process. Each agency shall develop a plan for nurses, med certified residential supervisors, and other employees who are med certified to assist with medication administration in urgent situations. To facilitate the availability of additional med certified employees, DDS has developed interim guidelines to waive some of the current requirements, such as onsite practicums at every location/site in which a med certified staff person may be required to assist with med administration during a period of crisis or when there is an urgent need.

23. Will I be fitted for a N-95 mask?

There is a shortage of N-95 masks, which are only recommended for use by healthcare providers who are providing care to persons who test positive for COVID-19. Other non-respirator isolation/surgical masks are available for use when employees have upper respiratory symptoms, such as the common cold and when individuals have respiratory symptoms and are not able to tolerate wearing an isolation mask. Inappropriate use of personal protective equipment (PPE) results in a depletion of those supplies when needed.

24. What are PPE kits and where should an agency store them?

Personal protective equipment (PPE) refers to protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.

PPE kits are to be located in residential settings and agency vehicles. Each agency should specify a location for PPE kits in every home and vehicle, and someone should be routinely checking (weekly during the pandemic and monthly at all other times) that the PPE kits are intact and located in the designated area(s).

If an individual tests positive for COVID-19 and is in isolation at his/her residence, staff would receive instructions and training with regard to the appropriate PPE items to use and how to put the equipment on and take it off.

25. Can nurses give medications in homes if homes are short staffed in an emergency situation?

Yes, RNs and LPNs work under the scope of their license and at any time may be asked or required to administer medications to individuals served by DDS/Qualified Providers. RNs work independently, LPNs work under the supervision of an RN.

Training Questions

26. What can be done for a med certified employee whose med certification is expiring?

DDS has an existing policy to accommodate med certified employees whose med certification expired during an approved Leave of Absence. In a similar manner, accommodations are being made for employees whose med cert has/or will expire during this initial phase of the COVID-19 pandemic. If there is a need for additional adjustments the DDS Med Admin Unit will consider further accommodations.

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In efforts to minimize the spread of COVID-19 during this pandemic, the recertification period for anyone whose DDS med certification has expired or will be expiring during the time period from March 1, 2020 through June 1, 2020, has been extended for 90-days from the date of the employee's current med cert expiration. Any med certified employees who expire during the designated time period are required to complete the recertification process within the allocated 90-day period. Qualified Providers and DDS Public Programs are being notified. Private agency employees may contact the med coordinator and DDS employees may contact Nurse managers for further details.

27. PMT Certifications

In order to promote social distancing, the annual PMT recertification which is valid for 12-months has been extended an additional 6-months to remain valid for 18-months. PMT recertification classes are on HOLD until further notice from DDS Staff Development. This applies to both DDS Public Programs and Qualified Provider agencies.

28. CPR Certifications

The annual DDS required refresher course for nurses and residential employees who are certified in Cardiopulmonary Resuscitation (CPR) training is suspended and no longer required until further notice, as long as the 2-year certification card has not expired.

Additional accommodations are being considered based on guidance from the American Safety and Health Institute (ASHI). Staff Development is exploring an electronic hybrid version of ASHI CPR with testing online and classroom practicums. If current CPR certification expires, ASHI only allows a 30-days grace period, however, there is a 60-days grace period if CPR recertifications are done online via the hybrid version.

29. What about other mandatory trainings like Abuse and Neglect Training and Emergency Procedures etc?

At this time all trainings will be extended 90 days.

30. My agency has a Plan of Correction (POC) due shortly, has DDS decided to extend these due dates?

All POCs have been extended 90 days.

Please forward additional questions to: DDS.COVID19@ct.gov

References/Resources

Centers for Disease Prevention and Control (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

CT Telemedicine

<https://evisit.com/state-telemedicine-policy/connecticut/>

<https://visuwell.io/telemedicine-reimbursement/connecticut-telemedicine-telehealth-reimbursement-overview/>

Harvard University

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<https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>

Johns Hopkins Medicine

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-frequently-asked-questions>

World Health Organization (WHO)

<https://www.who.int/health-topics/coronavirus>