

Adult Residential Facilities and COVID-19

California Department of Social Services
Community Care Licensing Division
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CDSS

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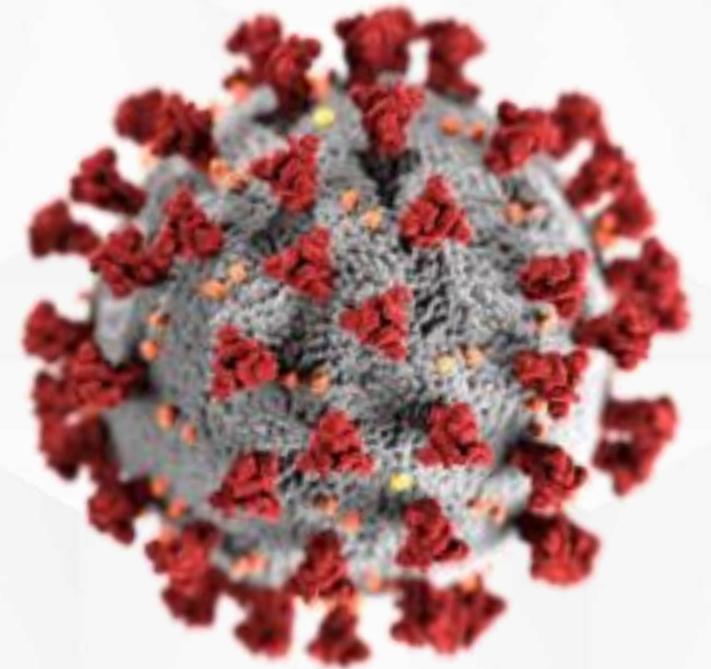
TOPICS

- **What is COVID-19?**
- **Quarantine and Isolation of Adult Clients/Residents**
- **Assessing Emotional Health of Clients/Residents**
- **Activities and Client/Resident Engagement**
- **Isolation Protocol: Best Practices**
- **Best Practices for Self-Support**

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person.

Coronaviruses have been around for a long time and most often cause the common cold.



HOW COVID-19 SPREADS

- Person-to-person contact
- Respiratory droplets via a cough or sneeze
- Close contact with an infected individual(s) within 6 feet for 10 minutes
- Contact with infected surfaces or objects



HOW TO HELP PREVENT THE SPREAD

- Wash your hands often with soap and running water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if you cannot wash your hands.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Use tissue or paper towel if you have to touch commonly touched surfaces
- Practice 6 feet of “social distancing”
- Ensure your vehicle, work materials, and clothing are cleaned every day.
- Get your recommended vaccines e.g. flu shot.

Universal Precautions

Applied universally in caring for all patients

- Hand washing
- Decontamination of equipment and devices
- Use and disposal of needles and sharps safely (no recapping)
- Wearing protective items
- Prompt cleaning up of blood and body fluid spills
- Systems for safe collection of waste and disposal



FOLLOW STANDARD PRECAUTIONS

- WASH HANDS
- WEAR GLOVES
- WEAR MASK
- WEAR GOWN

For all staff

Droplet Precautions

in addition to Standard Precautions

Before entering room



Perform
hand hygiene



Put on a
surgical mask

On leaving room



Dispose
of mask



Perform
hand hygiene

Standard Precautions

And **always**
follow these
standard
precautions

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely

Take the Following Precautions!

Quarantine

vs

Isolation

No symptoms • Residents who have been exposed but have no symptoms.

Clients

- In residential or congregate settings, clients who require quarantine should be **separated from others for 14 days**.
- In nonresidential or non-congregate settings, clients should be sent home with QUARANTINE instructions and offered telehealth or telephone services, as available.

Staff

- Home QUARANTINE for 14 days.
- For critical shortages of essential workers, non-symptomatic staff may work with **a mask during 14-day quarantine period AND self-monitor for fever and symptoms every 12 hours (including while at work)**.

Symptoms

**Separation
Details**

COVID-19 symptoms • fever, cough, shortness of breath, etc.

Clients

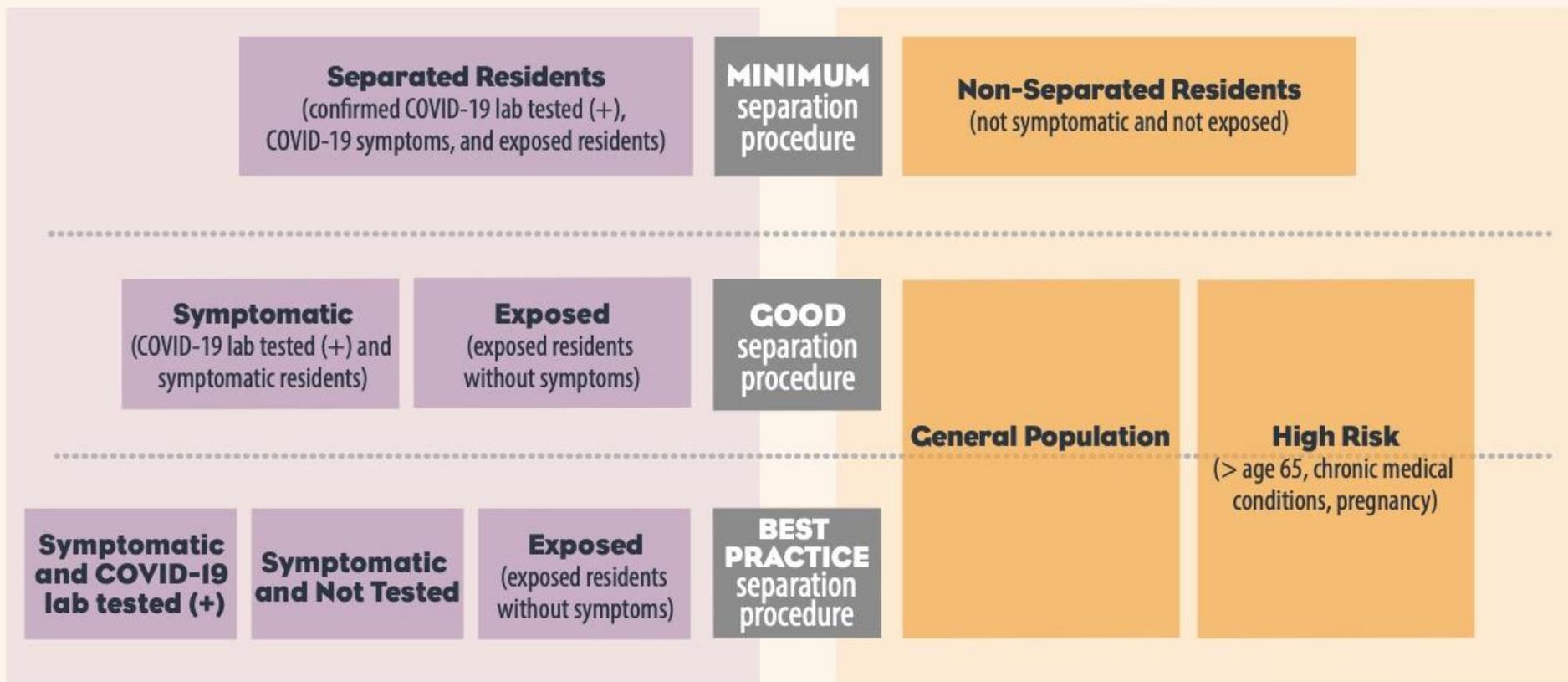
- In residential or congregate settings, clients should be separated from those who have no symptoms or exposure until **at least 7 days AND no fever for at least 3 days (72 hours) after recovery, defined as:**
 - **No fever without the use of fever-reducing medications; AND**
 - **Improvement in respiratory symptoms; AND**
 - **At least 7 days have passed since symptoms first appeared.**
- In nonresidential or non-congregate settings, clients should be sent home with ISOLATION instructions and offered telehealth or telephone services, as available.

Staff

- Home ISOLATION for **at least 7 days AND no fever for at least 3 days (72 hours) after recovery, defined as:**
 - **No fever without the use of fever-reducing medications; AND**
 - **Improvement in respiratory symptoms; AND**
 - **At least 7 days have passed since symptoms first appeared.**

Cohorting in Residential/Congregate Settings

*Cohorting describes the practice of grouping individuals together who have similar characteristics or levels of risk. Symptomatic/sick people can and should be cohorted with other symptomatic/sick people. People who are not sick and non-symptomatic but have been exposed to or in close contact with symptomatic/sick person(s) should be also be cohorted with other exposed but non-symptomatic. This protects others from getting sick in case the exposed person develops symptoms. Cohorting reduces transmission risks.



QUARANTINE: Asymptomatic Clients/Residents with Mental Illness



Using Motivational Interviewing:

- Interventions should be direct and concrete. For example, ” You don’t like being cooped up, I get it. But if you go outside and get symptoms, you might be cooped up in a mandatory setting, which would be worse. Can you see that happening?”
- For a person with memory impairment, they may need to hear the same things repeatedly.

QUARANTINE: Communication Best Practices

1. Educate and counsel residents about your concerns
2. Use motivational interviewing technique to assess understanding and barriers to non-adherence to safer at home
3. Address barriers and reward positive behaviors
 - In housing sites, provide access to tele-health, TV/cable/Netflix, telephones/video communications to stay connected
 - Set up a designated smoking area

QUARANTINE: Best Practices for Providing Support

- Establish the 'buddy' system to ensure residents stay connected
- Have extra medications and supplies for residents
- Identify residents with unique needs and work with them to tailor these strategies
- Find ways to support residents in managing stress and anxiety with COVID-19
- Inform residents using print materials and high-visibility posters

ASSESSING EMOTIONAL HEALTH OF RESIDENTS

Common signs of distress:

- Feelings of numbness, disbelief, anxiety or fear
- Changes in appetite, energy, and activity levels
- Difficulty concentrating
- Difficulty sleeping or nightmares and upsetting thoughts and images
- Physical reactions, such as headaches, body pains, stomach problems, and skin rashes
- Worsening of chronic health problems
- Anger or short-temper
- Increased use of alcohol, tobacco, or other drugs
- Monitor for any new symptoms

Best Practices to Communicate with MI Clients

(LA County Department of Health Services)

DO

- Keep your statements short, simple, and clear
- Use a calm voice and steady tone
- Give the person physical space rather than crowding them
- Acknowledge what they're experiencing and how they might be feeling
- Ask them to help you understand what they're experiencing

DON'T

- Do not argue with or challenge the delusions or hallucinations nor pretend to believe them yourself
- Do not placate: give matter-of-fact statements acknowledging that their experience is real to them

CASE STUDY: Public Health Orders for Home Isolation or Quarantine

- A client unfortunately develops a fever (T 101.2 F) with a dry, productive cough.
- You call the client's primary care doctor, who recommends that client "home isolate" for at least 7 days (or 3 days after symptoms resolve). The doctor also recommends that client's roommate who has no symptoms "home quarantine" for 14 days.
- Over the next 24-hours, both client and his roommate continue to leave their isolation and quarantine areas and go into the common areas of their recuperative care center.

CASE STUDY: Safer At Home for Asymptomatic Residents



Using Motivational Interviewing

- For a person with a psychotic disorder and TBI, interventions should be direct and concrete.
- E.g. "You said that you end up getting into fights every time you go out. Tell me why you don't want to get into fights?"
- E.g. "You don't like being cooped up, I get it. But if you go outside and get symptoms, you might be cooped up in a mandatory setting, which would be worse. Can you see that happening?"
- For a person with TBI and meth use, they may need to hear the same things repeatedly, because of memory problems.

CASE STUDY: Safer At Home

Harm Reduction Interventions to Improve Public Health.

- **STEP 1:** Educate and counsel clients about your concerns
- **STEP 2:** Use motivational interviewing technique to assess understanding and barriers to non-adherence to safer at home (or social distancing practices if living on the street)
- **STEP 3:** Address barriers and reward positive behaviors.
 - In housing sites, provide access to tele-health, TV/ cable/ Netflix, telephones/ video communications to stay connected.
 - For smokers set-up designated smoking areas while maintaining social distancing guidelines.

Activities and Client Engagement During COVID-19 Stay-At-Home Restrictions

- An in-house store
- Gardening
- Chalk art / sidewalk walk
- Community walks
- Aromatherapy (Essential oils)
- Jobs
- Photography
- Get fit program
- Backyard games, for example: GIANT Jenga, bean bag toss, ping pong, Pictionary, mind games: math work sheet, crossword puzzle)
- Celebrating their own holiday with related projects and games, for example: braid day, PJ day, Harry Potter day

CASE STUDY: Isolation Protocol

Two (2) female residents were placed in single rooms while awaiting COVID test results, one had to wait nine (9) days, and the other ten (10) days. This was in March when the results took longer

Isolation Practices for Two (2) Residents

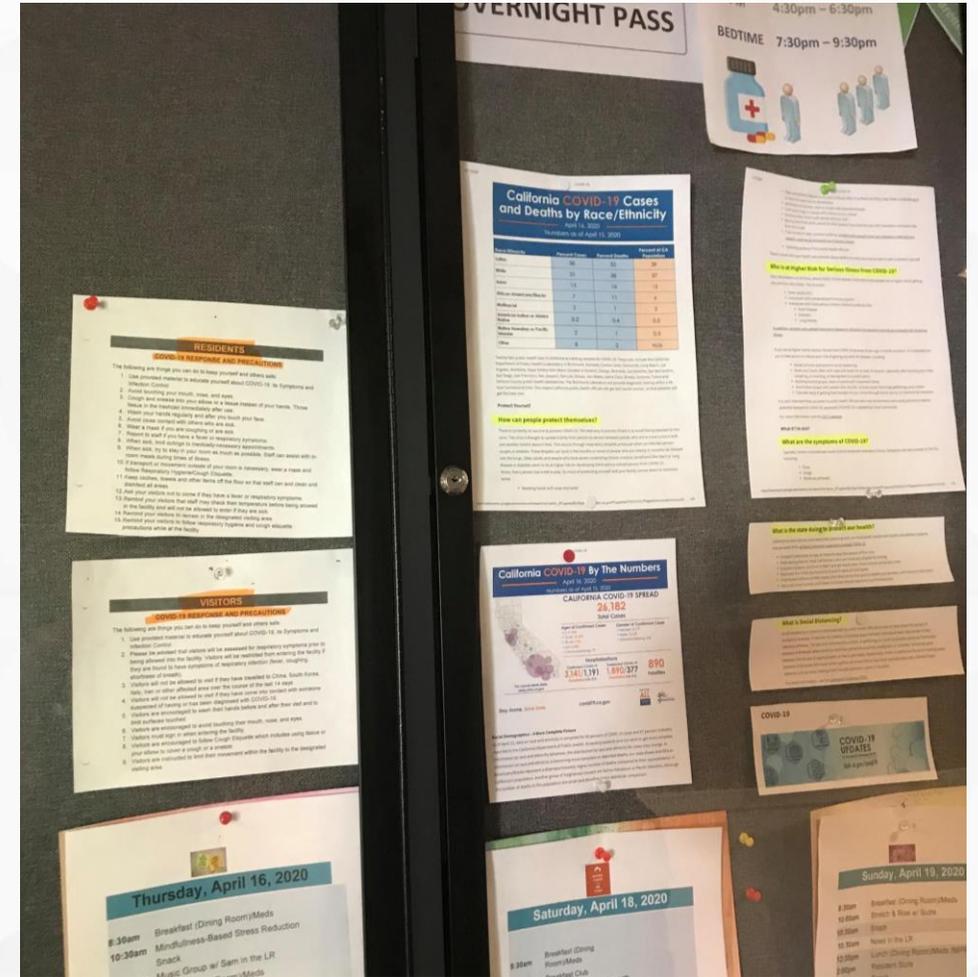
- Dedicated one (1) bathroom for isolated residents
- Initiated hourly check-ins with the residents
- Residents were given a way through electronic media to contact staff for needs
- The staff (Clinicians, if available) made themselves more available for individual support
- Two (2) residents went outside throughout the day for fresh air, through the back door with PPE provided, etc.
- Staff brought them activities and other things to keep them busy
- Staff kept them informed as to their particular situation (test results, temp, etc.)
- Staff assured them that they are still part of the community and thoroughly explained why they were in isolation (safety, etc.)

BEST PRACTICE

- Update your client file with their case manager contact number, their manager's number as a back-up, therapists, along with the 24/7 contact information to have ready as needed.
- Print out flyers for peer support warm lines clients can call while in isolation, like MHA SF Peer Warm Line 855-845-7415 www.mentalhealthsf.org, NAMI CA California Peer-run Warmline (855) 845-7415 24/7.

Words of wisdom from Program Managers and Administrators

Educating our residents on facts and giving them up-to-date info is essential. Almost half of our bulletin board has something to do with Covid-19 and it changes every day. I started to notice the more they knew about the pandemic, the more they were taking initiative to make better choices regarding social distancing, sharing cigs, hugging each other, standing in groups, etc. It became their decision, and I think that's really the important part. We've set up the I-pad for FaceTime visits with family. A lot of our clients have big support systems within their families and keeping them connected to that is essential for their care – *Northern CA.*



Words of wisdom from Program Managers and Administrators cont.

- It really is all about giving as much autonomy/freedom of choice as possible- let clients design groups and activities so as to appease feelings of restlessness and boredom, but also still achieving therapeutic recreation through meaningful activities. We are also still trying to promote outdoors recreation through playing volleyball and other games, having BBQ's and taking daily walks while still adhering to social distancing. I should also make myself more available as a Manager for 1:1 support. I think providing our undivided attention more during these times helps to increase positive feelings and promotes even more so a therapeutic relationship, while individualizing client needs and abilities, and highlighting their strengths – *Northern CA.*

Words of wisdom from Program Managers and Administrators cont.

- We have tried our best to ‘normalize’ this situation as much. We keep a structured program, but at the same time create a spontaneous atmosphere. We have unplanned (at least unplanned to the residents) ice cream sundae parties and other events. We try to spend as much time outside to get fresh air and have group events (easy to practice physical distancing that way) Guided community walks, while using PPE and using physical distancing to model positive behaviors – *Northern CA.*

THINGS YOU CAN DO TO SUPPORT YOURSELF...

- Take breaks from watching, reading, or listening to news stories, including social media.
- Take care of your body. Take deep breaths, stretch, or meditate.
- Try to eat healthy well-balanced meals, exercise regularly, get plenty of sleep, avoid alcohol and drugs.



THINGS YOU CAN DO TO SUPPORT YOURSELF...

- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Actively seek opportunities to laugh and play
- Seek help when needed



Immediately contact the following agencies if residents or staff exhibits symptoms or tested positive for COVID-19:

- Resident's physician (medical provider)
- Local health department
- Local Adult and Senior Care Regional Office
- Resident's authorized representative, if any
- Hospice, if any
- Home Health Agency, if any





QUESTIONS?