

COVID-19 Response Plan

By Bruce Davis

COVID-19 is now spreading throughout our communities and it is no surprise that it is also hitting the IDD community. By now, everyone knows what they should be doing to prevent the disease. Frequent hand-washing, proper sneezing and coughing techniques, and social distancing are all now all familiar actions we must take daily to keep the coronavirus from spreading. Agencies are also checking staff member's temperatures as they report to work. Staff with temperatures of 100.4 degrees F are told to go home and not to return until they have two consecutive temperatures below that level, 24 hours apart, without the aid of fever-reducing medication. These are all good practices, but what happens when a person supported gets the Coronavirus? How should agency staff respond to care for the person and prevent further spread of the virus?



A coronavirus map from a few days ago

The Timing of Action

Each agency should have a coronavirus action plan that all agency personnel are able to carry out to prevent and respond to the coronavirus. The CDC has a preparedness checklist that outlines what agencies need in their plan.

[Coronavirus Preparedness Checklist](#)

Among the most important things agencies must plan for is what to do when they get a COVID-19 case.

Timeliness is Essential

Some people with IDD who contract the coronavirus may be served in a hospital. Most will likely be asked to return home to recover. When a person returns home the agency must take immediate action to ensure that the virus does not spread from the person who has been infected. First and foremost, get guidance from the person's healthcare provider to determine appropriate actions. I recommend that the appropriate actions begin at the point that the person is first suspected of having coronavirus and has testing completed. The Centers for Disease Control and the Tennessee Department of Health refer to people tested for coronavirus as a Person Under Investigation (PUI). Actions might begin even before the person becomes a PUI if exposure to coronavirus is suspected. The sooner you take appropriate action, the better your chances of preventing spread of the virus.

Quarantine versus Self-Isolation

COVID-19 responses must often achieve a balance between what is ideal and what can practically be accomplished. When it comes to the most ideal response, persons with COVID-19 should be *quarantined*. That means that they are in a separate building from others who don't have the virus and are helped by staff who are devoted to their care in that separate location. *In-Home Isolation* refers to a circumstance where the person remains in their home living with other uninfected people. In-Home Isolation means that the person remains in a separate room and bathroom from others. Since a quarantine may not always be possible, knowing how to assist a person in carrying out In-Home Isolation may be needed.

Personal Protective Equipment

The most common way the virus is spread is through droplets in the air each time the person infected exhales. Therefore, the most preventive piece of Personal Protective Equipment (PPE) is a surgical mask worn by the person with the infection. N95 masks keep out 95% of particles in the air, but a surgical mask is also helpful. For Direct Support Professionals staff, a surgical mask in combination with a face shield offers significant protection. They should also wear a gown, examination gloves, and shoe protection when caring for the person. Best practice is for the mask, gowns, and gloves to be discarded and hands washed each time the Direct Support Professional leaves the room of the person infected. The face shield may be re-used but should be cleaned with disinfectant wipes. Face shields should not be shared between staff. While these are best practices, there are circumstances where rationing of PPE has been required.



Equipment Shortages

The guidelines stated above are what the Centers for Disease Control (CDC) have established as best practice for the care of a person with COVID-19. Nationwide equipment shortages may make it difficult for you to have enough equipment to change as frequently as described or to have all the equipment described. There is an even greater shortage of N95 masks than other equipment. The CDC

states that rationing procedures may be necessary when you don't have enough equipment. You can find strategies for rationing equipment at the following links:

[CDC Guidance for Optimizing Supply of Masks](#)

[CDC Guidance for Optimizing Supply of N95 Masks](#)

[CDC Guidance for Optimizing Supply of Isolation Gowns](#)

[CDC Guidance for Optimizing Face Shields/Eye Protection](#)

The CDC's guidance on the rationing of Personal Protective Equipment emphasizes the need to establish staffing procedures that limit the number and type of people the health care worker has contact with.

Staffing Strategies

As soon as a person is suspected of having COVID-19 they become a Person Under Investigation (i.e., When a test has been ordered they become a PUI). Staffing for the person supported should be limited to as few DSPs as possible. In an In-Home Isolation scenario, the best practice for staffing will be one where the DSP serves the person infected and no one else. In a quarantine scenario, where all persons supported in a location have COVID-19, it may be possible for DSPs to serve multiple people without exchanging equipment. These staffing strategies are valuable for prevent spread of the virus even if equipment rationing is not necessary. They have the added effect of minimizing the amount of equipment that may be needed.

Homemade Equipment

Another strategy for optimizing the use of Personal Protective Equipment is to create homemade equipment or use other equipment that was not specifically made for health care.

Under a circumstance where equipment is not available, the CDC has guidance on the use of alternatives at each of the links listed in the ***Equipment Shortages***. Suffice it to say that the CDC does not rule out alternatives. However, regarding homemade mask alternatives they say that the value of these masks is unknown. Extreme caution should be exercised in using mask alternatives for persons supported to ensure they offer adequate breathability. COVID-19 is a respiratory disorder, meaning that it affects the person's ability to breathe. Using a mask that does not offer adequate breathability may place them at greater risk.

Take the Best You Can Get, Closest to the CDC's Guidance

Unfortunately, the world was unprepared for the scope and magnitude of the coronavirus situation. Equipment shortages make it unlikely that agencies serving persons with IDD will have a full complement of the equipment stated above. Various factors may also make it difficult to carry out the suggested In-Home isolation, quarantine, and staffing procedures. Therefore, it may be necessary to make adjustments that take best advantage of the CDC's guidance even without being able to follow it completely. In our work, we're often required to "take the best you can get, closest to what you want." That statement appears to apply to the coronavirus situation.



Dr. Bruce Davis is the Deputy Commissioner of Clinical Services for the Tennessee Department of Intellectual and Developmental Disabilities.

Article Summary

1. Continue hand-washing, coughing/sneezing strategies, and social distancing.
2. Temperature checks prior to staff reporting for work and send home staff with a temperature of 100.4 or greater.
3. Develop an agency response plan from the [Coronavirus Preparedness Checklist](#)
4. Implement coronavirus procedures once a person is identified as a Person Under Investigation (PUI) or sooner if possible.
5. PPE consists of masks, face shields, isolation gowns, and exam gloves.
6. PPE *should* be changed each time a DSP leaves the room.
7. Face shields may be re-used but need to be disinfected with each use.
8. Staff should not share a face shield.
9. Rationing of PPE is likely to be necessary.
10. Guidance for optimizing PPE is found at the following links:
 - a. [CDC Guidance for Optimizing Supply of Masks](#)
 - b. [CDC Guidance for Optimizing Supply of N95 Masks](#)
 - c. [CDC Guidance for Optimizing Supply of Isolation Gowns](#)
 - d. [CDC Guidance for Optimizing Face Shields/Eye Protection](#)
11. Staffing for persons with COVID-19 should be limited to as few DSPs as possible.
12. When DSPs work with a person with COVID-19, it is best if they do not work with people who are not infected.
13. In-Home Isolation applies to supporting a person with COVID-19 in a home with other people who are not infected.
14. In-Home Isolation means keeping the person in a room with only their assigned staff and a separate bathroom.
15. Quarantine means supporting people in a separate home where there are no persons who are not infected.
16. Quarantining allows for greater optimization of PPE because it doesn't have to be changed after each contact with a person infected.
17. Homemade or alternative equipment may be useful.
18. Care should be taken to ensure that any alternative type of mask for an infected person allows for adequate breathability.
19. It is likely that rationing and getting as close as possible to the CDC guidance will be required.