The Role of the Direct Support Professional and the Coronavirus: Part Three

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Questions from Part Three Webinar - Medical Only

The following questions were asked by registrants on the NADSP Webinar, The Role of the Direct Support Professional and the Coronavirus: Part Three on April 3, 2020. The NADSP Medical Advisor, Rick Rader MD has shared his recommendations to the following questions to the best of his knowledge. NADSP welcomed the review of these recommendations from the following thought leaders in ID/DD healthcare: Matt Holder, MD, Vincent Siasoco, MD and Mathew Janicki, PhD.

The NADSP acknowledges that any state regulations and organizational policies take precedent over any of the recommendations below. We also acknowledge that the answers to these questions may change after this has been shared (4/10/20).

1. **How to care for a person with physical and intellectual disabilities while following Covid-19 protocols.**

Caring for a person with physical and intellectual disabilities and following COVID-19 protocols should not be considered two separate issues. The two should be performed in conjunction with each other. Certainly, the CDC guidelines should be followed but as a companion to the DSPs other care responsibilities. Over time they will appear seamless. Being able to adopt both care schemes is part of the skills of the DSPs. Remember that "care" includes healthcare, emotional care, mental health care, physical care, relationship care, decision making care and COVID-19 care...DSPs roll them up in one!

2. **How do I help the person I support with Personal hygiene while social distancing?**

Personal hygiene is indeed part of the CDC COVID-19 Guidelines. Whenever a situation arises, and to the extent possible the DSP should always encourage the individual to perform their own personal hygiene. This includes hand washing, wearing a mask when appropriate, taking their medications, social distancing, expressing any discomfort or pain. While there is much, we cannot control regarding the COVID-19 environment; whenever there are things that we can impact on we should try to empower our individuals to participate. Being able to do things for oneself provides a sense of control and participation. Personal hygiene performed by the "person" serves as a top-notch distraction to the ongoing chaos.

3. **In the event you can't leave a person alone, perhaps you are the parent, sibling, or primary care giver of the person, and one of you is sick - what should you do? Wear mask, gloves, etc.?**

Of course, optimally a caregiver who is ill should not be working with the individual. Every effort should be made to install a healthy person, and the suspected ill caregiver (parent, DSP) should be examined and treated by a health professional. When you use the term "is sick," it might not apply to COVID-19, and therefore they may not be required to leave the caregiving arena (for example, it might be related to allergies). If it is a DSP the agency should be notified and a replacement should be made available. If the caregiver is a family member the family should be notified and either a paid or family caregiver should take over the caregiving duties.

5. **How can we reduce disease transference, when our job requires so much close contact with those we serve?**

Our best chances of reducing exposure to the COVID-19 is strict adherence to the CDC Guidelines. They should be followed religiously. In fact, the DSP should be constantly reviewing those guidelines. Despite following them day after day it helps us to periodically review the protocols. Look at airplane cockpit protocols for "take-off "and landing. Despite the fact that the pilot and co-pilot have performed the steps thousands of times, they review, repeat and check off each step each time. We often let the details drop off when we are called to perform the same procedure time and time again. It's human nature to become complacent about formalities and that is the where we fall through the cracks. So review, review and review.

6. **With a shortage of PPE, how will we be able to work in homes and be safe, especially those of us over 60?**

Not having the full complement of personal protective equipment represents a real risk. While local and national efforts are being conducted to ensure that DSPs and the people they support are made available; there is no guarantee that they will be forthcoming. As in any critical shortage of any vital equipment (including clothing, food, water, medicine,) the DSP will have to rely on his or her ingenuity, imagination and creativity. For example, if medical grade masks are not available the DSP can use any fabric material (including t shirts). While not optimal they do serve a barrier-based function. You can also reuse other protective devices such as face shields. Using these "make shift" PPE requires a higher burden to follow the CDC guidelines (ongoing hand washing, personal distance, surface disinfecting and a determination not to touch your face). The DSP can go online (https://www.hhs.gov/surgeongeneral/index.html) to see how to fabricate home-made face masks. It also makes for a great home-based activity to encourage the individuals to make their own masks. We have also seen large plastic garbage bags used as disposable gowns (cut outs for arms have to be made) – Dr. Rader

Aside from using PPEs, they are other ways to decrease exposure. Risk stratifying patients can help in a group home setting. If an individual is known to drool or have behavioral issues such as placing their hands in their mouth, they can be brought to an area where they can be separated and monitored more closely.

In a group home, the nurses are directed to obtain vitals on a regular basis depending upon the case. In times of COVID, checking a respiratory rate within line of sight first is a quick and easy way to evaluate the individual. Thus, they don't have to lay hands right away on the individual to check their temperature, pulse oxygen, blood pressure, etc. – Vincent Siasoco, MD, MBA

7. **Should a DSP be wearing mask?**

The most recent CDC Guidelines recommends the use of facemasks. The one most recommended is the N95 (medical grade mask). The mask serves both as a barrier for the transmission of viral particles and also as a barrier to having the wearer not touch their face, most notably the eyes, nose and mouth. The DSP should also receive instruction on the proper fitting of the mask (an ill-fitting face mask provides limited protection). Also be reminded that the use of a face mask does not reduce the need to adhere to CDC guidelines.

8. **Can you carry the virus and not be sick?**

Yes, the latest research demonstrates that 50% of people who are COVID-19 positive are asymptomatic. A good rule of thumb is to assume everyone you encounter could be a source of infection; therefore be diligent in adhering to the CDC guidelines.

9. **What would be the drug for COVID -19?**

Currently there are no approved drugs that can be used successfully for COVID-19. That being said there are some very promising drugs that are being evaluated and tested; including a vaccine. Many drugs that are being considered as a treatment are drugs that are approved for other diseases (like malaria); these drugs are considered "off label" since they were approved by the FDA (Food and Drug Administration) for other diseases. There is ongoing movement in evaluating the safety and efficacy of potential medications. These trials take time and therefore our only current evidence-based action plan is to follow the CDC guidelines (and of course, common sense).

Current treatment is called "supportive care" and it includes providing the patient with drugs to address other issues that relate to this aggressive viral disease (rehydration, temperature control, etc.)

11. **How many months do you think the current pandemic will last?**

It would be great if we had an accurate formula for predicting how long this will last. There are so many factors to consider including speed of the transmission, population density, compliance of the population to follow guidelines, seasonal fluctuations, antibody production, potential for second or third wave, identification of curative drugs and inclination of the virus to mutate. In terms of predicting when will the "coast be clear" it appears that (according to epidemiological studies) we might be here for the long haul. While I hate offering "we don't know" and hate it if DSPs look at that as a "cop out" response it is the most honest response I can offer. DSPs deserve honesty and transparency from the medical community.

12. **How long does the virus live on clothing, grocery items?**

Latest studies suggest the novel coronavirus can remain on surfaces for three days. It can remain in aerosols for up to three hours (being potent for airborne contamination). Both serve to remind us of the importance of ongoing hand washing and surface disinfecting. The virus can remain infective on cardboard for over 24 hours. The CDC does not think that "clothes" are a significant factor in spreading the virus; but of course, it is better to be safe than sorry. It is recommended that DSPs wear clean clothes for every 8-hour shift. While the clothes may not harbor the virus for extended periods of time, there are materials (copper, stainless steel, rubber, aluminum, i.e. zippers, buttons, etc.) that might sustain the virus for days.

12. **If DSPs are using surgical masks are goggles good enough to go with them or face shields?**

If the DSP is supporting an individual with a confirmed diagnosis of COVID-19 either is recommended. The use of plain safety glasses is not recommended. The goggles should be designed so that they conform to the contours of the head to insure total protection. Face shields provide excelled protection. If the DSP is supporting an individual without a diagnosis of COVID-19 the use of goggles or a face shield is not required. It's important to state and restate that the use of ANY protective equipment does not negate the understanding and employment of CDC prevention guidelines.

13. **What medical conditions an individual have are likely low on percentage survival once infected with COVID19?**

While everyone may be susceptible to being infected, it appears that those with the greatest survival rates are young people (under the age of 60) with no underlying medical conditions (heart disease, respiratory disease, diabetes). We should not classify populations (based on age) for the intention of ascertaining what level to apply CDC guidelines. They need to be applied to EVERYONE!

14. **What are the existing medical conditions that are more vulnerable to the infection and if infected, what it is the survival percentage?**

Pre-existing conditions that impact on the survival of an individual who is infected by the COVID-19 include diabetes, asthma, Chronic Obstructive Respiratory Disease, heart disease, patients receiving cancer drugs, and any condition that depresses a person's immunity. Syndromes and conditions that also place an individual at risk for surviving with COVID-19 include Down syndrome, cerebral palsy, spina bifida, autism and other developmental disabilities.

15. **How should I evaluate my health before staying my shift to make it as safe as possible for others? take my temp?**

While an individual can be asymptomatic and still be shedding viral particles the following are clues that your health is being compromised (not specific for COVID-19) : elevated temperature, fatigue, shortness of breath, aches and pains, coughing, difficulty breathing, stomach complaints, sweating and change of bowel habits. We don't actually need checklists to ascertain out health status…. you know when things aren't "quite right."

16. **Do the homemade masks really work? How do medical professionals know they haven't been contaminated?**

The N-95 masks are currently the most effective and are recommended for health care professionals. Next the surgical masks offer a modicum of barrier protection. Lastly are the particle masks (use for dust particles). Lastly are make-shift masks from household fabrics. The use of each of these types of masks are dependent on proper use and fitting. In a pinch (which is where we are now) is it acceptable to reuse the masks and even spray them with a disinfectant; allow them to dry thoroughly as you do not want to inhale noxious chemicals. The use of any face mask should not provide the user with a false sense of protection and reduce the use of other CDC personal protection protocols.

17. **For staff who get diagnosed, what is best practice (self-quarantine, how long, notifications to employer/ODH/persons served, etc)**

Assuming when you say, "who get diagnosed" you mean confirmed for COVID-19. The guidelines for returning to work after being diagnosed with COVID-19 include: Not having a fever for at least 72 hours (that is three full days of no fever without the use of fever reducing medicines), other symptoms have improved (cough or shortness of breath). If you will be tested to determine if you are still contagious, you can leave home after these three things have happened: (1) You no longer have a fever without the use of medicine that reduces

fevers (Tylenol and Motrin for example) AND other symptoms have improved AND you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

18. **Are there additional health resources available for individuals with disabilities.**

Additional resources regarding health and people with disabilities include: go online at CDC State Disability and Health Programs, Special Olympics Healthy Athletes Program, American Association on Health and Disability, American Academy on Developmental Medicine and Dentistry, Down syndrome Medical Group, the National Centers on Disability, National Alliance for Direct Support Professionals, Developmental Disabilities Nurses Association, American Academy on Cerebral Palsy and Developmental Medicine, National Association on Dual Diagnosis, National Task Force on Intellectual Disabilities and Dementia Practices, American Association on Intellectual and Developmental Disabilities, Administration for Community Living, the Arc of the United States, National Down Syndrome Society, National Council on Disability, Exceptional Parent Magazine, Autism Speaks.

19. **Please discuss Airborne vs Droplet precautions and which one is more appropriate**

Airborne spread happens when a germ floats through the air after a person talks, coughs, or sneezes. Droplet spread happens when the germs traveling inside droplets that are coughed or sneezed from a sick person enters the eyes, nose, or mouth of another person. Droplets are too large to be airborne for long periods of time, and quickly settle out of air. Droplet transmission can be reduced with the use of personal protective barriers, such as face masks and goggles.

23. **If a DSP leaves the home and begins to show clear symptoms of Covid-19, What is the protocol for the DSP to return to work?**

Firstly, the symptoms of COVID-19 are not "clear." They are symptoms that reflect a number of common illnesses (common cold, flu). But based on the current COVID-19 environment if a DSP exhibits the classic symptoms associated with COVID-19 (fever, cough, shortness of breath) they should follow these recommendations: The CDC states that if an employee has symptoms of a fever, cough an difficulty breathing but then recovers without COVID-19 testing or medical care, they would be allowed to return to work under the following conditions: Three days without a fever and without any fever reducing drugs, and at least seven days have passed since they first experienced symptoms.

24. **What do you want us to if one of our staff or clients become covid-19 positive?**

If an individual test positive for COVID-19, they should be isolated and be brought to a medical provider (clinic, office, urgent care center, emergency room). They should remain under a clinician's care and when the clinician declares that they have progressed through the disease they can (based on CDC guidelines) return to work. The confirmation of a DSP or individual with COVID-19 should activate a process where everyone who was exposed to that individual needs to go into quarantine, get tested and placed under medical supervision and care.

25. **Isolation and Quarantine within homes with roommates**

If an individual exhibits symptoms of COVID-19 or is tested positive isolation is the standard of care. In the case of a group home where rooms are shared with two roommates the goal of isolation should be pursued. It might become necessary for the group home to contact the agency to see if other accommodations can be

made to allow isolation. It might require the purchase or rental of a bed, cot or air mattress to allow the unafflicted roommate to sleep in another part of the house (until the successful treatment of the contagious individual is achieved). Again, this is an opportunity and necessity for the DSP to come up with a novel solution. No one has unlimited resources to easily accomplish this, so creativity and innovation need to be called upon.

26. **What do we do when our clients display every symptom of covid-19 but do not meet the threshold for hospital admittance**

It is true that during a crisis with limited resources and allocation of medical care the threshold for admission can be changed (typically elevated, so that a month ago there might be less stringent criteria to be admitted). DSPs also serve as health advocates and therefore they should make the case to the admitting physician (either in the emergency room or clinic) that this individual, based on having an intellectual and developmental disabilities should be granted admission. The DSP should explain that these patients have several co-occurring conditions that make them more at-risk in a non-healthcare setting (i.e. seizures, behavioral health needs, sensory, poly pharmacy, communication impairments, implanted medical devices, high risk for swallowing difficulties and pulmonary aspiration.) Being an advocate separates the DSP as a true professional. DSPs should go up the chain of command in the hospital including speaking to the Medical Director, the Director of Nursing and the Chief Medical Officer. If they are not admitted they will require extra surveillance in the group home to observe any changes that require them to return to the Emergency Room.

27. **Is it dangerous to take walks around the neighborhood to get some fresh air with the residents.**

The answer to most of these questions is, "it depends." It depends on the health status of the individuals. It depends on the population density of the neighborhood. You still need to practice social distance. If you are planning on taking several individuals at one time be sure to instruct them on the appropriate personal space criteria. They should also be encouraged to wear face masks and not interact (other than a distant wave) with neighbors and friends they might meet on the walk.

28. **How can DSPs remain well if working in a home with a COVID-19 outbreak? What can DSPs do to limit the spread of the virus?**

Refer to CDC Guidelines.

29. **Are hospitals equipped to care for a person with autism if they become ill with Covid-19?**

*Unfortunately, most hospitals are not equipped to successfully treat a patient with autism or other developmental disabilities. The hospital can be a threatening and stressful environment for individuals with low coping skills, low communication skills and hypersensitivity to unfamiliar sensory conditions. There are several hospitals that have special ID/DD teams with a specially trained staff, sensory friendly spaces and sensitive policies and procedures; but don't expect to find that your hospital has such a team. It becomes necessary for a DSP, familiar with the patient, and has been trained as a "**hospital escort**" (I prefer that term to "hospital sitter", since the DSP assigned to the hospital stay does far more than "sit.") They serve as translators, counselors, historians, advocates and personal assistants. DSPs who have proved themselves skilled in hospitalizations should receive merit pay for those highly regarded skills.*

In the event that patients with ID/DD require hospital admission the use of this form could prove to be invaluable:https://you.stonybrook.edu/disabilitycovid19forms/2020/04/08/preparing-individuals-with-intellectual-developmental-disabilities-for-medical-treatment-at-hospitals/

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