



Coronavirus and COVID-19 – Guidance to DDNA Members

The novel coronavirus and resulting illness – COVID-19 – have created a global pandemic, with increasing infections noted in local communities. These conditions will affect many of our members, their families and the individuals they support.

Our nurse members are the singular, frontline healthcare provider for the individuals in their care – oftentimes the only healthcare professional for the provider entity/agency for which they work. As such, employers and agencies look to our members to provide guidance and direction – especially during times of significant health challenge.

Many nurses are looking for guidance on how to direct their employers, individuals in their care (consumers) and others during this challenging time. Following are suggestions and considerations for nurses working in the specialty of developmental disability nursing.

The following are *suggestions* and may or may not apply to a member's clinical setting. Each nurse is responsible to determine practice standards for the state and program in which he/she works. These suggestions and considerations are not all-inclusive. Each provider entity/facility must evaluate its current situation and needs when determining the actions to take, taking into consideration the guidance from local, state, federal and regulatory agencies.

COVID-19 practice considerations:

1. Maintain perspective: Remember that now is the time to prepare, not panic. Helping others maintain proper perspective is an important part of the nurse's role in the DD provider entity. Educating administrative, program and direct support personnel is key to helping others understand the relative risks and maintaining a reasonable perspective on the situation.
2. Plan:
 - a. Ensure the assignment of a single person in your provider entity who will monitor/follow health and regulatory agency advisories, recommendations, requirements – Centers for Disease Control (CDC), World Health Organization (WHO), National Institute of Health (NIH), Centers for Medicaid and Medicare Services (CMS), state & local agencies, local health departments (LHD), etc.
 - b. Develop and/or Follow the Pandemic Plan for your provider entity.
3. Prepare:
 - a. Nurse Administrators:
 - i. Prepare nursing staff to assess/observe consumers for COVID-19 symptoms and action to take if identified – e.g. contact individual's Primary Care Provider (PCP); involve local health department; implement containment procedures (e.g. isolation), etc.
 - ii. Ensure availability of education materials for nursing staff to use when educating Direct Support Personnel (DSP) and caregivers on: infection control procedures, handwashing, use of Personal Protective Equipment (PPE), etc.
 - b. Ensure availability of PPE and make available to all staff when needed.



- c. Ensure availability and use of hand sanitizing, household cleaning and sanitizing, and surface sanitizing agents.
 - d. Ensure PRN medications and have supplies available – e.g. GI meds, respiratory meds, nebulizer treatment meds for those with respiratory compromise, etc.
 - e. Ensure emergency food, water, medications, other supplies are on hand.
 - i. Facilities/provider entities typically maintain a ~ 3 day supply of food/medications/etc.
 - ii. Re-evaluate the quantity of food and supplies the facility/provider entity needs and keeps on hand.
 - iii. Consider maintaining an increased quantity of these supplies over the coming months, to ensure sufficient quantities will be available.
4. Evaluate Current Practices:
- a. Employee and Consumer/Family Travel:
 - i. Consider asking families/friends/guardians to avoid contact with consumers for 14 days following international travel or travel to areas of *known* infection.
 - ii. Ask employees to consider avoiding all unnecessary travel – both international and domestic destinations. Consider requiring employees to be “off work” for 14 days following travel.
 - b. Employee and Consumer Community Activities:
 - i. Consider avoiding activities with large crowds – especially if local infection is confirmed.
 - 1. Encourage “at home” activities – at home movies, game night, etc.
 - 2. Encourage outdoor activities when weather permits, etc.
 - ii. Consider “online” shopping with pick-up or delivery if an option – especially if local infection is confirmed.
 - iii. Take precautions when out in community – e.g. when shopping, sanitize grocery cart handles before use; use paper towel/tissue to open doors; sanitize hands afterward; etc.
 - iv. Avoid contact with international travelers and/or symptomatic individuals.
 - v. Report contact/exposure with symptomatic individuals immediately and enhance monitoring of those exposed.
5. Educate: Educate all levels of employees about precautions to take.
6. Immunize: Ensure seasonal flu vaccine and other immunizations for consumers and employees.
7. Practice Infection Control:
- a. Ensure “routine” infection control practices – e.g. good handwashing, respiratory hygiene practices, regular housekeeping procedures, sanitizing surfaces, clean/soiled laundry procedures, etc.
 - b. Add “enhanced” infection control practices – e.g. sanitizing light switches, door knobs, computer keyboards/touch screens/TV remotes, videogame controllers each shift; sanitize facility vehicle knobs and handles, etc.; consider ~ “mini-quarantine” for mail/packages; etc.
8. Treat: Develop plan for symptomatic individuals of those with known/suspected exposures:
- a. Symptomatic employees:
 - i. Have employee stay home.
 - ii. Encourage employee to be evaluated by a Health Care Provider (HCP).



- iii. Encourage employee to remain “off work” until evaluated by HCP and/or 14 days post symptoms.
- b. Symptomatic consumers:
 - i. Help avoid contact with other individuals by implementing “in home” or “in facility” isolation procedures.
 - ii. Assess the consumer for the *Persons Under Investigation* (PUI) criteria.
 - iii. Report immediately to Primary Care Provider (PCP) and Local Health Department (LDH).
 - iv. Along with PCP and LDH, assess the consumer’s stability and determine the practicality of whether or not the person can be safely supported at home.
- 9. Isolate: If supporting in the home/facility:
 - a. Develop nursing plan of care for the consumer and educate caregivers on plan.
 - b. Isolate in room or area of home/facility that can be ‘contained’.
 - c. Limit contact with others – e.g. no contact with other consumers; staff contact only as required.
 - d. Ensure availability and use of protective equipment by staff.
 - e. Remain in isolation until cleared by LDH and PCP.
 - f. Enhance monitor of other residents – follow above if noted.
- 10. Follow-up and Monitor:
 - a. If no cases or symptoms identified:
 - i. At least weekly briefing with nursing and administrative staff if no cases identified.
 - ii. Ensure protective gear and preventive measures in place.
 - iii. Review effectiveness of overall plan and revise as needed.
 - b. If cases or symptoms identified:
 - i. At least daily briefing with nursing staff to review client conditions and any “new” symptoms or cases.
 - ii. Daily briefing with other managers to ensure adequate supplies.
 - iii. Daily review of infection control measures in place.
 - iv. Review efficacy of measures in place.
 - v. Revise plan as needed.
 - c. Review situation and plans in place through Risk Management process – at least monthly in the absence of cases/symptoms, or at more frequent intervals if cases/symptoms identified.
- 11. Continue Evaluation:
 - a. Understand the “nature” of the situation – this remains an evolving situation, so flexibility is imperative in enabling provider entities to rapidly and effectively respond.
 - b. Understand that we are facing a “long-term” situation, so planning needs to include practical, ongoing practices/precautions.
 - c. Continue to monitor the situation and expert health advisories. Look to expert agencies/entities for guidance – CDC, local and state health departments, regulatory agencies.