



**TRANSCRIPT**  
**COMMUNITY & PROVIDER FORUM: COVID-19**  
November 6, 2020 • 12pm via WebEx

WEBVTT

1 **Director Andrew Reese:**

00:00:00.000 --> 00:00:03.658

I am sharing my screen now.

2

00:00:09.509 --> 00:00:21.839

Great so, just so people are aware we have had to date 259 people who've been diagnosed with Covid-19, which included 6 in the month of October.

3

00:00:21.839 --> 00:00:27.870

As you can see from this slide, we really.

4

00:00:28.524 --> 00:00:35.604

Struggle at the beginning with 140 people in April down to 50 in May, and we have flattened that curve.

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00:00:35.604 --> 00:00:37.645

And I think it's essential that,

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00:00:37.645 --> 00:00:38.274

you know,

7

00:00:38.274 --> 00:00:51.594

the people continue their practices that I'm really grateful to DC health for the technical assistance they're providing so that we can keep that number low down there where it is now in October or even down lower ideally to 0.

8

00:00:56.034 --> 00:01:08.215

By placement type to date there have been 114 people in supported living placements, 27 in residential facilitation 2 in a nursing home 25 in their natural homes.

9

00:01:10.379 --> 00:01:17.370

87 in an intermediate care facility and 4, and a host home who have contracted Covid-19.

10

00:01:19.644 --> 00:01:32.155



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I think it's helpful also to understand sort of those numbers sometimes jump out when you hear the very high number for supported living in terms of the percentage overall,

11

00:01:32.424 --> 00:01:41.694

the percentage of people in who've contracted Covid-19 has been almost 30% as you can see it's the for people who are seeing the screen,

12

00:01:41.694 --> 00:01:42.715

it's the blue bar.

13

00:01:42.715 --> 00:01:47.245

The percentage of people in residential facilitation placements is 24.5.

14

00:01:49.620 --> 00:02:01.019

A percentage of people in supported living 12.2 percentage of people in natural homes. 2.7. we actually now are getting data directly from.

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00:02:01.465 --> 00:02:13.615

The Medicaid system, so that we can see when people have been tested. So, our natural home number went up a little, but it still is staying percentage wise. Very low.

16

00:02:13.645 --> 00:02:26.155

Overall, as people know, it's about 10%, who have contracted Covid-19, and then really significantly in terms of the people who have contracted it in terms of those serious outcomes for people.

17

00:02:26.155 --> 00:02:39.955

16% of the people who contract Covid-19 in in intermediate care facilities died from Covid-19. 20% of the people who we identified as having contract Covid-19 in their natural homes died.

18

00:02:41.610 --> 00:02:48.419

7.4% in residential facilitation and almost 10% in supported living.

19

00:02:51.235 --> 00:03:04.794



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So, it's also interesting to see, I always go over each month. We currently have 2 people hospitalized in the month of October of the people who contracted Covid-19, 2 required hospitalization.

20

00:03:05.099 --> 00:03:19.139

1 person has been in a long term care facility, recovering still from the effects of Covid-19, and is still there 1 of the 2 from October has already been discharged.

21

00:03:20.159 --> 00:03:23.340

And I have always reviewed.

22

00:03:23.995 --> 00:03:37.435

I try to give enough of the information about deaths to be clear about the numbers 34 people who contracted Covid-19 have died to date of those 34. however, we did get and as you can see from this chart.

23

00:03:37.435 --> 00:03:44.245

The vast majority of those were in April out of 34 we had 18 deaths in April and 8 in May.

24

00:03:46.949 --> 00:03:56.009

Out of those 34, however, to have already been confirmed by the office. So the chief medical examiner to have died from causes other than Covid.

25

00:03:56.574 --> 00:04:11.365

We also have 5 other people that they are still looking at where they're doing the investigation of those 5 to determine what the cause of death was in those instances the person had been determined to have recovered from

26

00:04:11.365 --> 00:04:13.585

Covid and subsequently died.

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00:04:13.585 --> 00:04:27.564

And so they're trying to understand if Covid was or wasn't underlying cause of their death. So if you exclude those 7, you can see that of cases where we have confirmation.

28



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00:04:27.564 --> 00:04:41.814

That it was a Covid diagnosis that cause the person's death. There's only the last death that we know. For sure it was directly related to code occurred in July and so we had 18 in April 8 in May and 1 in July.

29

00:04:42.209 --> 00:04:48.059

And we are still awaiting, as I said, a final determination about the remaining 5.

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00:04:49.108 --> 00:04:52.259

Lastly, I'll just.

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00:04:52.259 --> 00:05:01.918

Uh, let, you know that, in terms of provider staff, uh, there was 1 additional provider staff person, although not someone who works directly with the people we support.

32

00:05:01.918 --> 00:05:04.918

Who was diagnosed with Covid-19.

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00:05:04.918 --> 00:05:11.819

And so that brings our total of provider staff to.

34

00:05:11.819 --> 00:05:19.678

350 with 30 people who've worked in more than 1, location and 8 deaths.

35

00:05:23.968 --> 00:05:32.488

And now the challenge is for me to stop sharing, although so now I'm hoping that you can just pull this up. Oh, there we go.

36

00:05:36.028 --> 00:05:50.459

It was on that other screen. There we go. So with that, I will turn it over to, uh, Darryl Hawkins, who I believe, also has some slides to share so that she can talk about.

37

00:05:50.459 --> 00:06:01.199

Provide some information from D. C. health.



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**Daryl Hawkins:**

and as you mentioned, I think we, I have slides because I, I know that.

38

00:06:01.199 --> 00:06:05.848

Folks can, it's easier sometimes to see the visual than just to hear the voice.

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00:06:05.848 --> 00:06:12.809

I want to also underline what Director Reese kind of just showed data wise. is it

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00:06:12.809 --> 00:06:20.129

You know, it's, it's such great. It's great to see the cases going down over time.

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00:06:20.129 --> 00:06:29.189

But also, I just want to remind everyone this is if it feels like a marathon, because because it is a marathon, the response.

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00:06:29.189 --> 00:06:35.519

And I just want to say, thank you for continuing to obviously do the efforts that have.

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00:06:35.519 --> 00:06:48.264

That have shown us that it is paid off in the slides that Director Reese showed and hopefully we get to there's always room for improvement and we're really here to support you and so part of that is,

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00:06:48.444 --> 00:06:52.524

I want to talk about the PPE requirements from the DC health guidance,

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00:06:53.663 --> 00:06:55.853

it's found on the Coronavirus.dc.gov,

46

00:06:56.093 --> 00:07:00.084

and it's required personal protective equipment for healthcare facilities.

47

00:07:00.384 --> 00:07:08.543

So it encompasses much more than just the setting, but I will talk about this guidance. And if anyone has any questions, I can.



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48

00:07:08.908 --> 00:07:23.428

As always answer after so just every presentation I always kind of go over how Covid-19 spread so still primarily thought to be spread through close contact with 1 another through.

49

00:07:23.428 --> 00:07:25.074

Respiratory droplets,

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00:07:25.314 --> 00:07:34.884

and it can be sometimes spread through rarely airborne transmission and we'll talk about some of the things that can make it airborne,

51

00:07:35.363 --> 00:07:40.314

but also it can be possible to get Covid-19 by touching surfaces objects.

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00:07:40.559 --> 00:07:45.869

That the virus is on, so all of these things and how it spreads really kind of underlying.

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00:07:45.869 --> 00:08:00.869

Um, the, the reasoning for some of the PPE requirements that I'm about to go over but 1 of the things that I often get questions about is, how do I interpret D. C, health guidance so just, um.

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00:08:00.869 --> 00:08:06.869

For all the guidance that you see on coronavirus.dc.gov, I think it's helpful to point out that any guidance.

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00:08:06.869 --> 00:08:17.038

Item or bullet point that has the terms must required, or is an action wording such as clean and disinfect all non dedicated equipment.

56

00:08:17.038 --> 00:08:30.569

That's an action wording is a D C health mandate, however, any guidance that has the term should recommend, or consider it's something for you to strongly consider implementing, but is not required as mandated by DC health.



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57

00:08:30.569 --> 00:08:38.369

And I'm sorry, so, as I always want to mention that.

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00:08:38.369 --> 00:08:51.894

You as a facility can require more stringent measures in your policy and procedures and what D. C. health guidance mandates, or requires however, it cannot be more lenient than what D. C.

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00:08:51.894 --> 00:09:02.874

health mandates requires through those wordings must require or action words, and I'll go over this again, this 7 elements of an effective.

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00:09:04.048 --> 00:09:08.369

Oh, and sorry another thing that is also a mandate is, will.

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00:09:08.369 --> 00:09:13.318

So, uh, you know, facilities will is also a mandate. So.

62

00:09:15.173 --> 00:09:24.653

This image on really how to effectively have a good compliance program is really just to underline that.

63

00:09:24.984 --> 00:09:30.594

Guidance is 1 thing, but implementation is a tough part and that's really a lot on.

64

00:09:30.989 --> 00:09:37.168

On your facility, and there's a lot of different things that you can do to ensure that that happens in your facility.

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00:09:37.168 --> 00:09:42.089

So, to talk about the required personal protective equipment.

66

00:09:42.714 --> 00:09:43.193

Um,

67



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00:09:43.224 --> 00:09:57.894

this guidance required personal protective equipment for health care facilities it applies to any facility entity or individual that provides services healthcare services that is either licensed by

68

00:09:57.894 --> 00:10:12.744

DC health or functions as an independent private practice through a certificate of need and this includes but is not limited to all these different settings and I've highlighted the ones that are for those of you here intermediate care facilities and chapter 34 and

69

00:10:12.744 --> 00:10:14.063

35 community residence facilities.

70

00:10:15.989 --> 00:10:22.224

These requirements should also be strongly considered if you are not those that were highlighted in a previous slide,

71

00:10:22.224 --> 00:10:26.153

but it is not a mandate or a requirement for those settings,

72

00:10:26.153 --> 00:10:32.423

but you could strongly consider these guidances to apply to your policy and procedures in your setting.

73

00:10:33.928 --> 00:10:45.714

So, as I go through some of the PPE guidance kind of requires me to talk about what the definitions are, and we get a lot of questions across all different settings, what health care personnel entails.

74

00:10:46.374 --> 00:10:51.173

So, I know that this is a picture an image of a child.

75

00:10:51.203 --> 00:10:52.313

But I think that it's,

76

00:10:52.644 --> 00:10:58.104





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I've used this in different settings even if they don't have pediatrics just to underline what we mean by health care personnel,

77

00:10:58.313 --> 00:10:59.094  
healthcare personnel,

78

00:10:59.274 --> 00:11:05.964  
all paid and unpaid person's serving in these healthcare settings who have the potential for direct,

79

00:11:06.413 --> 00:11:09.953  
direct exposure to patients or infectious materials,

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00:11:09.953 --> 00:11:10.644  
and in this case,

81

00:11:10.644 --> 00:11:12.803  
I know there's terms that a patient's here,

82

00:11:12.803 --> 00:11:13.313  
but remember,

83

00:11:13.313 --> 00:11:16.943  
this guidance is really for all different healthcare facility settings.

84

00:11:17.094 --> 00:11:30.594  
I know that we don't refer to our person supportive as patients. So just keep that in mind. And then also, this can include contractors agencies, volunteers, therapist, private duty, AIDS, nurses, director, etc. So.

85

00:11:31.198 --> 00:11:34.798  
As I said, if it's a family member, they're not healthcare personnel.

86

00:11:34.798 --> 00:11:39.808  
The person being supportive is not healthcare personnel however.

87



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00:11:39.808 --> 00:11:45.869

Even this image of this clown who is coming there as kind of a volunteer.

88

00:11:45.869 --> 00:11:53.068

Is going to be considered a health care personnel, even though normally you don't think of them as health care personnel, but basically all unpaid and.

89

00:11:53.068 --> 00:12:01.798

Paid an unpaid person serving in that setting who has potential for direct indirect exposure is considered health care personnel as defined by the guidance.

90

00:12:01.798 --> 00:12:11.938

And then the next question that we get, because some of the guidance pertains to wearing certain PPE in patient, slash resident care areas.

91

00:12:11.938 --> 00:12:21.479

What does that mean? It's all areas where care is rendered. Where diagnostic or treatment procedures are performed or anywhere. There is potential for patient.

92

00:12:21.479 --> 00:12:24.899

Or resident encounters reports in supported encounters.

93

00:12:24.899 --> 00:12:31.254

So that means any place that a resident or person supported can access,

94

00:12:31.254 --> 00:12:34.913

so living room or area in your,

95

00:12:35.543 --> 00:12:36.594

in your residences,

96

00:12:36.594 --> 00:12:40.943

where person supported can be. the bedrooms of course.

97

00:12:41.183 --> 00:12:53.364



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And the only places where this would not apply would be any areas where it's only for staff and none of the person supportive can go there. And it's clear and they never are in that space.

98

00:12:53.754 --> 00:12:58.134

And you will not encounter them in that space. That is not a patient.

99

00:12:58.438 --> 00:13:12.448

A resident care area. Okay. So, now going to what is required, and we've talked about this in many different calls. So this should not be new, but all health care personnel as.

100

00:13:12.448 --> 00:13:16.139

I previously define must wear a medical facemask,

101

00:13:16.139 --> 00:13:20.399

So that's either surgical procedure mask while in the facility.

102

00:13:20.724 --> 00:13:31.734

Where those services are provided, and in addition for universal eye protection, health care personnel must wear eye care protection in those patient care areas as I define them.

103

00:13:31.943 --> 00:13:40.644

And in any area where staff where their staff where 6 feet of distancing is unable to be maintained.

104

00:13:40.644 --> 00:13:53.453

So, even in those places, where you might not encounter a person supported, maybe it's a staff designated area. If it's a small space and you have multiple staff in there that they cannot be 6 feet apart.

105

00:13:53.453 --> 00:13:58.313

We're also going to healthcare must still wear eye protection in those areas.

106

00:14:00.269 --> 00:14:14.964

So what are the different masks? Right? So cloth face coverings they are not considered personal protective equipment. So healthcare personnel should not be



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wearing these while in your facility, medical face mask they are personal protective equipment.

107

00:14:14.964 --> 00:14:24.923

However, they should not be worn if you are, if your staff has been fit tested, they should not be worn during aerosol generating procedures. And I'll go over that in detail.

108

00:14:25.229 --> 00:14:28.259

In the, um, um, upcoming slides.

109

00:14:28.259 --> 00:14:32.068

And then respirators, they are considered personal protective equipment.

110

00:14:32.693 --> 00:14:45.864

They should only be worn by those as that are medically cleared and fit tested as part of a complete respiratory protection program and they must be worn during aerosol generating procedures that again,

111

00:14:45.864 --> 00:14:48.774

I will cover in the upcoming sides.

112

00:14:50.489 --> 00:15:00.178

A note with masks, so these 2 examples of mask with valves. I'm sure many of you have already seen this.

113

00:15:00.178 --> 00:15:12.683

Uh, out in public, but they are cloth mass with valves. There are respirators would valves escalation valves, make it easier for you to breathe when you're wearing it? However, they should not be used.

114

00:15:12.683 --> 00:15:25.884

They must not be used because it may allow unfiltered air to escape. They're not used for they do not provide source control so, mask with escalation valves do not provide source control and they must not be used in.

115

00:15:26.188 --> 00:15:35.158

The facility, so, some rules about masks.



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116

00:15:35.158 --> 00:15:40.889

That the guidance outlines do not double mask or wear a mask under a respirator.

117

00:15:40.889 --> 00:15:49.649

Base Shields must never be worn as a substitute for mask. I'm sure some of you have also seen that in public where people are wearing face Shields, but not a mask.

118

00:15:49.649 --> 00:16:04.614

That is, face shields are not a substitute for mask and then finally healthcare personnel must remove their face mask at the end of the shift and change into a cloth face covering, or their own mask when they leave your facility.

119

00:16:04.614 --> 00:16:17.724

So, Here's a great example that we've seen I actually saw in a facility of a sign that they had right at their exit to remind their, their personnel, their staff to remove and dispose of that mask.

120

00:16:19.678 --> 00:16:30.359

Another word about eating and drinking, because thinking about, when do your staff take off their masks when they're working in your facility? So 1.

121

00:16:30.359 --> 00:16:37.979

Make sure they, they do not eat or drink with the person's being supported because then they would be around those that you are.

122

00:16:37.979 --> 00:16:48.208

Trying to protect, and then in situations where the healthcare personnel are temporarily so they'll say they're gonna eat in the dining room of the residents.

123

00:16:48.208 --> 00:16:58.708

Um, please make sure that remember, at that point, social distancing is critically important. So stagger the meal times. Have your staff not eat at the same time? If feasible.

124

00:16:58.708 --> 00:17:01.708

And if it has to be that way, make sure that.



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125

00:17:01.708 --> 00:17:12.838

You walk, offered to remove some of the chairs, make sure that everything is 6 feet apart. If you had no other option and they had to eat at the same spot. But I think.

126

00:17:12.838 --> 00:17:21.628

In some of and many of your settings, you can probably stagger those break time so that it even reduces that risk from staff to staff.

127

00:17:21.628 --> 00:17:25.949

Member, hey, a word on eye protection. What is.

128

00:17:25.949 --> 00:17:40.134

What do we define as appropriate? eye protection CDC defines eye protection as either a shield or goggles. That are indirectly vented that fit snugly from the corners of the eye across the brow.

129

00:17:40.344 --> 00:17:47.364

And, um, and then face shield should cover the front and sides of the face. And wrap around the face to the point of the ear.

130

00:17:49.769 --> 00:17:58.499

If your if you're setting your facility has, no, you cannot find any face Shields or appropriate goggles.

131

00:17:58.499 --> 00:18:05.638

Then you're at crisis capacity if you are please reach out to D. C, health, health and medical coalition.

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00:18:05.638 --> 00:18:12.719

To inform us that you are at a crisis capacity for your eye protection, if you are in crisis capacity.

133

00:18:12.719 --> 00:18:23.759

Then you are able to have this alternative, but again, make sure to reach out because the face shield and indirectly vented goggles is appropriate.



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134

00:18:23.759 --> 00:18:29.909

Crisis capacity for protection are strategies to use when you do not have any of those available.

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00:18:29.909 --> 00:18:41.459

So, you could consider using safety glasses without gaps on the side, but that's only if you have shown that your facility has not been able to purchase access, face Shields or indirectly vented goggles.

136

00:18:41.459 --> 00:18:54.058

And again, if you're at this level of crisis capacity for your please reach out, we should know that you are in that capacity. So that we can see if there's anything we can do to help you.

137

00:18:54.058 --> 00:19:02.699

Regardless of where you're at, even if you're at crisis capacity, there are certain I protection. That is not.

138

00:19:02.699 --> 00:19:10.318

Acceptable at all and that includes safety glasses with gaps or does not cover the sides of the eyes.

139

00:19:10.318 --> 00:19:21.838

Any directly vented goggles what? That means if you look at these goggles, there's holes at the top, right? That is a directly vented goggle that should not be used.

140

00:19:21.838 --> 00:19:30.808

And eyeglasses are never considered protection, even when there are those things on the side of them that I've seen people try to purchase.

141

00:19:32.159 --> 00:19:38.368

So this is a really good imaging to kind of hit home. Why we are requiring.

142

00:19:38.368 --> 00:19:46.348

Indirectly vented goggles and face Shields. So I talk a lot about pretend that your spring paint.

143



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00:19:46.584 --> 00:19:47.574  
What would happen?

144

00:19:47.604 --> 00:20:02.094

And that's how you can determine if that eye protection is appropriate you can see here in this demonstration with a splash how indirectly vented goggles in a face shield really protects those mucous membranes around the eyes.

145

00:20:02.729 --> 00:20:12.028

And you can see, even in that, the, the 2nd column, you can see what a safety glass safety glasses that is not appropriate. How that doesn't really protect from splashes.

146

00:20:12.028 --> 00:20:24.233

And how eyeglasses don't protect either. Okay. So now we're going to talk about what are the requirements for different clinical scenarios? What are and health care personnel?

147

00:20:24.413 --> 00:20:34.044

What must they wear while they're in the facility? 1, if Covid-19 is not suspected in any of the person supported, and those settings that had mentioned before.

148

00:20:35.128 --> 00:20:38.578

Healthcare person must wear a medical face mask.

149

00:20:38.578 --> 00:20:44.699

And appropriate eye protection, whether that's a shield or indirectly vented goggles as we just covered.

150

00:20:46.798 --> 00:20:50.368

What about if there's an aerosol generating procedure.

151

00:20:50.368 --> 00:21:01.138

All health care personnel must wear the following during aerosol generating procedures for all persons being served, regardless of their Covid-19 status. So, even if they are.

152

00:21:01.138 --> 00:21:04.259





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Not symptomatic for and they're not positive.

153

00:21:04.259 --> 00:21:11.818

This is, must be worn during, must be worn during aerosol generating procedures. So that includes.

154

00:21:11.818 --> 00:21:22.138

A gown 1, pair of non sterile gloves and N95 or equivalent respirator. If your staff have been fit tested for it.

155

00:21:22.138 --> 00:21:26.699

And it's part of this as part of a complete respiratory protection program.

156

00:21:26.699 --> 00:21:39.778

And eye protection and what are aerosol generating procedures? So we've talked about this before examples of aerosol, generating procedures include some of these, like, Bipap.

157

00:21:39.778 --> 00:21:43.798

cpaps, that's types of non invasive ventilation, so.

158

00:21:43.798 --> 00:21:56.308

Uh, you know, some of the person's you support might where 1 of these, when for sleep apnea, for example, open suctioning of Airways, anything that induces sputum.

159

00:21:56.308 --> 00:21:59.788

nebulizer treatment administration.

160

00:21:59.788 --> 00:22:03.148

High flow oxygen delivery.

161

00:22:03.148 --> 00:22:11.459

Any cardiopulmonary, resuscitation or manual ventilation or just some of the few examples of aerosol generate procedures that you might encounter in your setting.

162

00:22:13.348 --> 00:22:17.909



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So, a couple of reminders while we're on the topic of aerosol generating procedures.

163

00:22:17.909 --> 00:22:22.888

Do not perform aerosol generating procedures in common areas of the residents.

164

00:22:22.888 --> 00:22:26.068

So, for example, not in the kitchen.

165

00:22:26.068 --> 00:22:30.209

Not in the dining room, not in the living room.

166

00:22:30.209 --> 00:22:42.509

If other person, so, for example, if they're in a room and they have a roommate, you want to try to avoid having the room you want to have that roommate not in the room during that aerosol generating procedure if at all feasible.

167

00:22:42.509 --> 00:22:56.398

So this caution on that, and then you want to perform aerosol generating procedures in a well ventilated room. So some bathrooms sometimes don't have Windows, like, in this image. So you don't want to do it there if you can avoid it.

168

00:22:56.398 --> 00:23:00.719

Ideally, you'd want to do it in that person's room with.

169

00:23:00.719 --> 00:23:01.199

Well,

170

00:23:01.344 --> 00:23:01.794

well,

171

00:23:01.794 --> 00:23:02.693

ventilated room,

172

00:23:02.693 --> 00:23:04.763

so opening a window,



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173

00:23:04.763 --> 00:23:05.423  
for example,

174

00:23:05.423 --> 00:23:07.913  
and then after you do that aerosol generating procedure,

175

00:23:08.124 --> 00:23:11.124  
if other persons supported have to go into that room,

176

00:23:11.304 --> 00:23:19.104  
you want to make sure that you clean and disinfect that space and make sure that the window that you have good ventilation and that space you for letting other individuals in that.

177

00:23:19.499 --> 00:23:23.909  
In that room after an AGP.

178

00:23:23.909 --> 00:23:27.659  
Okay, so the next requirement really talks about.

179

00:23:28.253 --> 00:23:38.634  
Persons who are under observation and what do we mean by that in our guidance observation really refers to persons who are asymptomatic.

180

00:23:38.634 --> 00:23:47.693  
So they don't have any symptoms and they're quarantine because they were newly admitted to your facility or your setting from another high risk setting.

181

00:23:47.693 --> 00:23:56.243  
So, if they are newly admitted, they should be quarantine for 14 days even if they're asymptomatic. And we call that observation.

182

00:23:56.608 --> 00:24:02.939  
So, during observation, what is the required to be worn for those individuals?

183



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00:24:02.939 --> 00:24:14.068

All healthcare personnel must wear the following some kind of respiratory protection. So either and N95 respirator or a medical face mask is appropriate.

184

00:24:14.068 --> 00:24:17.429

I protection.

185

00:24:17.429 --> 00:24:24.628

Gown and 1, pair of non sterile gloves and keep in mind that the gown and the gloves.

186

00:24:24.628 --> 00:24:35.189

At minimum should be removed when let's say you're caring for someone under observation and then you have to leave that room and care for another person being supported.

187

00:24:35.189 --> 00:24:42.298

You should remove that additionally eye, eye protection.

188

00:24:42.298 --> 00:24:48.749

Or medical face mask, or a respirator if they are visibly soiled contaminated should be.

189

00:24:48.749 --> 00:24:59.519

Uh, removed as well, what if the person you are supporting is symptomatic with Covid symptoms, and they are awaiting their test results.

190

00:24:59.519 --> 00:25:04.858

Or they test positive or under quarantine because they were exposed to someone.

191

00:25:04.858 --> 00:25:08.038

Who was positive so again.

192

00:25:08.038 --> 00:25:18.358

If they're symptomatic, if they test positive or under quarantine, even if they're asymptomatic because of a direct exposure to a known positive.

193



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00:25:18.358 --> 00:25:24.358

Individual then health care personnel, caring for them should wear respiratory protection.

194

00:25:24.358 --> 00:25:36.118

Like, a mask, a face mask or a respirator we want to in this instance, we want to if you don't have a lot of respirators and I know that's tough to find. You can reserve.

195

00:25:36.118 --> 00:25:40.469

Respirators for aerosol, generating procedures and use a face mask.

196

00:25:40.469 --> 00:25:48.509

That's why there's an or there and then I protection is required down and gloves. So again to reiterate.

197

00:25:48.509 --> 00:25:53.939

If a person is symptomatic because of like, Covid-19 symptoms.

198

00:25:53.939 --> 00:26:07.048

As awaiting test results for that, or has tested positive or under quarantine because of a direct exposure to unknown positive individual. This is the PPE that is required for health care personnel to wear.

199

00:26:08.249 --> 00:26:14.548

General PPE information, so just as a reminder personal protective equipment.

200

00:26:14.548 --> 00:26:18.628

It is called the equipment because it needs to be.

201

00:26:18.628 --> 00:26:24.778

Worn correctly and used correctly for it to actually protect the person wearing it.

202

00:26:24.778 --> 00:26:29.398

P. P. E. alone is also not a substitution for social distancing.

203



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00:26:29.398 --> 00:26:37.769

So, just because I'm wearing my mask and my eye protection does not mean I should be within 6 feet of other staff in.

204

00:26:37.769 --> 00:26:52.528

That I work with, for example, obviously, in the care that are that your DSP's or other direct care providers provide to the person's being supported, they might need to be within 6 feet, which is why PPE is also important to protect them.

205

00:26:52.528 --> 00:27:01.378

So PPE must only be worn in locations where it is required and appropriate. So, for example, we shouldn't wear gloves.

206

00:27:01.854 --> 00:27:05.933

Walking around the facility and wearing it the whole entire time.

207

00:27:05.963 --> 00:27:20.784

So, we wear gloves when we believe we are going to come in contact with bodily fluids or in those instances that I mentioned in the previous slides and remember that we never wear. We never wear the same gloves, caring for different.

208

00:27:21.118 --> 00:27:29.699

Persons, we, we, we, we always take it off and do hand hygiene and hand hygiene hand, hygiene and hygiene.

209

00:27:29.699 --> 00:27:36.239

We always perform hand hygiene before putting on meaning dot Donny or.

210

00:27:36.239 --> 00:27:43.078

And after taking off or so before you put on any.

211

00:27:43.078 --> 00:27:48.209

You should do hand hygiene after you remove any, you should do hand hygiene.

212

00:27:48.209 --> 00:27:56.489

So, what does that mean you really should have hand hygiene products like alcohol, based hand sanitizer available to all of your staff.



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213

00:27:56.489 --> 00:28:02.999

Very frequent use is really due to, you.

214

00:28:02.999 --> 00:28:11.098

Um, providing it right? So, environment is I like the quote, environment is invisible hand that shapes behavior.

215

00:28:11.098 --> 00:28:17.848

And if you make it readily available, people will readily use it the freak and the frequency that you want them to use it.

216

00:28:17.848 --> 00:28:23.699

And any reusable PPE like, for example, if you have usable, eye protection.

217

00:28:23.699 --> 00:28:37.463

It must be properly cleaned decontaminated and stored after use and between uses and CDC does provide guidance on how to properly. And we've talked about that before and these calls how to appropriately clean and disinfect. eye protection.

218

00:28:37.463 --> 00:28:38.903

If you are reusing that.

219

00:28:40.378 --> 00:28:44.189

So, as I promise that images here again.

220

00:28:44.753 --> 00:28:59.273

1 of the requirements in the guidance is that employers of healthcare person must provide comprehensive PPE training to employees because again remember PPE is equipment and it's only effective. It's as effective as.

221

00:28:59.578 --> 00:29:11.604

People using it appropriately, so it's important to provide them training on that. And happily, the CDC's website does have free training videos that can be found at this on their website as well.

222

00:29:12.354 --> 00:29:17.574

Employers of healthcare personnel must conduct routine audits of PPE compliance.



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223

00:29:17.848 --> 00:29:22.409

Specifically for, but not limited to masks and eye protection.

224

00:29:22.409 --> 00:29:35.874

To help inform your educational efforts around the appropriate use of PPE. So these audits should include assessments of PPE used that are specific to preventing the spread of Covid-19. so that's why this image is really important.

225

00:29:35.874 --> 00:29:37.703

So we have guidance.

226

00:29:37.979 --> 00:29:48.298

But I know that really our guidance is really only as good as your integration into your policy and procedures and your facility and your open lines of communications. So that.

227

00:29:48.298 --> 00:29:55.709

Really crucial frontline staff, direct care personnel, the training and education that you provide them to do it properly.

228

00:29:55.709 --> 00:30:01.378

And then, on on your end, really monitoring and auditing that they're doing that in your locations.

229

00:30:01.378 --> 00:30:10.169

Will help you understand how to improve their compliance that they can protect themselves their loved ones and the persons that you support.

230

00:30:10.169 --> 00:30:15.959

So, we always mentioned our guidelines continue to be updated as.

231

00:30:15.959 --> 00:30:21.598

You know, the science evolves as we learn more information as, and as the outbreak evolved. So.

232

00:30:21.598 --> 00:30:27.598





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Um, as I always say, please visit [coronavirus.dc.gov](https://coronavirus.dc.gov) regularly.

233

00:30:27.598 --> 00:30:33.358

Look at the health guidance's click on the phase 2 tab click on the health guidance tab.

234

00:30:33.358 --> 00:30:41.969

Check that regularly, make sure that. And looking at that guidance, make sure that your policies and procedures are also updated to reflect.

235

00:30:41.969 --> 00:30:45.598

The minimum requirement by D. C. health.

236

00:30:45.598 --> 00:30:56.308

And I just want to again, I thank all of you as, you know, as Director Reese does. And as we do, we, thank you for really doing all that you have been doing.

237

00:30:56.308 --> 00:31:01.769

It certainly looks like it's, it's, it's paying off based on what Director Reese has shown.

238

00:31:01.769 --> 00:31:09.659

Like I said, this is a marathon, I'm a basketball fan, and I'm also from Miami, the Miami Heat fan and what I will say is.

239

00:31:09.659 --> 00:31:16.828

Jimmy Butler, who is a player on the Miami heat he has the work ethic. I think a lot of you guys have meaning.

240

00:31:16.828 --> 00:31:29.814

We don't improve unless we continue to push through even when you are getting a win right? So we don't stop training. We don't stop the efforts. The efforts that you're doing.

241

00:31:29.814 --> 00:31:32.304

Now, keep that keep those numbers low.

242



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00:31:32.578 --> 00:31:39.058

Keep those numbers all, which shows us that we're protecting those, that we're serving and we're protecting our.

243

00:31:39.058 --> 00:31:49.348

Our our frontline workers and the whole of DC community, so really the effort to keep those numbers where it is is commendable and it continues. So.

244

00:31:49.348 --> 00:31:56.219

Please stay vigilant and we're really I just want to say from DC health perspective, we're here to support you in doing that work.

245

00:31:56.219 --> 00:32:03.058

We know that the bulk of it is really on all of you, but we're here to really help support you in doing that.

246

00:32:03.058 --> 00:32:08.548

Um, and I know that many of you might have questions, but I do want to use this opportunity to now.

247

00:32:08.548 --> 00:32:15.749

Introduce my, my colleague from DC, health, health care facilities team Andrea Cocker who's gonna talk a little bit about.

248

00:32:15.749 --> 00:32:24.419

Our pilot program, which in ICF, which again is part of us really wanting to support all of you to.

249

00:32:24.419 --> 00:32:30.088

Continue these efforts during this pandemic so Andrea.

250 **Andrea Cocker:**

00:32:32.394 --> 00:32:46.884

Hi, good afternoon. My name is Andrea Cocker, and I'm going to technical assistance team member with DC health epidemiologists sutherland's branch Covid-19 emergency response team. We'll also have coworkers here.

251

00:32:46.943 --> 00:32:49.523

Rashanda Hamon and Nelson



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252

00:32:50.489 --> 00:32:54.419  
Vannucci.

253

00:32:56.273 --> 00:33:09.564  
So dc health Covid- 19 emergency and response health care facilities team in collaboration with CDC, as powelton and infection control and prevention pilots program also against care facilities in the district.

254

00:33:09.868 --> 00:33:13.828  
While Covid-19 has affected all DDS settings.

255

00:33:13.828 --> 00:33:20.669  
Dc health is piloting this program in the ICF settings because the person's residing in the ICF's

256

00:33:20.669 --> 00:33:27.749  
Generally have more medical complex needs and have more serious outcome related to Covid-19.

257

00:33:27.749 --> 00:33:31.348  
You see how this pallets in this logo program.

258

00:33:31.348 --> 00:33:39.959  
Affects the ability of using remote or virtual infection control assessments, which are telly. So, in the district.

259

00:33:39.959 --> 00:33:45.628  
While the tell, her is used extensively in other sub settings.

260

00:33:45.628 --> 00:33:50.759  
This will be the 1st time it is applied in the ICF setting with CDC support.

261

00:33:50.759 --> 00:33:58.679  
Teliicons usually use voice and a video conference devices as an alternate.

262



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00:33:58.679 --> 00:34:03.419

Steve, so they are in person infection, control and prevention assessments and consultations.

263

00:34:03.419 --> 00:34:09.418

During the facilities will discuss their current policies around.

264

00:34:09.418 --> 00:34:24.088

Personal protective equipment and hydrogen environmental clean and disinfect there's infection screening and notification of Covid-19 with the health subject matters expressed from our team.

265

00:34:24.088 --> 00:34:27.599

The goal of this pilot program.

266

00:34:27.599 --> 00:34:33.119

The goal of this pilot program is to provide an infection control resource for ICF's that will.

267

00:34:33.119 --> 00:34:40.018

Enhance and improve infection control practices and additionally it will also help.

268

00:34:40.018 --> 00:34:43.409

Us explore the feasibility.

269

00:34:43.409 --> 00:34:47.039

Of expanding that to the icons to all the ICF to the district.

270

00:34:47.039 --> 00:34:53.309

This program will recruits a title of 10 to 12 assets over the next 2 months.

271

00:34:53.309 --> 00:34:58.588

With the goal of recruits in 1 location from each of the providers in the district.

272

00:34:58.588 --> 00:35:10.289



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Main intention is providing a Tele Icar for 1 location for each of the ICF providers is that this can provide ICF providers, knowledge or infection control practices.

273

00:35:10.289 --> 00:35:15.358

That they can implement not only in that's 1 location, but in all of their locations.

274

00:35:15.358 --> 00:35:23.878

If you're an ICF, a provider will be reaching out to you in the coming months to participate in this project.

275

00:35:23.878 --> 00:35:34.168

Once again as Daryl and said, well, thank you for everything that you do for your continued walk to keep the presence, your support staff and the DC community is safe.

276

00:35:34.168 --> 00:35:41.099

And who look forward to providing this racist ICF providers spite of our continued efforts to.

277

00:35:41.099 --> 00:35:46.318

Um, in support to DDS and the provider community. If you have any questions.

278

00:35:46.318 --> 00:35:54.028

Um, after this call, please feel free to email [coronavirus.HAI@dc.gov](mailto:coronavirus.HAI@dc.gov).

279 **Director Andrew Reese:**

00:35:56.393 --> 00:36:06.623

Thank you very much so, during your presentation, Daryl, we did get a couple of questions. So if we have time now, I'd like to walk through some of those. There was 1 type in that.

280

00:36:06.623 --> 00:36:16.523

I responded to someone asked, did the PPE guidance refer to or ICF oe waiver placements? In fact.

281

00:36:17.009 --> 00:36:24.208

As as indicated in the PowerPoint, it applies to all D. C.



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282

00:36:24.208 --> 00:36:33.059

Health licensed facilities in the district, so that would be intermediate care facilities and residential habitation placements.

283

00:36:33.059 --> 00:36:44.429

And as the 1st, couple of slides indicated it's required in those settings, and then it's guidance that should be considered in other settings, such as supported living.

284

00:36:44.429 --> 00:36:55.409

And then there was a question if a person is COVID positive and requires an aerosolize generating procedure, such as CPAP while sleeping.

285

00:36:55.409 --> 00:37:00.389

What measures should be taken to keep staff and other residents in in the home safe?

286 **Daryl Hawkins:**

00:37:00.389 --> 00:37:07.409

Okay, great Thank you. So, in that instance, if they're wearing a C, pep.

287

00:37:07.409 --> 00:37:11.369

Uh, a CPAP during their COVID positive.

288

00:37:11.369 --> 00:37:24.088

Really anybody with a CPAP, even if they're not COVID positive you want to make you want to if they're COVID positive for sure. They should not be sharing that room with another person and.

289

00:37:24.088 --> 00:37:27.989

Increasing the ventilation and that space is also important.

290

00:37:27.989 --> 00:37:33.568

If they are not COVID positive, I would still consider trying to.

291

00:37:33.568 --> 00:37:41.969



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Make it so that they don't have a roommate in that room. I know. That's not always feasible, but consider that increasing the ventilation in that space.

292

00:37:41.969 --> 00:37:56.548

Those are carrying for those persons who are COVID positive, as we mentioned, as I showed that slide they have to people have to wear those that are serving those persons that are COVID positive need to wear.

293

00:37:56.548 --> 00:38:01.139

Um, an isolation, Ghana, 1, pair of.

294

00:38:01.139 --> 00:38:12.150

Non sterile gloves, and I do want to take this time to say, not necessarily in your settings what we've seen in other settings, people wearing double gloves or 2 gloves, taking off the gloves.

295

00:38:12.150 --> 00:38:25.679

Sanitizing the glove, we do not do that. That is not appropriate. It wasn't appropriate pre COVID and it's not appropriate now. And how so make sure to run 1 pair of non sterile gloves.

296

00:38:25.679 --> 00:38:33.960

Removing the glove hand hygiene on your actual bear skin. I just want to point that out. So COVID positive.

297

00:38:33.960 --> 00:38:38.394

Individuals who have AGPs who have gown gloves,

298

00:38:39.355 --> 00:38:41.485

eye protection and then for those individuals,

299

00:38:41.485 --> 00:38:42.085

since they're having,AGP's

300

00:38:43.164 --> 00:38:46.344

if you have a staff that are fit tested,

301



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00:38:46.554 --> 00:38:49.735

they should wear a respirator if they are fit tested.

302

00:38:49.735 --> 00:38:52.344

And and as part of your respiratory protection program.

303

00:38:52.650 --> 00:39:00.985

So that's the guidance for positive individuals with AGP's and no roommates and increasing ventilation. Thank you.

304 **Director Andrew Reese:**

00:39:01.074 --> 00:39:01.284

So,

305

00:39:01.284 --> 00:39:04.974

that was very good transition to their next question,

306

00:39:05.784 --> 00:39:08.094

which is there were 2 questions about this,

307

00:39:08.094 --> 00:39:08.574

actually,

308

00:39:08.875 --> 00:39:18.505

who is qualified to do fit testing for staff using at N95 and does DC health provide fit testing training to residential providers?

309

00:39:18.505 --> 00:39:21.505

I also just want to note that.

310

00:39:22.559 --> 00:39:36.599

Our nurse practitioner, our nurse educator has done training for all staff that included in it, um, PPE guidance that included a video about fit testing, but perhaps you could let us know.

311

00:39:36.599 --> 00:39:42.389

Who's qualified to fit test and does DC health provide training on this?





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312 **Daryl Hawkins:**

00:39:42.389 --> 00:39:45.449

Hey, thank you. So we.

313

00:39:45.449 --> 00:39:56.159

Do not DC health at this time does not do fit testing and we've had this question from many different settings. So we do not provide fit testing.

314

00:39:56.159 --> 00:40:02.400

Um, we can provide references and resources that will help.

315

00:40:02.574 --> 00:40:16.224

Any facility comply with the ocean regulations for protecting your staff, with, for any respiratory hazards such as COVID-19.

316

00:40:16.494 --> 00:40:25.974

so, they, in that OSHA requires that facilities that do have that create a respiratory protection program.

317

00:40:25.974 --> 00:40:40.014

So it's basically a written respiratory protection program as required by OSHA regulations. And in that, it kind of part of that is really doing fit testing for respirators and other other aspects.

318

00:40:40.409 --> 00:40:48.030

So, we can provide resources links to that. I'm happy to share that in the chat. If I can pull it up.

319

00:40:48.030 --> 00:40:53.219

And then, but for fit testing itself, we do not do that.

320

00:40:53.219 --> 00:40:57.000

Those that are, who is able to do fit testing .1.

321

00:40:57.000 --> 00:41:02.460

As far as I'm aware there is not OSHA does not the regulation require.

322



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00:41:02.460 --> 00:41:05.789

A special certification to do the fit testing.

323

00:41:05.789 --> 00:41:12.210

However, those who are doing the fit testing, needs to understand how to do that process properly because FIT

324

00:41:12.210 --> 00:41:26.934

Testing is really making sure that that respirator works. Meaning I kind of liken it to going to the store, like old navy or or or gap or wherever to buy pants.

325

00:41:27.144 --> 00:41:29.815

You want to try on those pants to make sure they fit.

326

00:41:30.090 --> 00:41:38.940

And that's part of, you know, having respirators work is that they need to fit the person who's wearing it. And after that, the person who.

327

00:41:39.355 --> 00:41:50.065

Has now been fit tested with this respirator needs to know how to properly wear it and check to make sure it's still fits every time they wear it so that's the seal check portion.

328

00:41:50.304 --> 00:41:58.405

So, my analogy to that is I go to a store, try on different pairs of jeans, find the right size. That's fit testing.

329

00:41:58.735 --> 00:42:10.614

Then, every time I put on those jeans, either, they tried to now that I tried it on at the store and I bought it every time I put it on. I make sure it fits before I leave the house in case. I eat too much chips.

330

00:42:10.885 --> 00:42:14.454

The day before to make sure it fits that's the seal checking part. So.

331

00:42:14.969 --> 00:42:18.599

Long story short DC help does not provide fit testing.



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332

00:42:18.599 --> 00:42:24.449

Osha regulations really outline what needs to be done on a facility level.

333

00:42:24.449 --> 00:42:31.260

Uh, meaning the respiratory protection part what ideas I can provide is that other facilities who.

334

00:42:31.260 --> 00:42:35.969

Are asking about this there are 3rd party companies that do the testing.

335

00:42:35.969 --> 00:42:42.000

We don't have a recommendation on on and we don't provide recommendations for 3rd party companies.

336

00:42:42.000 --> 00:42:49.349

We do know some folks also reach out to hospitals who have occupational health programs to.

337

00:42:49.349 --> 00:42:56.579

I get assistance from them. Those are some ideas that we've heard from the field from other facility settings.

338 **Director Andrew Reese:**

00:42:56.579 --> 00:43:05.340

So someone was asking if the PowerPoint can be available, can be made available to be posted on our website.

339 **Daryl Hawkins:**

00:43:05.340 --> 00:43:19.469

We can, I will make sure that we can I'll take a see if we can do that. I have to clear it with if it's going to be published, we have to get it approved. But yes, we'll I'll, I'll.

340 **Director Andrew Reese:**

00:43:19.469 --> 00:43:28.980

I want to make that have any so the definition of a patient or resident care area include outside the home in the community.

341 **Daryl Hawkins:**

00:43:30.480 --> 00:43:35.849

So, are you with your.



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342

00:43:35.849 --> 00:43:46.409

Are you with the person being supported? So, for example, if I'm with a person being supported and I'm going out, and then I'm pushing them in their wheelchair, for example.

343

00:43:46.409 --> 00:43:50.610

The answer is, you are.

344

00:43:50.610 --> 00:44:00.809

You are in the same space as that person that you're supporting. I know that this has come up as a question before, in terms of wearing eye protection while you're walking.

345

00:44:00.809 --> 00:44:10.679

In the parks or or what not right now, this guidance is really for healthcare facilities as defined.

346

00:44:10.679 --> 00:44:15.329

Um, by what we discussed, so it doesn't.

347

00:44:15.329 --> 00:44:25.079

It doesn't cover when you're off the facility during a group activity, for example, but I would say that you should.

348

00:44:25.079 --> 00:44:28.860

Definitely where universal mass.

349

00:44:28.860 --> 00:44:35.940

Around person's being supported and if you need to be within 6 feet really consider wearing eye protection when you are in.

350

00:44:35.940 --> 00:44:40.860

In your group activities, but we'll get that clarification because this guidance does not.

351

00:44:41.034 --> 00:44:42.625



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Address that specifically,

352 **Director Andrew Reese:**

00:44:43.914 --> 00:44:45.085

so there are a couple more,

353

00:44:45.085 --> 00:44:50.065

but I also we had gotten a question earlier today that I want to make sure that we get to because it is,

354

00:44:50.065 --> 00:44:50.815

I think,

355

00:44:50.965 --> 00:44:52.855

so vitally important,

356

00:44:53.215 --> 00:45:01.914

which is earlier this week DC health met with all of our ICF providers to talk about infection control and all of their placements.

357

00:45:04.465 --> 00:45:17.695

And presented that people should only be going out to do essential medical appointments and to what this question says is to delay non, essential medical appointments.

358

00:45:19.014 --> 00:45:25.105

They also said that virtual appointments could be done to the great should be done to the greatest extent possible.

359

00:45:26.425 --> 00:45:34.855

I want to clarify in DC health can, and that I'm certain DC health and I are saying the same thing, which is.

360

00:45:35.400 --> 00:45:40.525

Whether an appointment is essential or not is a decision for the,

361

00:45:40.855 --> 00:45:44.934

the health care provider who's providing that care so that if you,



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362

00:45:44.934 --> 00:45:45.684  
for example,

363

00:45:45.684 --> 00:45:50.574  
have a quarterly visit with a physician for follow up for a particular condition.

364

00:45:50.875 --> 00:45:54.445  
And I believe I've said this several times.

365

00:45:55.050 --> 00:46:00.239  
There needs to be a phone call to that health care provider to ask.

366

00:46:00.239 --> 00:46:08.280  
Can this be, does this need to be done on that schedule? Can this be done remotely? Is it essential that this occur?

367

00:46:08.905 --> 00:46:21.295  
Putting off routine healthcare is not an option right now and particularly making a decision ourselves that it's okay to put something off.

368

00:46:21.385 --> 00:46:31.195  
It is the physician or the whatever healthcare provider who has recommended the particular follow up. It's their decision.

369

00:46:31.494 --> 00:46:39.835  
1st, can this effectively be provided remotely and secondly is essential and is it something that requires you to come in and see me?

370

00:46:40.074 --> 00:46:47.755  
And lastly, could they make a decision that yes it's important, but we could put it off for a few months.

371

00:46:48.235 --> 00:47:00.954  
All of those are medical questions for the person who's recommended the treatment, and you need to consult with that person about how the treatments provided and when it's provided and it should be provided consistent with that.



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372

00:47:01.284 --> 00:47:12.264

There's something else in this about our health and wellness staff. Will ding people if they fail to follow through with a routine appointment?

373

00:47:12.690 --> 00:47:24.960

As I've said throughout this, there needs to be documentation that there's a conversation with the person recommending the treatment. And that care is being provided consistent with those recommendations.

374

00:47:24.960 --> 00:47:32.099

And I expect D. C health. I know we've got Sharon as a panelist Sharon. Evan. So, if.

375

00:47:32.099 --> 00:47:42.809

If if if our communication is in any way different, and I don't think it is all of us recognize because, you know, that slide. I showed earlier.

376

00:47:42.809 --> 00:47:49.800

Where the number of desks was perhaps only 27 we don't want any.

377

00:47:49.800 --> 00:47:55.050

People haven't been dying from COVID, but we have had other deaths.

378

00:47:55.050 --> 00:48:06.204

It is essential that people be getting, you know, that they, that they get up safely for some exercise in the community to walk around to get exercise.

379

00:48:06.355 --> 00:48:15.505

They get routine healthcare that they be taking care of themselves. The guidance has been updated recently to allow for visitation.

380

00:48:15.505 --> 00:48:29.215

So, that their social needs can be met as well, there's connections with family can be maintained, their physical health can be maintained we want to protect people from COVID, but we also want to make sure that any underlying health conditions are addressed.



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381 **Sharon Evans:**

00:48:30.625 --> 00:48:42.894

Hi, this is Sharon. Yes. Directories we are in total agreement. Your physician is the 1 that makes determination if the medical appointment is essential.

382

00:48:42.894 --> 00:48:55.105

I think it's important also to educate some of your physicians or healthcare personnel to let them know that the ICF may not be familiar with the guidance.

383

00:48:55.315 --> 00:49:08.275

So, let them know that there is a stay at home order for ICFs and reshab and that you need to know if this is essential for the health and safety of the people that you're serving.

384 **Director Andrew Reese:**

00:49:17.994 --> 00:49:31.344

So there's a question here, I find it unusual. That fit testing is required for N95 masks yet. Everyone is very hands off about the issue. It seems like undue liability for the provider. I wish that this was not so ambiguous.

385

00:49:31.344 --> 00:49:38.755

We had been left on our own to figure this out, which many of us have done, but wish we could get clearer assistance.

386 **Daryl Hawkins:**

00:49:40.409 --> 00:49:46.349

I think so. This is Daryl Hawkins. I know that I'm.

387

00:49:46.349 --> 00:49:49.829

You I think a lot of facilities are struggling.

388

00:49:49.829 --> 00:49:53.190

Not just in the setting in many settings about fit testing.

389

00:49:53.190 --> 00:50:02.280

Because in the past Pre COVID, many of them did not have a respiratory protection program or regularly fit tested their.

390

00:50:02.280 --> 00:50:05.550

Staff, so I understand that that's difficult.





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391

00:50:06.894 --> 00:50:18.414

Like I said, though, however, if I put some links in the chat that are good references, but if you had any questions, please feel free to reach out to us, we're happy to talk you through that process.

392

00:50:18.835 --> 00:50:22.224

And while right now, DC health doesn't do fit testing for you.

393

00:50:22.530 --> 00:50:26.880

Fit testing for your staff per se we can certainly.

394

00:50:26.880 --> 00:50:29.880

Help you.

395

00:50:29.880 --> 00:50:33.599

When you look at these links, if you had any questions about them.

396

00:50:33.599 --> 00:50:39.269

We can, we can certainly ask any questions you might have after looking at that.

397

00:50:39.269 --> 00:50:42.809

Or how to implement.

398 **Director Andrew Reese:**

00:50:46.349 --> 00:50:51.000

So then there's a question, if staff assist a person for 2 minutes without.

399

00:50:51.000 --> 00:51:02.099

With ensuring that CPAP is on properly, can they reuse the mask tomorrow? What is the lifespan of an N95 mask can and N95 be sterilized.

400 **Daryl Hawkins:**

00:51:02.099 --> 00:51:05.519

Great so great question.

401

00:51:05.519 --> 00:51:10.289

Cbc does have a very detailed.



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402

00:51:10.289 --> 00:51:15.480

Link on respirators and what to do for different.

403

00:51:15.480 --> 00:51:23.159

PPE Capacity but I will summarize that here, but there, if you wanted to read more.

404

00:51:23.159 --> 00:51:29.489

It is on the CDC website, I can post that link into chat. Like I did for the previous things.

405

00:51:29.489 --> 00:51:32.969

Um, 1 N95s.

406

00:51:32.969 --> 00:51:39.360

In the normal conventional capacity, if you had a lot of respirators, right? And you did not have a shortage.

407

00:51:39.360 --> 00:51:44.849

You could, you should normally what we do is throw that away after you use it.

408

00:51:44.849 --> 00:51:48.719

The next best thing would be to extended wear it meaning.

409

00:51:48.719 --> 00:51:53.880

Every time you take off that increases your chances of contaminating yourself.

410

00:51:53.880 --> 00:52:03.539

Right so self contamination. So if you want if you can extend use of the, the mask that's better than taking it off, putting it on, taking it off, putting it on.

411

00:52:03.539 --> 00:52:06.750

If you are going to reuse a respirator.

412

00:52:06.750 --> 00:52:20.519



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Um, 1, go with the manufacturer, the manufacturer does not have a reuse amount. Then the guidance is 5 times 5 reuses and that's not 5 days. I will clarify. 5 uses means.

413

00:52:20.519 --> 00:52:24.630

I put it on, I take it off because I'm going to eat. That's 1.

414

00:52:24.630 --> 00:52:32.969

Then I put it back on after I eat, I go and do something else. I take it off. That's 2. so, 5 reuses that's.

415

00:52:32.969 --> 00:52:41.070

5 times you can take it off and then the way that you need to store, that would be an container.

416

00:52:41.070 --> 00:52:54.989

Um, that took minimize cross contamination of the environment, storing it appropriately. Again. Cdc goes over this very specifically, but I'm giving a summary too. If the N95.

417

00:52:54.989 --> 00:53:03.840

Even before those 5 times becomes hard to breathe through, becomes visibly soiled or contaminated. You must discard it.

418

00:53:03.840 --> 00:53:16.469

So that answers the lifespan question, and then can N95s be sterilized. There are ways to decontaminate N95s most of which are not going to be able to be done.

419

00:53:17.034 --> 00:53:29.784

In your facility, so anything that you've seen on the Internet, like, spraying it or missing it yourself with the hydrogen peroxide not appropriate. There are very specific certain ways that, N95 can be decontaminated.

420

00:53:29.784 --> 00:53:37.675

Like, for example, I think in the beginning of the pandemic we had Battelle was doing this.

421

00:53:38.429 --> 00:53:45.510



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We're free for facilities in in the district, so that's 1.

422

00:53:45.510 --> 00:53:49.980

Particular example of a certain decontamination.

423

00:53:49.980 --> 00:53:54.269

Um, that's available for N95s, but again.

424

00:53:54.269 --> 00:54:06.809

The is it a pick and choose which strategy? It depends on how your PPE supply if you had ample amounts of supply of respirators, you should use it the way we did.

425

00:54:06.809 --> 00:54:12.900

Pre COVID, which is, you should discard it if they become soiled and contaminate, you should not reuse it.

426

00:54:12.900 --> 00:54:17.039

If you need to the extended use, meaning wearing the same 1.

427

00:54:17.039 --> 00:54:21.179

For extended period of time is better and then throwing it away at the end of the shift.

428

00:54:21.179 --> 00:54:24.510

If you had to reuse, that's the next step.

429

00:54:24.510 --> 00:54:33.119

And that's 5, 5, taking off and putting on the Max unless a manufacturer gives you something different.

430

00:54:33.119 --> 00:54:40.050

And in those instances, you must store, your staff should know how to store those appropriately.

431

00:54:40.050 --> 00:54:50.635

An appropriate container and again hand hygiene hand hygiene hand hygiene when you reuse a mask, the front is contaminated. So it must be treated as such.



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432

00:54:50.934 --> 00:54:59.965

So it's even more important to do hand hygiene before putting it on and after taking it off in those instances.

**Sharon Evans:**

Hi, Darrell, this is Sharon.

433

00:54:59.965 --> 00:55:14.335

And 1 of my question came up doing a survey that like you to share the response to when if there is a individual who is being isolated because of being positive to COVID

434

00:55:14.364 --> 00:55:20.605

what PPE should be discarded prior to leaving the room.

435

00:55:20.815 --> 00:55:27.175

I know you mentioned in your video that gloves needs to be discarded. Well, what about the face mask.

436 **Daryl Hawkins:**

00:55:28.405 --> 00:55:39.025

So, if they're caring for someone with COVID-19 in the room, and then my other colleagues are here too, including Nelson. But, you know, so he works also on the guidance team.

437

00:55:39.025 --> 00:55:44.155

So he can chime in but face mask unless it's visibly soiled.

438

00:55:44.489 --> 00:55:53.130

Could be continued to be extended as long as there wasn't an aerosol generating procedure that was done for that COVID-19 positive person.

439

00:55:53.130 --> 00:55:58.349

When you were in that room, so you could continue to exceed the use of that.

440

00:55:59.940 --> 00:56:03.210

If, um, you know, I know.



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441 **Nelson Vannucci:**

00:56:03.210 --> 00:56:07.050

So so, was that the question I thought that she was saying.

442

00:56:08.514 --> 00:56:20.545

Should you remove it before you leave the room? Was that the question? Can we just clarify?

**Sharon Evans:**

Yes the person is positive. They think the DSP is providing care for that person.

443

00:56:20.784 --> 00:56:21.054

Now,

444

00:56:21.054 --> 00:56:23.844

the DSP wants to leave the client,

445

00:56:23.875 --> 00:56:25.764

the individual's room,

446

00:56:26.695 --> 00:56:35.905

should they be discarding before they leave the room there face mask but we said that it can keep you to where it

**Daryl Hawkins:**

keep it on.

447

00:56:35.905 --> 00:56:39.085

And if you were going to discard it, do not remove your face mask.

448

00:56:39.389 --> 00:56:46.679

In that person's room, remove it after you leave if you are going to discard it, let's say it was principally soiled.

**Sharon Evans:**

449

00:56:46.679 --> 00:56:49.860

Okay.

450



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**Director Andrew Reese:**

00:56:49.860 --> 00:57:01.110

Well, thank you. We are actually at 1:05. so it's that was a very quick hour today so I really want to thank you for sharing all that information.

451

00:57:01.110 --> 00:57:11.429

I think it's been very helpful. I hope it has been helpful to community and our providers and we will talk with everyone again next week.

**Daryl Hawkins:**

452

00:57:11.429 --> 00:57:15.690

Thank you.

453

00:57:15.690 --> 00:57:20.190

Oh, and I I see.

454

00:57:20.190 --> 00:57:30.719

For indoor visitation we can, if you have any questions, you can always email us in that email or we'll be back next Friday and we'll answer any questions then for indoor visitation.