KidsPeace

**Covid-19 Lessons Learned-Talking Points**

1. Adhere to the CDC and DPH guidelines. Closely monitor the information/recommendations changes frequently.
2. Form a strong collaborative working relationship with your local and state DPH. Arrange for routine calls/check-ins.
3. Work closely with your Medical Director, PCP.
4. Work closely and collaboratively with OPM, DJJ, RCCL, etc.
5. Ensure you have Isolation space and protocols in place. Ideally this space should be located in a separate building to avoid contamination to other parts of your facility. Two isolation room should be in place. One, for residents that are symptomatic and yet to be diagnosed and one for residents who have been diagnosed as positive.
6. When a resident has been moved to isolation, their living unit should be quarantined until a diagnosis has been determined for the symptomatic resident/s. If any resident who has been moved to isolation tests positive, their living unit needs to remain quarantined for 14 days. If the resident/s test negative, the quarantine can be lifted.
7. Ensure you have strong PPE protocols in place for the isolation room. (N95 masks, face shields, gowns, gloves, etc.)
8. If a resident who was/is symptomatic tests negative yet has been “exposed”, assume they are positive and act accordingly.
9. All staff needs to utilize PPE. It is further recommended that residents also be issued PPE on a daily bases.
10. Limit the number of bathroom stalls and showers being used.
11. Contract to increase your sanitizing of the facility.
12. If possible, utilize single bedrooms only.
13. Unless your cafeteria is large enough to allow for good social distancing, close it down. Serve meals on the living units/cottages.
14. Continue to suspend all non-essential visitors, home visits, etc. This is NOT over with. Flu season is approaching and with compound our challenges.
15. It is very difficult to enforce social distancing and the use of PPE amongst residents. Regardless, of ongoing client education, this remains a challenge.
16. Make sure you remove and nose wire/metal for all face masks issued to residents. It can be used to self-injure or as a weapon.
17. Increase programming for residents. Keep them separate, but get them outside engaged in open-air activities.
18. Identify in advance staff who are willing to work on an isolation/quarantined unit/space. Consider hazard/incentive pay although this is quite challenging given our stretched resources.
19. Be prepared the best you can for a sudden surge in covid-19 which can significantly impact your operations and safety.
20. Workforce challenges which have been ongoing due to very low unemployment, have been compounded tenfold with the onset of covid-19. Due to our lack of resources, wages, low unemployment, the extensive and demanding required background checks, difficulty recruiting and high turn-over has been a number 1 struggle. With the onset of Covid-19, the government supplement to unemployment, low wages and the increased risks within our industry, this challenge in greatly compounded.
21. Regardless of your attempts to educate staff, they remain anxious and misinformed regarding the facts surrounding Covid-19. Hold town meetings if possible to address questions and concerns and provide clarity. Staff need constant reassurance.
22. It is possible to experience a sudden and unanticipated staff shortage stemming from staff exposure, testing positive, experiencing symptoms and presumed positive and the length of time they will need to be out of work.
23. Expect a staff shortage when any resident or staff test positive. This leads to a significant increase in anxiety, gossip and the spreading of misinformation.
24. When utilizing your essential staff to work additional shifts, expect this to impact their performance including decreased diligence, patience, and engagement. As a result, safety and quality can be negatively impacted.
25. Employee health should closely track and monitor all staff absentees due to Covid-19. Staff should not return to work without clearance from employee health.
26. Staff PCP’s are very inconsistent with their approach and clinical orientation regarding their assessments and responses to Covid-19. It seems many of the PCP’s are quite liberal with writing and do not return to work excuses.
27. If possible utilize staff from your other programs to assist. Identify them in advance. Secure a commitment.
28. Staff are the BIGEST risk to bringing Covid-19 into your facility.
29. While they may adhere to Covid-19 protocols/PPE usage within the facility, outside of work they are likely taken increased risks. Stress the importance of adhering to protocols at all times.
30. Staff need to be encouraged to hold each other accountable when not adhering to the protocols.

Hope this is helpful. I was not able to spend a lot of time assembling this.

Louis Shagawat

[Louis.shagawat@kidspeace.org](mailto:Louis.shagawat@kidspeace.org)

(M) 615-852-0185