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Healthcare Professionals & COVID19: How to Navigate a New World with Older Adults

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- Presenter Disclosure: Financial: Krista Covell-Pierson has received an honorarium for presenting this course. Non-financial: Krista Covell-Pierson has no relevant non-financial relationships to disclose.
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Learning Outcomes

After this course, participants will be able to:

- Describe COVID19 information and resources to be able to implement this into treatment plans with patients and families.
- List effective infection management strategies.
- Identify mental health issues related to COVID19.

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Introduction

- “A society that does not value its older people denies its roots and endangers its future. Let us strive to enhance their capacity to support themselves for as long as possible and, when they cannot do so anymore, to care for them.”

-Nelson Mandela



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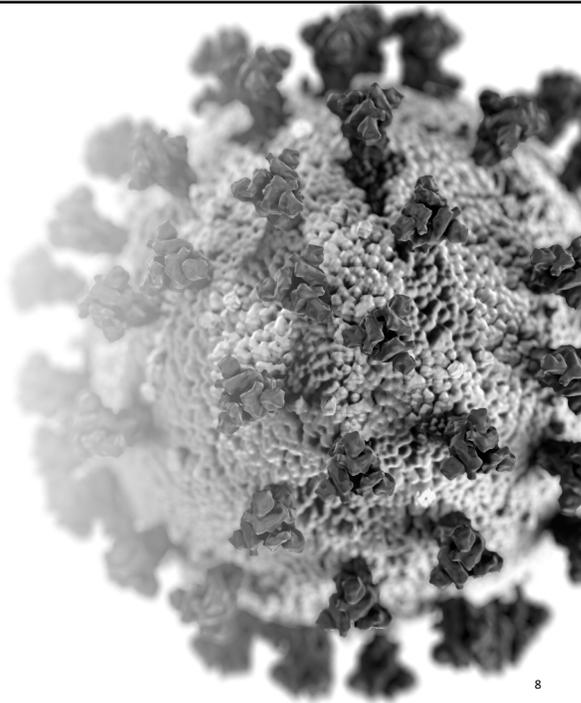
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Learning Objective 1: Describe COVID19 information and resources to be able to implement this into treatment plans with patients and families.

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History of
Coronavirus

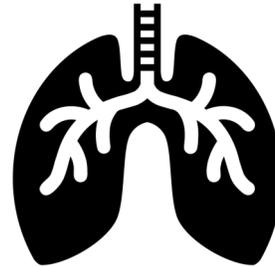


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Three
Coronaviruses
cause severe
lung infections



MERS
SARS
COVID19

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The Virus:
SARS-CoV-2



Causes the Disease:
Coronavirus19 (Covid19)

Q1

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Go To Trusted Sources

- The World Health Organization
- Centers for Disease Control and Prevention
- Federal Drug Administration
- National Institutes of Health
- Department of Health and Human Services
- State health departments
- City and county health departments

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COVID19 Versus the Flu

Commonalities

- Can not be treated by antibiotics
- Droplet transmission
- Handwashing helps with prevention
- Both respiratory

Differences

- Spread ability
- Vaccine only available for the flu
- Antiviral meds can treat the flu, no meds available for COVID19

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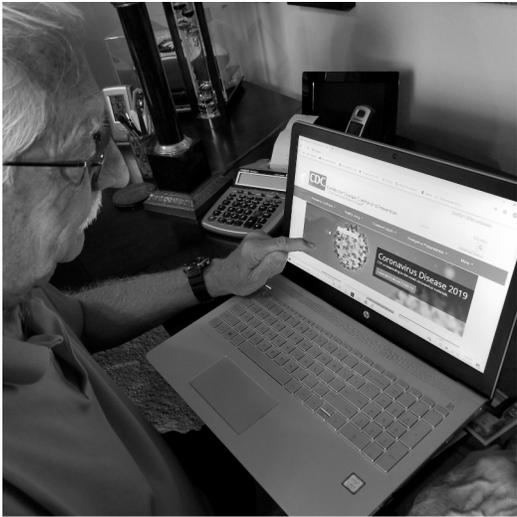
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Goal and treatment ideas!

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Empower clients and families



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Learning Objective 2: List effective infection prevention strategies.

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Use of Personal Protective Equipment (PPE)

- Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:
 - Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
 - Demonstrate competency in performing appropriate infection control practices and procedures.
- Remember:
 - PPE must be donned correctly before entering the patient arena (e.g., isolation room, unit if cohorting).
 - PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/face mask during patient care).
 - PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

PPE handout from CDC

https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf

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Donning PPE

- More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.
1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
 2. Perform hand hygiene using hand sanitizer.
 3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
 - Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
 5. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
 6. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.
 7. HCP may now enter patient room.

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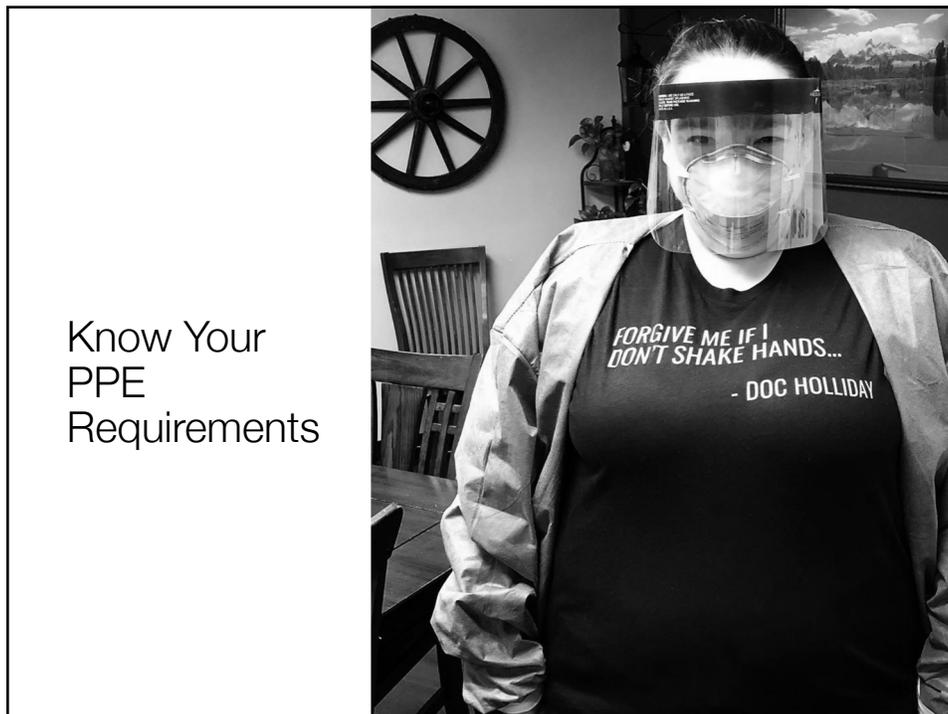
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Doffing PPE

- More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.
1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
 2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
 3. HCP may now exit patient room.
 4. Perform hand hygiene.
 5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
 6. Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask.
 - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
 7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

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	Surgical Mask	N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf		





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continued

Handwashing



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continued

How rehab and healthcare professionals can help with PPE with older adults



Discuss the PPE people are wearing



Develop creative ways to connect with patients despite wearing PPE

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Goal and treatment ideas!

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Goals for handwashing, include technique and initiation



Q2 25

This slide features a grey rectangular box on the left containing the text 'Goals for handwashing, include technique and initiation'. To the right is a black and white photograph of a man in a light-colored t-shirt and dark pants standing at a kitchen sink, smiling as he washes his hands. The kitchen background includes wooden cabinets, a window, and various items on the countertop. A small black box with the text 'Q2 25' is located in the bottom right corner of the slide frame.

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Talk with patients about PPE

-  Discuss PPE
-  Take the time
-  More than one conversation

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This slide features a grey rectangular box on the left containing the text 'Talk with patients about PPE'. To the right are three bullet points, each with an icon and text: a two-speech-bubbles icon for 'Discuss PPE', a clock icon for 'Take the time', and a single-speech-bubble icon for 'More than one conversation'. A small black box with the text '26' is located in the bottom right corner of the slide frame.

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Hang up a picture of the patients' providers when they were not wearing PPE

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continued

Get creative with PPE

- Use masks with "windows"
- Reduce background noises
- Modify and adapt patient masks



Q3

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continued

Modifying masks video here

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Activity Analysis

Incorporate infection prevention into BADL and IADL tasks



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continued

Positioning

- Consider prone positioning to improve breathing function
- Discuss this intervention with your medical team first
- OT can facilitate quality of life activities in prone

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Activity engagement post intubation

- Initiate physical activity up to seven days a week once a patient is medically cleared
- Engage a patient in meaningful activity
- Educate the patient on the importance of movement with recovery

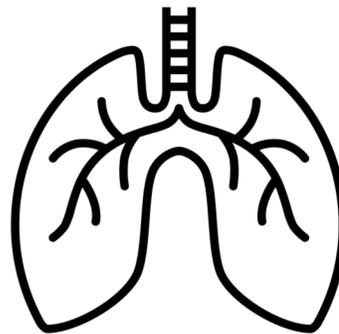


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Promoting respiratory health

- Practice diaphragmic breathing and pursed lip breathing
- Increase cardio demands in treatment and daily routines



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continued

Promote good diet and hydration

- Proper hydration maintains proper blood volume and healthy mucous membranes in the respiratory system
- Integrate food choices that promote good health to increase immunity



Q4³⁵
Q4

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continued

Social distancing training

- Teach people how to self-advocate
- Assess how well people can communicate from 6' apart
- Role-play different situations in the community



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continued

Strategies for cognitive impairments

- Post signs explaining why people are wearing masks
- Assess potential dementia related behaviors
- Train staff how to reduce dementia related behaviors
- Provide contextual cues to help with time orientation
- Communicate concerns to providers



Q5 37

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continued

Energy conservation training post COVID19

- Patients with a mild case will get better in approximately two weeks
- Severe cases can take six or more weeks to feel better
- Advocate for rehab referrals when recovering from the virus to address ADLs and energy conservation



Q6 38

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Community mobility training

- Grocery shopping assessment
- Introduction of new durable medical equipment
- Training on infection prevention when in public
- Ordering online
- Tapping into social connections virtually

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Address caregiver burnout

- Integrate the caregiver into treatment plans
- Provide an assessment of burnout
- Make referrals for the caregiver



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continued

Improve social connection

- Incorporate socialization into treatments
- Focus on therapeutic use of self
- Train patients on technology options to increase connections



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continued

Expand feelings of purpose

- Write letters
- Help patients with a meaningful project
- Identify things to look forward to



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Promote comprehensive self-care routines

- Develop client-centered routines that support quality of life
- Examples of things to include in routines:
 - Reach out to someone for social connection at least daily
 - Go outside everyday
 - Exercise

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continued

Train on assistive technology

- Train patients how to use their smart phones, tablets, computers
- Practice accessing their providers through telehealth
- Teach patients how to use their devices for communication with others
- Advocate for rehabilitative services to providers for referrals



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continued

Telehealth

- Authority was granted under the Coronavirus Aid, Relief and Economic Security Act (CARES Act) for providers that previously could not bill for telehealth to do so, including for Medicare
- Changes have happened quickly and are expected to continue changing
- Telehealth resource:
<https://www.aota.org/Practice/Manage/telehealth.aspx>

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Providing telehealth

- Investigate state rules and regulations
- Follow your employer's recommendations
- Look to your national organizations for guidance
- Check with individual insurance carriers about billing practices
 - Place of service
 - Modifiers

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continued

Learn telehealth

- Take continuing education on telehealth
- Dress professionally
- Decrease clutter and distractions
- Adhere to privacy requirements
- Establish consent
- Consider a mixture of both in-person and telehealth
- Coach the patient in telehealth
 - Clothing
 - Device positioning

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continued

In-person or telehealth?

- Work with management to develop a protocol
- Considerations:
 - Is the patient Covid19 positive or been exposed?
 - Can goals be met via telehealth?
 - Can the patient participate?

<https://www.aota.org/~media/Corporate/Files/Practice/Health/COVID-19-OT-Service-Delivery-Guide.pdf>

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Learning Objective 3: Identify mental health issues related to COVID19.

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continued

The World Health Organization defines mental health as ... “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

“The aim of occupational therapy services in mental health is to help all individuals develop and maintain positive mental health, prevent mental ill health, and recover from mental health challenges in order to live full and productive lives.” AOTA 2016

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Signs of becoming mentally unwell

- Worry over contracting the virus
- Sadness and depression
- Loneliness
- Decreased initiation of self-care
- Disorientation to time
- Fear of dying alone
- Decreased joy
- Doesn't want to get out of bed

Q7 51

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PICS

- Post intensive care syndrome--PICS, is made up of health problems that remain after critical illness. They are present when the patient is in the ICU and may persist after the patient returns home. These problems can involve the patient's body, thoughts, feelings, or mind and may affect the family. PICS may show up as an easily noticed drawn-out muscle weakness, known as *ICU-acquired weakness*; as well as problems with thinking and judgment.

Q8 52

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continued

Signs of becoming unwell continued

- Increased struggles with sobriety
- Concern over family members
- Increased family discord
- Weight gain
- Sleep problems
- Stress over finances
- Attempted suicide
- Fear over lack of supplies like PPE

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Goal and
treatment ideas!

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Listening

“The good physician treats the disease; the great physician treats the patient who has the disease.” --
William Osler

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8 areas to address with mental health

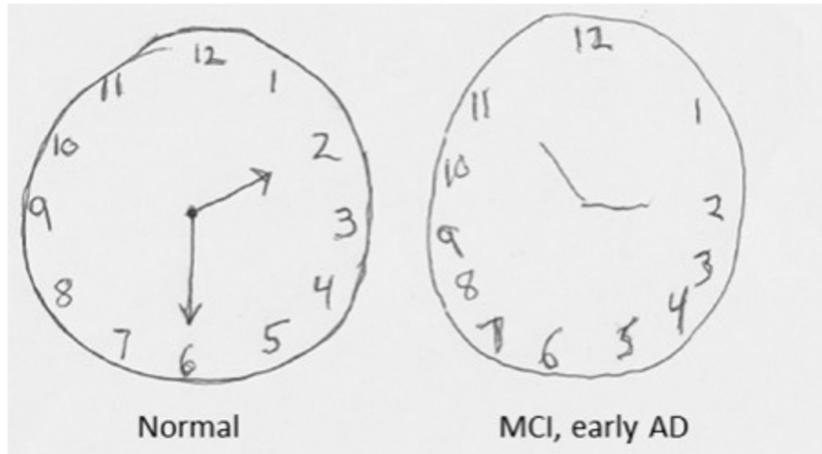
- Emotional
- Financial
- Social
- Spiritual
- Occupational
- Physical
- Intellectual
- Environmental

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Assessments



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continued

Depression Anxiety Stress Scales (DASS)

- Self-reporting
- Reflects on the last week
- Assesses depression, anxiety and stress
- 21 questions- rating scale
 - 0- Did not apply to me at all- NEVER
 - 1- Applied to me to some degree, or some of the time- SOMETIMES
 - 2- Applied to me to a considerable degree, or a good part of the time- OFTEN
 - 3- Applied to me very much, or most of the time- ALMOST ALWAYS

<https://www.scu.edu.au/media/scueduau/current-students/services/counselling/downloads/Depression-Anxiety-Stress-Scales-DASS3481.pdf>

Q9 58

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Falls Efficacy Scale (EFS)

- Measures older adults' perception of themselves
- Focuses on confidence
- Functional in orientation
- A 16-item self-administered questionnaire designed to assess fear of falling in mainly community-dwelling older population.
 - <https://www.sralab.org/rehabilitation-measures/falls-efficacy-scale-international>

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PHQ9-Patient Depression Questionnaire

- One of the most validated tools in mental health
- Useful when communicating with physicians
- Quick to administer

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Occupational Circumstances Assessment Interview Rating Scale (OCAIRS)

- Helps to understand clients' goals and readiness to change
- Questions are customizable
- Allows Covid19 to be a specific topic within the assessment

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continued

Assessing suicide risk

- Talking about suicide
- Seeing lethal means like hoarding medications, obtaining a gun
- Expressions of purposeless
- Anxiety or agitation
- Substance abuse
- Hopelessness
- Anger
- Social withdrawal
- Recklessness
- Mood changes

Q10

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continued

Assessing suicide risk

- How are you coping with what's been happening in your life?
- Do you ever feel like just giving up?
- Are you thinking about dying?
- Are you thinking about hurting yourself?
- Are you thinking about suicide?
- Have you ever thought about suicide before, or tried to harm yourself before?
- Have you thought about how or when you'd do it?
- Do you have access to weapons or things that can be used as weapons to harm yourself?

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National Suicide Prevention Lifeline
at 800-273-TALK (800-273-8255)

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There is no health
without mental
health!

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Review

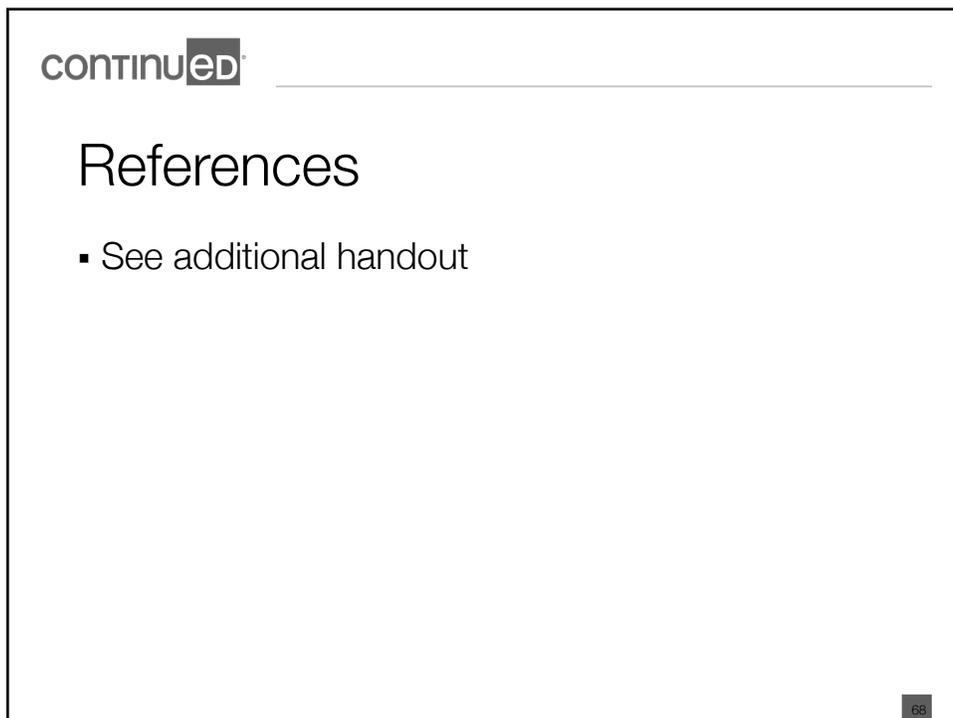
- Integrate relevant educational information and resources into treatment plans with patients and families regarding COVID19.
- Implement effective infection prevention strategies into evaluation and treatment sessions.
- Comprehensively identify and address occupations directly and indirectly impacted by COVID19.
- Identify and attend to mental health issues related to COVID19.

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Questions?

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