

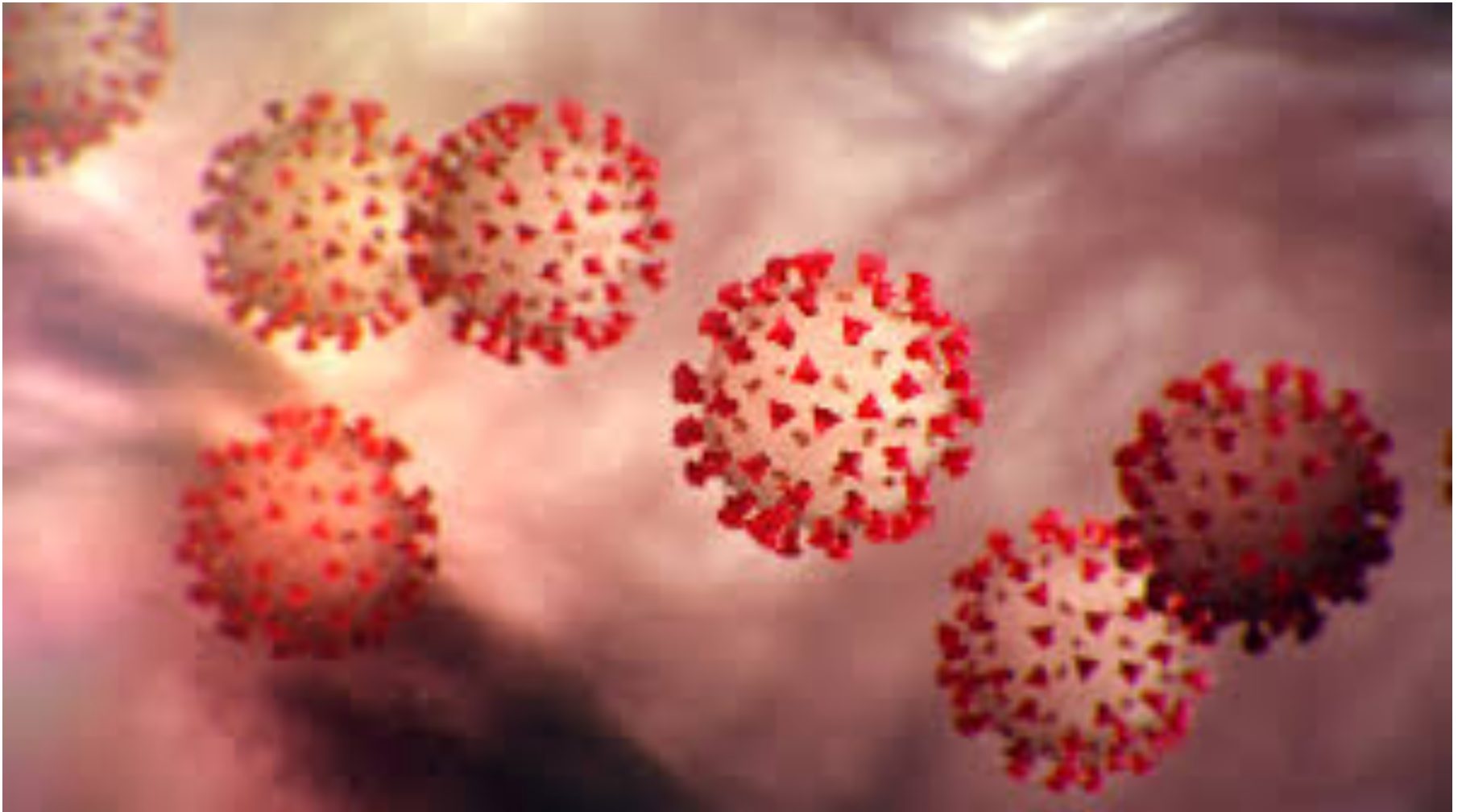


Springfield Healthy Homes: Pivoting to Address COVID-19

MACHCAEC
August 4, 2020



COVID-19



COVID Update - Existing Cases

New protocols:

- Phone protocol- Asthma & COVID check in
 - Education on COVID
 - Focus on safe cleaning
 - Other referrals for food, housing
- Safety protocol for supplies and food delivery

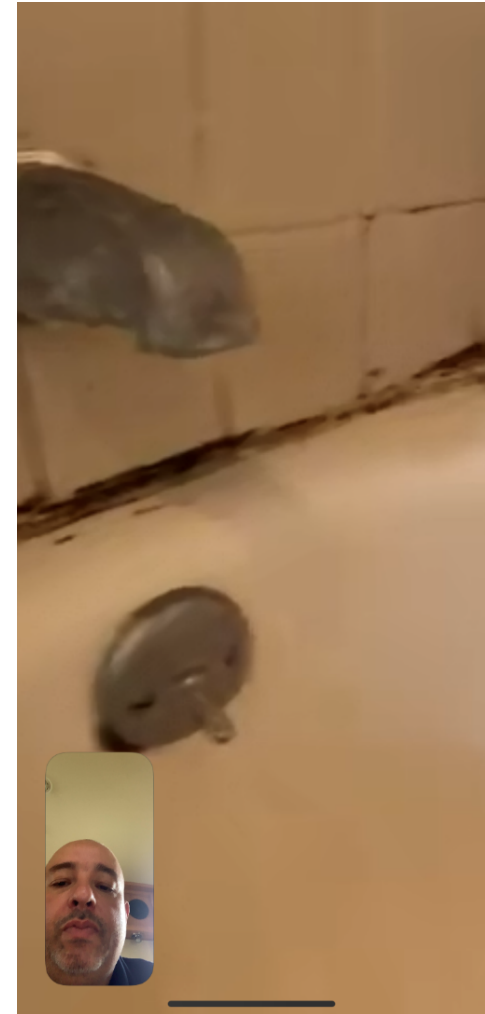
COVID Update - New Cases

New protocols:

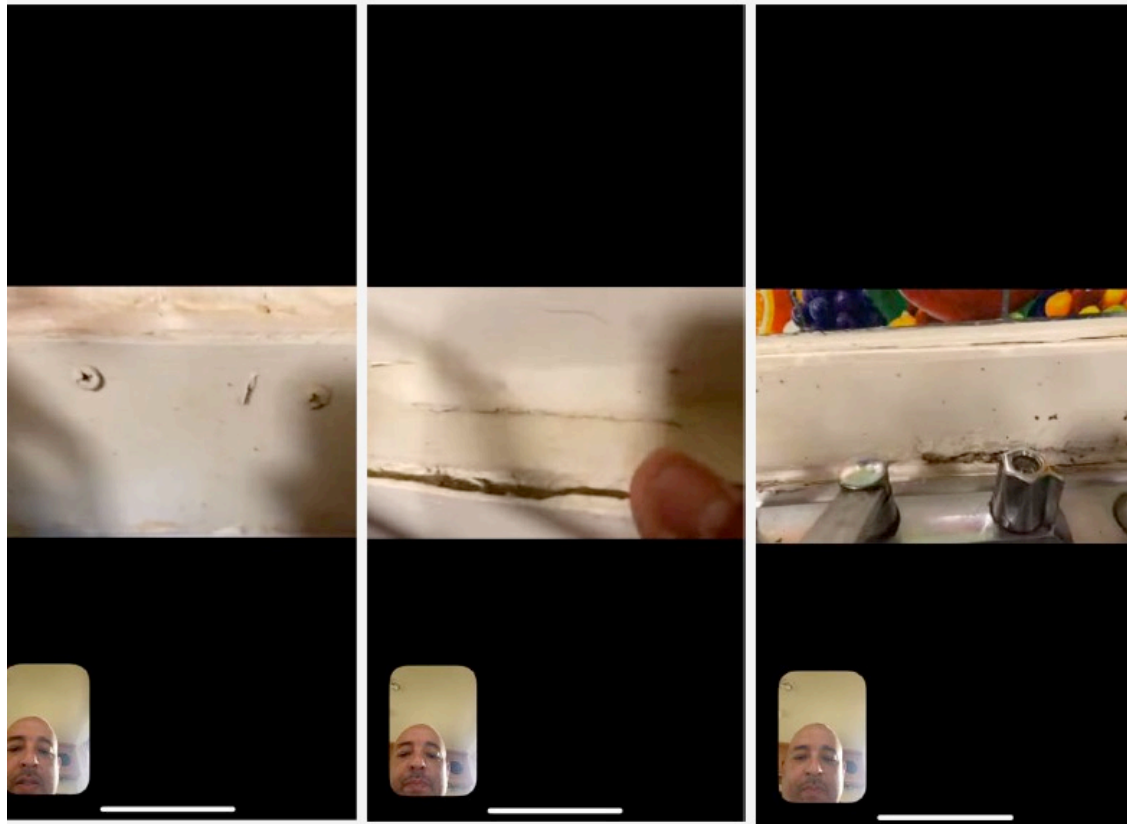
- Phone protocol-
 - Outreach script for phone
 - New consent procedure
 - Text
 - Email
 - Voicemail
 - 3 way call
 - Potential for virtual assessment

Virtual Assessment

- Training from Green & Healthy Homes Initiative
- Digital Divide
 - Device?
 - Wifi/data?
 - Digital Literacy?
- 3 Virtual assessments completed



Virtual Assessment



FINDINGS

- Mold and loose laminate counters & back splash
- Laminate is screwed into the wall rather than glued causing gaps and possible mold

Suggested Repairs:

- Recommend new laminate countertop or
- Caulk around the laminate where it meets the wall

Reopening Procedures

- Focus on Safety and Training
- Additional waivers/releases
 - Patient Family to agree to work being done
 - Contractor agreeing to do the work safely
- Daily check-in
 - Symptom check and temperature
 - Supply PPE for family/contractors if needed





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Revitalize CDC COVID-19
Screening Checklist Signed by Clients & Contractors

Name _____ Date _____ Time _____

Purpose: Based on the US Center for Disease Control Guidelines, service providers, daily, are encouraged to screen all clients and contractors for signs of respiratory illness accompanied by fever.

Instructions: All clients and contractors for Revitalize CDC must be asked the following questions below. Revitalize CDC will maintain this record for 14 days from completion of this form and have this form available upon request from the Public Health Department.

By checking this box, I pledge to provide only correct and truthful information when completing this screening.

1. Do you have any of the following respiratory symptoms?
 - New or worsening cough? _____ Yes _____ No
 - New or worsening shortness of breath? _____ Yes _____ No
2. Have you had a (temperature 100.4*F or greater within the last 14 days) _____ Yes _____ No _____ Today's Temperature
3. Are you feeling feverish? _____ Yes _____ No
4. Are you having chills? _____ Yes _____ No

What we are hearing

- Basic Needs – Food, Housing
- *CHW reached out to participant to check on her well-being. She was very distraught because she says she is been looking for an apartment and dropped off her personal information to rental place and after following up with them they said they don't have it. CHW walked her through some breathing exercises to help her relieve her anxiety. She was able to calm down and avoid an asthma attack. She is taking meds but is stressed about her living situation. CHW reassured her daughter is not going to lose her housing because she is staying there. Participant was able to calm down and called CHW back later to let her know she had applied for the RAFT program. CHW will call Way Finders to check on the status of her application.*

What we are hearing

- Families are following the recommendations
- *CHW checked in with client's mother over the phone. They have been staying home and only Mom or Dad going out alone when needing groceries or medicine. Reports everyone is feeling fine, she is keeping child mostly inside as he has bad allergies. CHW provided education on safe cleaning. Completed an ACT over the phone and showed child's asthma is in control.*

Impact

- 12 year old patient with ED visit
 - Poor housing conditions and landlord issue
 - Repairs
 - Walls and floors
 - Bathroom exhaust fan
 - Supplies
 - Cleaning
 - Mattress/pillow cover
 - IPM- trash can/food containers
 - AC
 - Increased participation in activities
 - ACT improves from 2 to 19



Impact





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