

The Alaska Community Health Aide Program



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



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CONSORTIUM

UAF Video Clip

- <http://jukebox.uaf.edu/CHA/htm/index.htm>



Walter Johnson, MD

Developed in response to:

- Geography
- Small village populations
- High cost of travel/transport
- Difficulty recruiting and retaining trained health care providers



Alaska Native Population Demographics

- Alaska Natives represent about 20% of Alaska's population
- Over 1 out of 3 (35.3%) persons who use the Alaska Tribal Health System are under the age of 20.
- 51,000 live in urban communities
- 90,000 in over 200 rural communities



A few more statistics

- Leading causes of death (2013-2017)
 - Cancer, heart disease, unintentional injury, suicide, chronic lower respiratory disease
- Leading causes of hospitalization (FY 15)
 - Childbirth and complications of pregnancy, respiratory problems, digestive problems and injuries and poisoning.

Alaska Native Epidemiology Center

CHAP History

- 1950's Chemotherapy Aides (Volunteers)
 Direct Observed Therapy for TB Patients
- 1960's Formal Training, Pilot Programs
- 1968 Recognized and Funded by Congress
 185 positions, 157 villages
- 1976 Community Health Aide Manual (CHAM)
- 1998 Community Health Aide Program Certification Board (CHAPCB)
 -Formalized the process for maintaining training and practice standards
 and procedures
- 2004 Dental Health Aides Certified
- 2009 Behavioral Health Aides Certified
- 2013 Electronic Community Health Aide Manual (eCHAM)



Community Health Aides and Community Health Practitioners (CHA/Ps)



- Local people
- Initially described as “the eyes, ears and hands of the physician”
- Approximately 180 villages utilize CHA/Ps
- Conduct more than ½ of all yearly patient encounters in the State of Alaska
- Includes emergency, acute, chronic, and preventive health components
- Training is “skills” based
- Does not include differential diagnosis
- Under medical supervision of a licensed physician



Community Health Aides and Community Health Practitioners (CHA/Ps)

Clinical skills include:

- Taking a history
- Performing a physical exam
- Performing lab skills
- Use of the Community Health Aide Manual (CHAM) to make Assessments
- Report
- Following plans per the CHAM
- Giving patient education
- Administering medicines
- Performing certain treatment procedures
- Documenting patient encounters



CHA Selection & Training



Alaska Native people are selected by their communities, attend training, and work in their village clinics.



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CHA Training and Progression

- Hired (usually by village council)
- Completion of Emergency Trauma Technician (ETT)
OR
Emergency Medical Technician (EMT) certification.
- Pre-session: Intro to CHAM and CHA Role



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- Session I: 4 weeks → #20 patient encounters clinic “CHA-I”
- Session II: 4 weeks → 200 hours (#60 pts) in village clinic “CHA-II”
- Session III: 3 weeks → 200 hours (#60 pts) in village clinic “CHA-III”
- Session IV: 4 weeks → 200 hours (#60 pts) in village clinic “CHA-IV”



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- Session IV: 4 weeks → 200 hours (#60 pts) in village clinic “CHA-IV”
- Preceptorship: 1 week- skills & patient encounters + written exams
 - “CHP”
- Federal Certification at each level

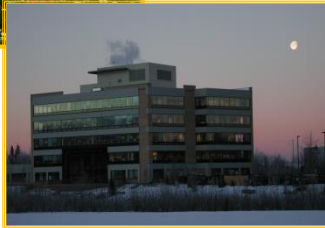


CHA Training Centers



ANTHC,
Anchorage

Norton Sound Health
Corporation, Nome



Tanana Chiefs Conference,
Fairbanks



Yukon-Kuskokwim Health
Corporation, Bethel



Distance Learning

- Session I/II Blended: 24 weeks → (18 weeks in village via Distance Learning Network and 6 weeks at Training Center) 260 hours in village clinic
- Session IV Blended: 18 weeks (16 weeks in village via Distance Learning Network and 2 weeks at Training Center) → 200 hours in village clinic



Sessions I & II (4 Weeks each)

- Body Systems approach
- Focus on medical history & basic exams-problem specific & complete history and physical
- Intro to basic anatomy, physiology, and function
- Skills including blood draw, urine dip, lab testing, suturing, wound care, IV fluid therapy, splinting, med administration
- ETT review, mental health, substance abuse



Session III (3 Weeks)

- Women's Health (STI, Prenatal, Emergency Delivery)
- Well Child Visits
- Mental Health & Substance Abuse



Session IV (4 Weeks)



- Focuses on follow-up of patients with chronic illness (COPD, DM, CAD, seizures, CVA)
- Elders
- Tobacco cessation, mental health, substance abuse prevention
- ETT review



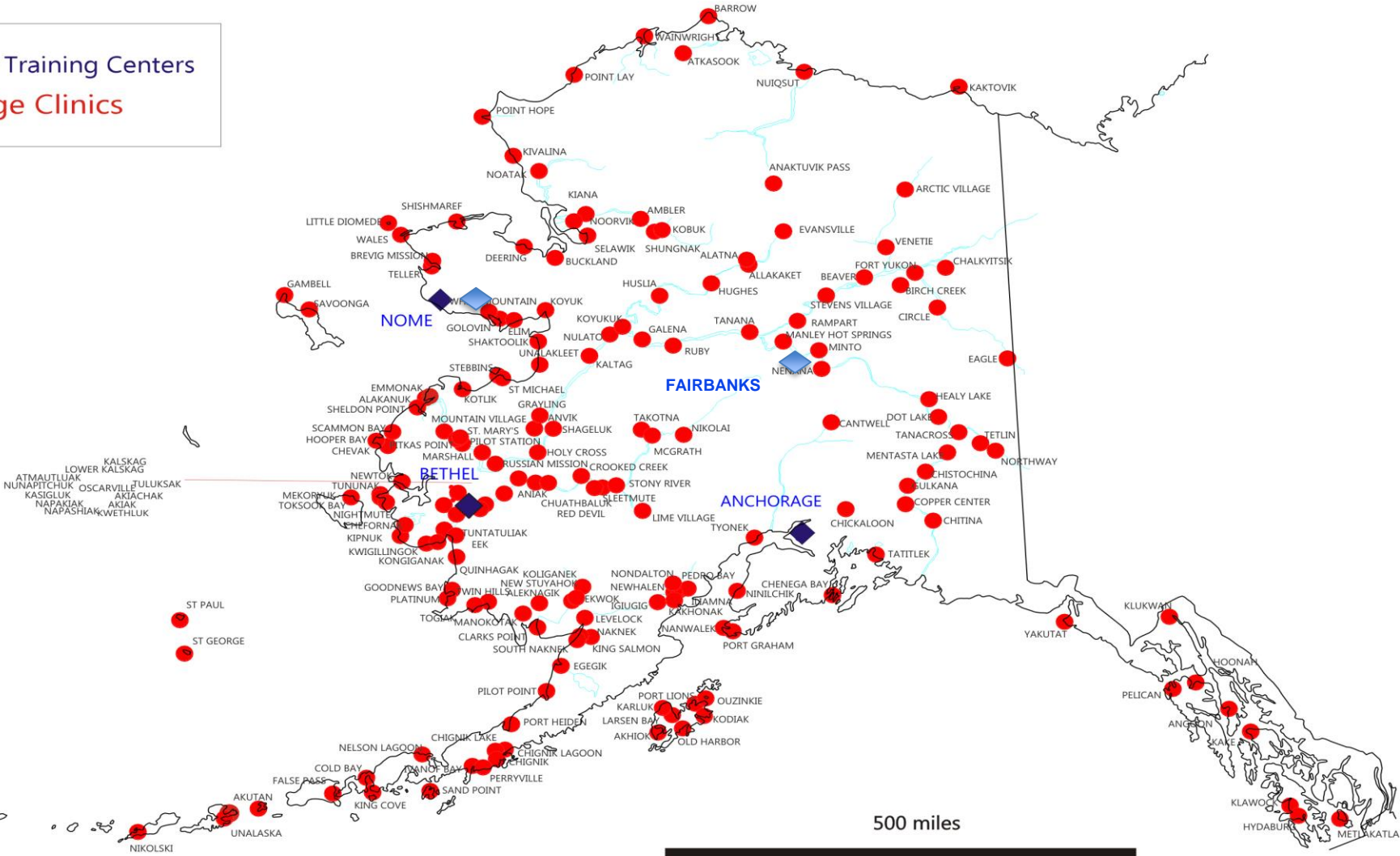
University Credit

- University of Alaska Fairbanks and Alaska Pacific University
 - Certificate in Community Health-34 credits
 - CHP F131 Community Health Aide I (8)
 - CHP F132 Community Health Aide II (8)
 - CHP F133 Community Health Aide III (8)
 - CHP F134 Community Health Aide IV (8)
 - CHP F135 Community Health Aide Preceptorship (2)
 - Associate of Applied Science-60 credits
 - All of the above (34)
 - Additional group requirements (26)
- Alaska Pacific University
 - Currently working on development of three pathways for CHA/Ps to progress to higher level of training and education



Community Health Aide/Practitioner Village Clinics

◆ CHAP Training Centers
● Village Clinics



500 miles

Four-Tiered System of Care

- Care begins in the Village Clinic
- Sub-regional Clinics
- Regional Hub Hospitals
- Alaska Native Medical Center

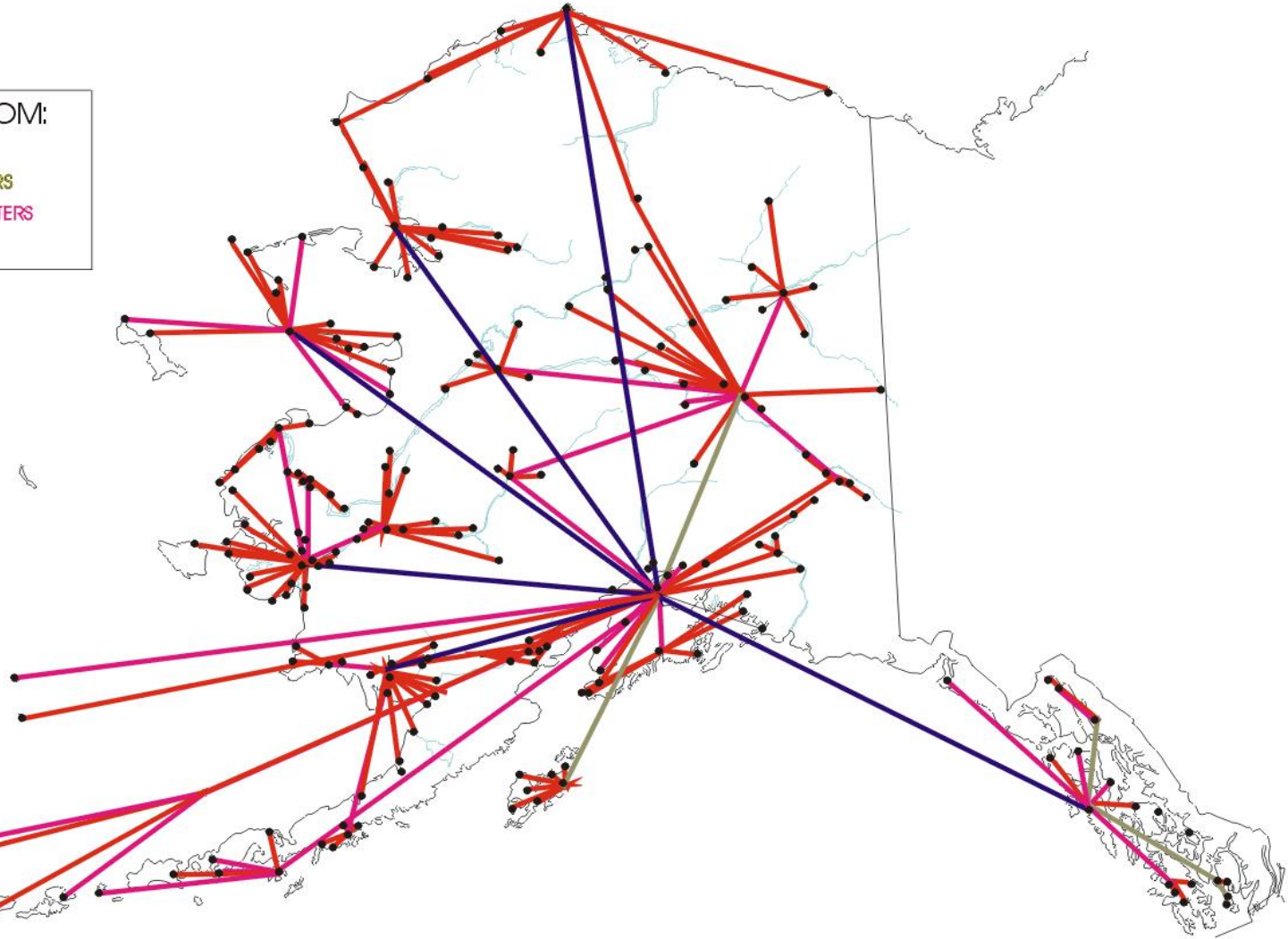


THE ALASKA NATIVE HEALTH CARE SYSTEM

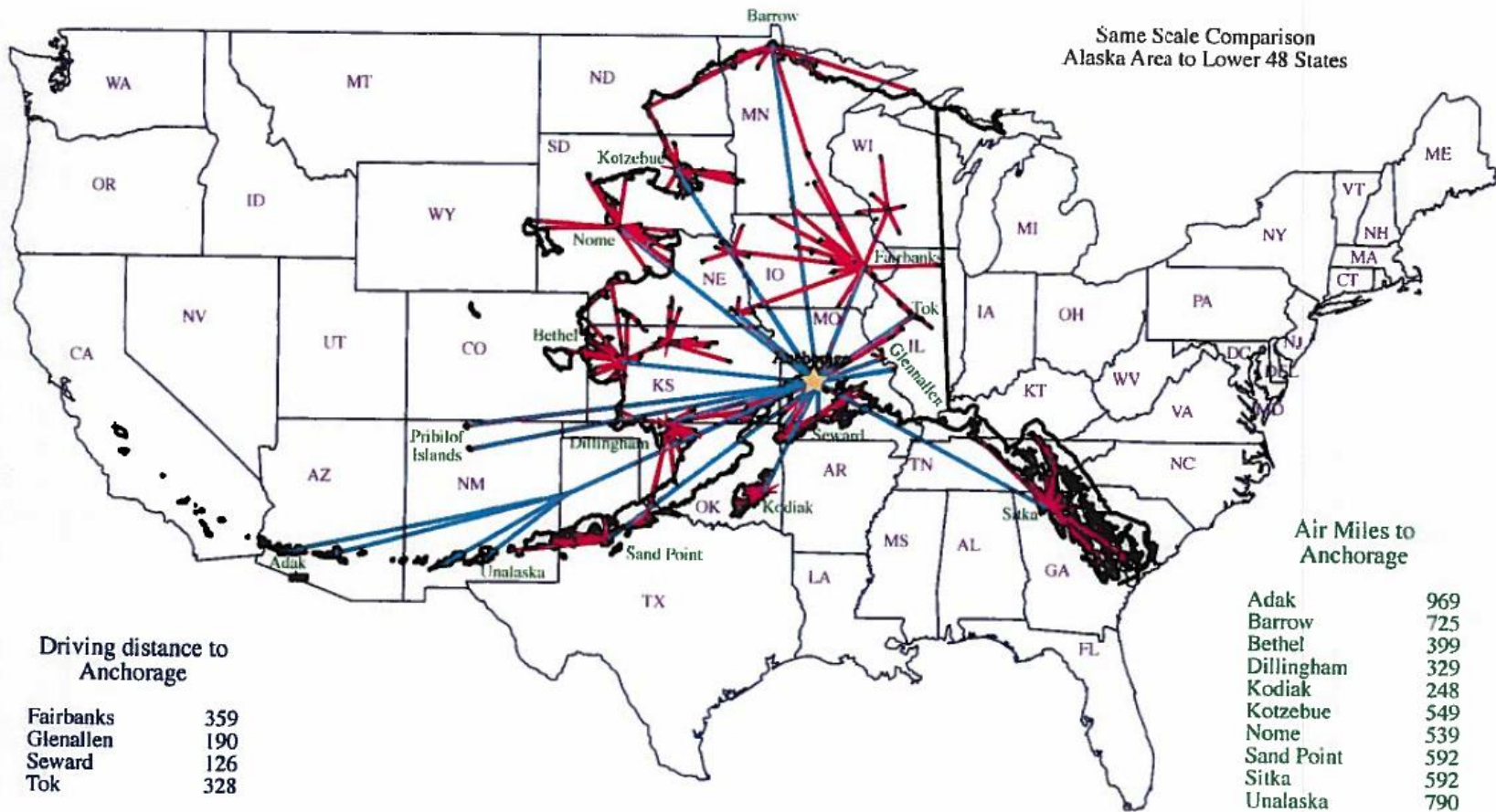
Typical Referral Patterns

REFERRALS FROM:

- HOSPITALS
- MD HEALTH CENTERS
- PA/NP HEALTH CENTERS
- CHA CLINICS



The Alaska Native Health Care System Referral Pattern



How CHA/P's Practice

- Employed by a THO
- Licensed Physician
- Community Health Aide Manual (CHAM)

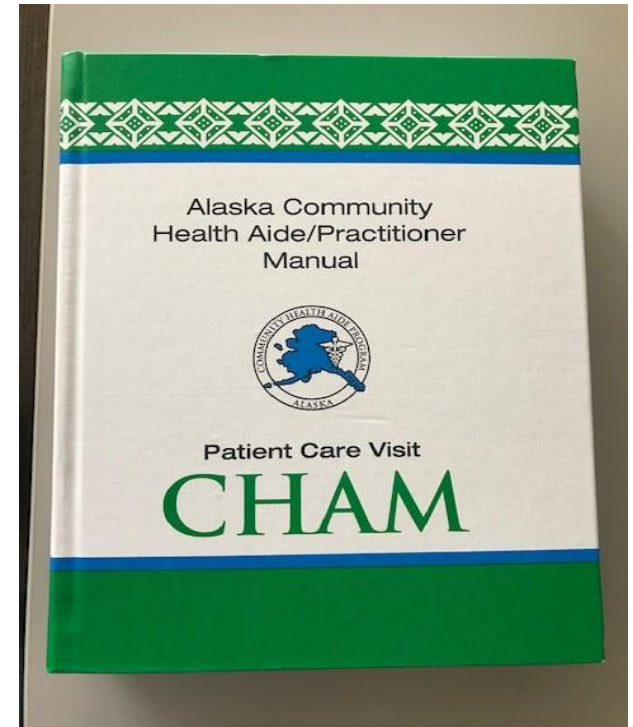
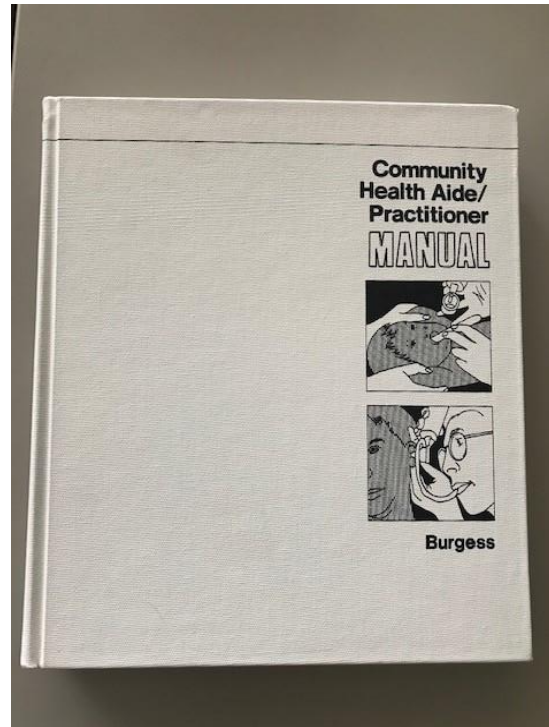
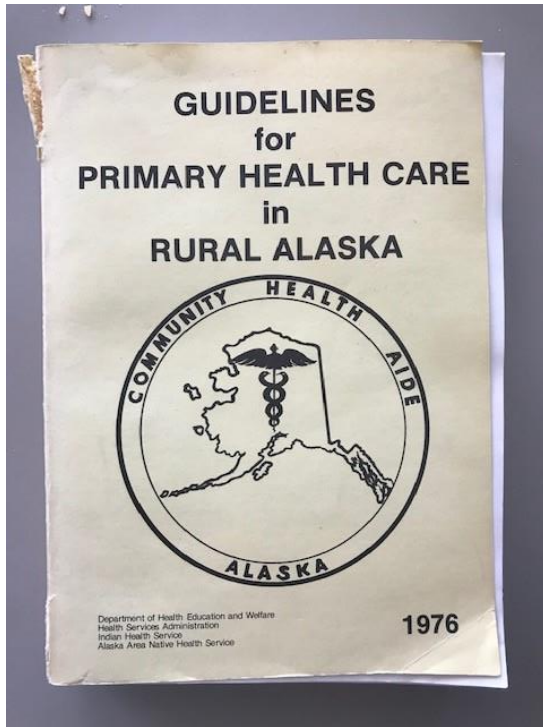
Support and understanding by physicians and providers plays a large role in satisfaction and retention

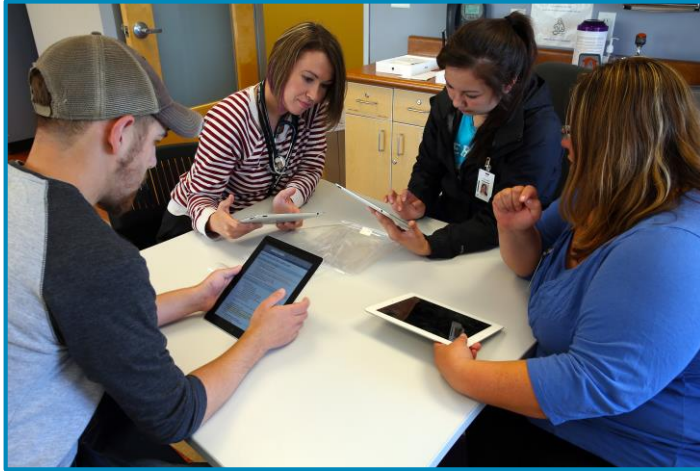
For more information: www.akchap.org



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CHAM





To Request Access:
Tasha Hotch
tjhotch@anthc.org
907-729-5618

- A guide to the CHA/P for every patient encounter
- Identifies specific section to guide history, exam and determine Assessment
- Follow a specific Plan, Report
- Online: eCHAM Website
- Offline: iCHAM (iPad app)
 - Personalization features (bookmarks, comments, highlights)
- Regional Notes (YKHC, Norton Sound)




eCHAM Launch Page: access.echam.org

eCHAM - Access. Knowle x

Secure | https://access.echam.org/exist/index.html#title_C3B3F7FD9C1F4EB39676DA72E526CB81

Apps eCHAM - Access. Knc Website Editor Alaska Community Hi Settings Apple Dev QA New eCHAM ATT00001.htm Review My eLearning » Oth

eCHAM ACCESS.KNOWLEDGE.  **Skin and Soft Tissue section is under revision, submit changes via t** Bookmarks Contact Options search...

Emergency Field Handbook **Patient Care Visit** Reference/Procedure Medicine About

New Problem or Complaint

Chief Complaint (CC, problem). Ask patient/parent.

► Why have you come to the clinic today?

- For **Emergency**: Go to [Emergency](#).
- For **Sick Child Younger than 8 Years Who May Be Very Sick**: Go to [Child Younger than 8 Years Who May Be Very Sick](#).
- For **Recheck Visit**: Go to [Recheck Visit of Problem Treated at Village Clinic](#).
- For **Follow-up after Hospital or Regional Clinic Visit**: Go to [Follow-Up: After Hospital or Regional Clinic Visit](#).
- For **Chronic Care Visit**: Go to [Chronic Care Visits](#).
- For **Preventive Care Visit**: Go to [Preventive Care](#).

► Begin Here if patient has a **New Problem**.

Note: If patient has more than one problem, ask HPI questions (1 to 3 below), one problem at a time.

Begin History of Present Illness (HPI)

1. [Describe the problem:]

- **When did the problem start?**
- **Where exactly is the problem?**
- **What does it feel like? [If pain:]**

[Back to top](#)

- [Launch Page \(New Problem or Complaint\)](#)
- [Recheck Visit of Problem Treated at Village Clinic](#)
- [Chronic Care Visit](#)
- [Preventive Care](#)
- ▣ [Emergency](#)
- ▣ [Emergency Childbirth](#)
- ▣ [Child and Teen](#)
- ▣ [Elders](#)
- ▣ [Eye](#)
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- ▣ [Mouth and Teeth](#)
- ▣ [Respiratory](#)
- ▣ [Circulatory](#)
- ▣ [Digestive](#)
- ▣ [Musculoskeletal](#)
- ▣ [Skin and Soft Tissue](#)
- ▣ [Urinary](#)
- ▣ [Male Reproductive](#)
- ▣ [Female Reproductive](#)
- ▣ [Pregnancy and Postpartum](#)
- ▣ [Nervous System](#)
- ▣ [Endocrine](#)
- ▣ [Immune System](#)
- ▣ [Mental Health](#)
- ▣ [Alcohol and Drug Use](#)
- ▣ [Other Topics for Patient Care](#)

Launch Page

Begin History of Present Illness (HPI)

1. [Describe the problem:]

- **When did the problem start?**
- **Where exactly is the problem?**
- **What does it feel like? [If pain:]**
 - Is it dull, sharp, throbbing, burning, other?
 - Does it stay in one place or move around?
 - Rate level of pain 0 to 10 [Pain Scale](#).
- **Is the problem there all the time, or does it come and go?** [If it comes and goes:]
 - How often does it come?
 - How long does it last?
- **Does anything make it better?**
(Such as: Time of day, body position, eating, moving a body part, exercising)
- **Does anything make it worse?**
- **Has the problem changed in any way since it began?** [If yes:] In what way?

2. Have you done anything to treat it?

- [If medicine:] Name? Strength (mg)? Amount? How often? Last dose? Did it help?
- [If other treatment:] What? How often? Did it help?

3. Have you had this problem before? [If yes:]

- When?
- Did you get medical care for it? [If yes:]
 - What was the problem called (diagnosis)?
 - How was it treated?
 - Did the treatment help?
 - Is the problem different this time in any way?



Problem Specific Sections

Begin Here for a patient with a respiratory illness, such as:

- ▶ A cold (head, sinus, chest).
- ▶ Stuffy or runny nose.
- ▶ Sinus problem.
- ▶ Sore throat.
- ▶ Hoarse voice.
- ▶ Cough, including coughing up blood.
- ▶ Asthma attack with mild shortness of breath.

Things to Remember

- ▶ Many respiratory illnesses are mild, and will get better without medicine.
- ▶ Very young children, and patients with other chronic health problems, can get very sick, very fast.
- ▶ Always look for signs and symptoms of respiratory distress:

Signs and Symptoms of Respiratory Distress

(Severe Breathing Problem)

History may include:

- Started suddenly or is slowly getting worse.
- Child may have inhaled a small object.
- History of lung or heart problem, such as asthma, chronic lung disease, heart failure.

Exam findings may include:

- Looks very sick.
- Nervous, anxious, afraid.
- Very short of breath, usually breathing fast.
- Working hard to breathe, gasping for breath, can not talk much.
- Must sit up to breathe.
- Making noise when breathing:
 - High-pitched sound when breathing in (stridor).
 - Wheezing that can be heard without a stethoscope.



Assessment Charts

Respiratory Chart B: **Respiratory Illness**

Note: "May"= May or May Not

HISTORY	EXAM	ASSESSMENT and PLAN
<p>May have headache. Stuffy or runny nose, sneezing. Ears may feel plugged. May have hoarse voice. Throat: Sore, dry, scratchy, may hurt more with coughing. Mild cough with little or no sputum. Cough may be worse when lying down. Others in family may be sick with same thing.</p>	<p><i>General Appearance:</i> Does NOT look very sick. <i>Vital Signs:</i> Low fever or no fever. <i>Sinus:</i> May have mild tenderness. <i>Nose:</i> Clear, white or yellow drainage. <i>Throat:</i> May have tiny clear bumps, mucus in back of throat. <i>Chest:</i> NO retractions, NO high-pitched sound when breathing in (stridor). <i>Breath sounds:</i> Normal, or may have some rhonchi (snoring sounds) that change with cough.</p>	<p>Common Cold (Upper Respiratory Infection, URI, head cold. Infection caused by a virus.) <u>Plan:</u> Respiratory_2.</p>
<p>May happen same time every year. May have allergies to plants, dust, pollen, animals. May have headache. Watery, itchy eyes. Stuffy or runny nose, sneezing. Sinuses feel full. Ears may feel plugged. Throat irritated, itchy. Mild cough with little or no sputum. Cough may be worse when lying down.</p>	<p><i>General Appearance:</i> Does NOT look sick. <i>Vital Signs:</i> Low fever or no fever. <i>Eyes:</i> May be itchy or watery. <i>Sinus:</i> May be a little tender. <i>Nose:</i> Clear or yellow drainage. Swollen mucous membranes. <i>Throat:</i> May have tiny clear bumps, mucus. <i>Breath sounds:</i> Normal.</p>	<p>Allergic Rhinitis (Hay fever; Inflammation of the lining of the nose; caused by allergies.) <u>Plan:</u> Respiratory_3.</p>
<ul style="list-style-type: none"> • Symptoms of common cold for more than 10 days, not getting better. • Thick nasal discharge (any color) not improving. 	<p><i>General Appearance:</i> May look sick. <i>Vital Signs:</i> May have fever. <i>Sinus:</i> Very tender. <i>Nose:</i> May have cloudy, yellow or green drainage.</p>	<p>Sinus Infection <u>Plan:</u> Respiratory_4.</p>

- [Launch Page \(New Problem or Complaint\)](#)
- [Recheck Visit of Problem Treated at Village Clinic](#)
- [Follow-up: After Hospital or Regional Clinic Visit](#)
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- ☐ [Emergency](#)
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- ☐ [Eye](#)
- ☐ [Ear](#)
- ☐ [Mouth and Teeth](#)
- ☐ [Respiratory](#)
 - [Nosebleed](#)
 - [Nose Injury](#)
 - [Object Stuck Inside Nose](#)
 - ☐ [Minor Chest Injury](#)
 - ☐ [Respiratory Illness](#)
 - [Respiratory Illness \(Respiratory Chart B\)](#)
 - ☐ [Mild Shortness of Breath](#)
 - [Lung Disease: Chronic Care Visit](#)
 - [Tuberculosis \(TB\)](#)
 - [TB Skin Test \(PPD\)](#)
 - [New Positive TB Skin Test \(PPD\)](#)
 - [Patient on TB Medicine: Follow-up Visit](#)
 - [Peak Flow Spirometry Test](#)
 - ☐ [Information for CHA/P](#)
 - ☐ [Patient Education](#)
 - ☐ [Procedures](#)
- ☐ [Circulatory](#)
- ☐ [Digestive](#)
- ☐ [Musculoskeletal](#)
- ☐ [Skin and Soft Tissue](#)
- ☐ [Urinary](#)
- ☐ [Male Reproductive](#)
- ☐ [Female Reproductive](#)
- ☐ [Pregnancy and Postpartum](#)



Plan/Reporting

Respiratory 7: **Strep Throat** (Strep pharyngitis, Strep tonsillitis) [Standing Order possible]

Throat infection caused by Group A Streptococcus bacteria.

1. Report

- Report NOW to your referral doctor if patient has:
 - Any signs of respiratory distress:
 - Looks very sick.
 - Fast pulse and respirations.
 - Very short of breath.
 - Retractions or nasal flaring.
 - Grunting, or high-pitched sound (stridor) when breathing.
 - SpO₂ 93% or less.
 - Drooling, unable to swallow liquids.
 - Unable to open mouth very much.
 - If you do not have a standing order for this problem, report all patients.
- ALWAYS report, even if you have a current Standing Order for this problem, if:
 - Child younger than 3 years.
 - Patient was treated for strep within the past 4 weeks.
 - Three positive strep tests within one year.
 - Patient has any [High Risk Health Condition](#).
- While waiting to report, review this plan; begin Patient Education.

2. Patient Education

- Explain information in next Patient Ed box [Strep Throat](#).
- Also explain information from Patient Ed box [Respiratory Illness](#).
- As needed, also explain information from [Stopping Tobacco](#).

3. Medicine, if ordered by doctor or Standing Order.

- For strep infection in patient 3 years and older:
 - [Penicillin V](#), by mouth.
Note: Liquid Penicillin tastes bad; use Amoxicillin for younger children to make it easier to take.
 - or
 - [Amoxicillin \(Amoxil®\)](#), by mouth.
 - [Penicillin G Benzathine \(Bicillin LA®\)](#), IM shot.
 - or if allergic to Penicillin:
 - [Azithromycin \(Zithromax®\)](#), by mouth.
- If needed for headache, pain, or fever:
 - [Ibuprofen \(Motrin®\)](#), by mouth.

4. Additional Care

- If patient has had three positive strep tests within one year, and still has tonsils, ask doctor about referral for possible tonsillectomy.

5. Recheck

- In 3 days if not better, sooner if worse.
- **Recheck Visit**
 - History: [Recheck Visit](#).
 - Also ask if taking fluids OK.
 - Exam:
 - General Appearance.
 - Vital Signs: T, P, R, BP, SpO₂.
 - Weight, if younger than 3 years.
 - Repeat [Respiratory Illness Exam](#).
 - Patient Education: Review information that applies.
 - Patient is better if:
 - Throat less sore.
 - No trouble swallowing.
 - No ear pain or chest pain.
 - No fever.
 - Not losing weight.
 - Report to referral doctor, if not getting better.



Standing Orders: Session II

Session II

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Circulatory 2	Anemia from Not Enough Iron in Diet		
Digestive 1	Minor Abdominal Injury		
Digestive 6	Gastroenteritis		
Digestive 10	Hemorrhoids or Anal Fissure		
Digestive 16	Constipation		
Ear 2	Otitis Media with Effusion		
Ear 3	Acute Otitis Media		
Ear 6	Ear Canal Infection		
Ear 7	Object in Ear Canal		
Eye 1	Conjunctivitis		
Eye 4	Blood on Sclera		
Eyelid 2	Blepharitis		
Eyelid 3	Insect Bite or Sting to Eyelid or Mild Allergic Reaction		
Eyelid 4	Stye		
Mouth 1	Canker Sores		
Mouth 3	Mouth Herpes, Recurrent Sores		
Mouth 4	Sore Corners of Mouth		
Mouth 5	Hand, Foot, Mouth Disease		
Mouth 6	Thrush		
Mouth 8	Irritation from Dentures		
Teeth 8	Teething Pain		
Musculoskeletal 5	Sprain		
Musculoskeletal 6	Neck Pain with Muscle Strain		
Musculoskeletal 7	Low Back Pain with Muscle Strain		
Musculoskeletal 8	Minor Bruise Under Nail		
Musculoskeletal 10	Other Musculoskeletal Injury		
Respiratory 1	Minor Chest Injury		
Respiratory 2	Common Cold		
Respiratory 3	Allergic Rhinitis		

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date
Respiratory 5	Laryngitis		
Respiratory 6	Viral Pharyngitis		
Respiratory 7	Strep Throat		
Respiratory 11	Bronchitis		
Respiratory 19	TB Screening: PPD		
Skin/Soft Tissue 1	Mild Allergic Reaction		
Skin/Soft Tissue 2	Insect Bite or Sting		
Skin/Soft Tissue 3	Dermatitis, Acute or Chronic		
Skin/Soft Tissue 4	Impetigo		
Skin/Soft Tissue 5	Chickenpox		
Skin/Soft Tissue 8	Lice		
Skin/Soft Tissue 9	Scabies		
Skin/Soft Tissue 10	Diaper Rash		
Skin/Soft Tissue 11	Fungus Skin Infection		
Skin/Soft Tissue 12	Acne		
Skin/Soft Tissue 13	Dandruff		
Skin/Soft Tissue 14	Warts		
Wounds 1	Laceration, Abrasion, or Puncture Wound		
Wounds 3	Small Foreign Body Under Skin		
Burn 3	Minor Burn, 1 st Degree		
Burn 4	Minor Burn, 2 nd Degree		
Urinary 1	Bladder Infection		

eCHAM/Clinical Verification
Signature/ Date

Supervising Physician Signature/Date

Initials

Initials

Alternate Supervising Physician Signature/Date

Initials



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Standing Orders: Additional Orders

Additional Standing Orders
For Plans in the eCHAM without a Standing Order option

eCHAM Plan Name and Number	Standing Order	*eCHAM/Clinical Competence Initial & Date	Supervising Physician Initial & Date

eCHAM/Clinical Verification
Signature/ Date

Initials

Supervising Physician Signature/Date

Initials

Alternate Supervising Physician Signature/Date

Initials



Since COVID-19 Came to Town...



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COVID-19

- Continuing Education via DLN
- CHAM-revision
- Weekly teleconference for CHA/P's
- Weekly Bulletin



COVID-19 CE

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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
DISTANCE LEARNING NETWORK

COVID-19: Overview and General Guidelines

Lesson 1

Since it first began infecting people, information about this new coronavirus and the disease it causes has been in the news daily. In fact, there's so much information that it can be difficult to keep up with what is accurate.

The aim of this short course is to provide basic information about COVID-19.

Updated: May 08, 2020

MENU

- COVID-19: Overview and General Guidelines
 - Lesson 1
 - What This Course Will Provide
 - Introduction
 - Part 1: Information About COVID-19
 - What Is It?
 - Most Current Information
 - Origin
 - In the United States
 - How Does It Spread?
 - How Contagious Is It?
 - COVID-19 Symptoms
 - People Most at Risk
 - Treatment
 - What YOU Can Do
 - NSAIDs and COVID-19 Patients
 - Basic Prevention for You, Your Patient and Your Community



Lesson 2

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anthc.remote-learner.net/mod/scorm/player.php?a=2983¤torg=&scoid=7394&sesskey=izzTniGLi&display=popup&mode=normal

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
DISTANCE LEARNING NETWORK

COVID-19: Information for CHA/P
Lesson 2

Updated: May 08, 2020

MENU

- COVID-19: Information for CHA/P
 - Lesson 2
 - Introduction
 - Hand Washing Basics
 - Posters for Your Clinic or Office
 - Standard Precautions
 - Contact and Droplet Precautions
 - CHAM Update
 - Precautions for COVID-19
 - When Airborne Precautions Are Required
 - Review the Use of PPE
 - Plan for Health Aides
 - What Your Plan Should Include
 - Screening Process
 - What About Emergency Patients?
 - Report After Telephone Screening
 - If Patient Shows Up to Clinic
 - Everyday Routine

11:42 AM 5/11/2020

Lesson 3

The screenshot shows a web browser window with the URL <https://anthc.remote-learner.net/mod/scorm/player.php?a=2984¤torg=&scoid=7396&sesskey=izzTniqLi&display=popup&mode=normal>. The page features the Alaska Native Tribal Health Consortium logo and a navigation menu on the left. The main content area has a yellow background with the title "Infection Precautions and Personal Protective Equipment (PPE)" and "Lesson 3". Below the title is an image of a blue surgical mask, blue gloves, and yellow protective eyewear. The text "Updated: May 01, 2020" is visible at the bottom of the main content area. The browser's taskbar at the bottom shows the time as 11:36 AM on 5/11/2020.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
DISTANCE LEARNING NETWORK

Infection Precautions and Personal Protective Equipment (PPE)

Lesson 3

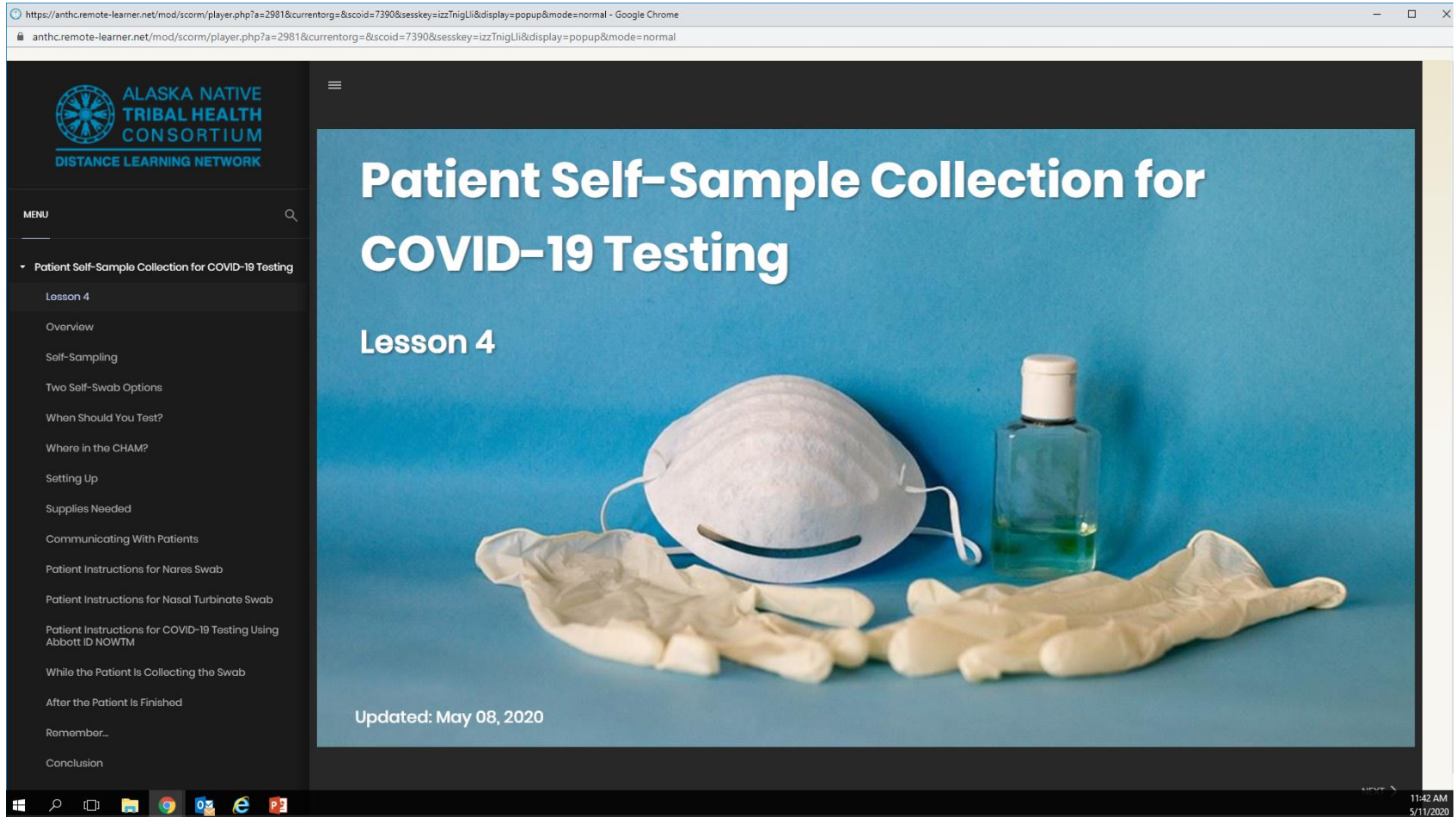
Updated: May 01, 2020

11:36 AM
5/11/2020

Lesson 4

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anthc.remote-learner.net/mod/scorm/player.php?a=2981¤torg=&scoid=7390&sesskey=izzTnigLli&display=popup&mode=normal



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
DISTANCE LEARNING NETWORK

MENU

- ▼ Patient Self-Sample Collection for COVID-19 Testing
 - Lesson 4
 - Overview
 - Self-Sampling
 - Two Self-Swab Options
 - When Should You Test?
 - Where in the CHAM?
 - Setting Up
 - Supplies Needed
 - Communicating With Patients
 - Patient Instructions for Nares Swab
 - Patient Instructions for Nasal Turbinate Swab
 - Patient Instructions for COVID-19 Testing Using Abbott ID NOWTM
 - While the Patient Is Collecting the Swab
 - After the Patient Is Finished
 - Remember...
 - Conclusion

Patient Self-Sample Collection for COVID-19 Testing


Lesson 4

Updated: May 08, 2020

11:42 AM
5/11/2020

Lesson 5

https://anthc.remote-learner.net/mod/scorm/player.php?a=2982¤torg=&scoid=7392&sesskey=izzTniqLiI&display=popup&mode=normal - Google Chrome
anthc.remote-learner.net/mod/scorm/player.php?a=2982¤torg=&scoid=7392&sesskey=izzTniqLiI&display=popup&mode=normal



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
DISTANCE LEARNING NETWORK


MENU

- Point of Care: COVID-19 Testing
 - Lesson 5
 - Introduction
 - Testing in the Clinic
 - Who To Test?
 - Two Options for Sample Collection
 - Who Does the Swab Collection?
 - Setting Up the ID NOW™
 - Supplies Needed
 - Quality Control Tests
 - Important Things to Remember
 - Performing the ID NOW™ COVID-19 Test
 - After Performing the Test
 - Test Results
 - Cleaning Up
 - Conclusion

Point of Care: COVID-19 Testing Using Abbott ID NOW™

Lesson 5

Updated: May 08, 2020



CHAM Updates

- **Launch Page (New Problem or Complaint)**
- Recheck Visit of Problem Treated at Village Clinic
- Follow-up: After Hospital or Regional Clinic Visit
- Chronic Care Visit
- Preventive Care
- ⊕ Emergency
- ☐ Evaluation for COVID-19
 - COVID-19
 - Telephone Screening
 - Recheck Visit by Phone
 - Recheck Visit in Clinic or Patient's Home
- ☐ Procedure
 - Collecting a Sample for COVID-19 Testing Using the Nasopharyngeal (NP) Swab
 - ⊕ Patient Self-Sample Collection for COVID-19 Testing
- ☐ Patient Education
 - If you are Sick with COVID-19
 - Caring for a Sick Person with COVID-19
 - Living with a Person Sick with COVID-19
 - Cough Etiquette and Hand Hygiene
 - COVID-19 Disinfection for Homes Without Running Water



Launch Page

New Problem or Complaint

During the COVID-19 Pandemic

- ▶ For telephone screening: Go to: [Begin Here for Telephone Screening for Possible COVID-19](#).
- ▶ For patient who comes to clinic:
 - If known COVID-19 positive patient and coming in with a new emergency or new complaint wear PPE and begin visit here as usual.
 - For ALL other patients who come to clinic: Go to: [COVID-19 Clinic Visit for All Patients Who Come to Clinic](#). Wear a mask (or follow your regional guidelines for PPE).
 - [Infection Control and PPE](#).
- ▶ For COVID-19 Recheck Patient: Go to: [Recheck Visit of Possible COVID-19 or Confirmed COVID-19 Patient](#).

Chief Complaint (CC, problem). Ask patient/parent.



Telephone Screening

Begin Here for Telephone Screening for COVID-19

1. Do you have a fever (greater than 100 degrees F) or feel like you have a fever?
2. Do you have a cough?
3. Do you have any shortness of breath or is it difficult for you to breathe? [If yes:]
 - On a scale of 1-10 how difficult is it to breathe?
 - Is it difficult to talk in complete sentences?
4. When you look in a mirror, do your lips look bluish?
 - [If you think the patient has any signs or symptoms of respiratory distress or this is an emergency:]
 - Patient needs to be evaluated in the clinic.
 - Meet the patient at the clinic's door wearing PPE (gloves, procedural (surgical) mask, gown and eye protection).
 - Bring the patient to a private room if available, and put a procedural (surgical) mask on them. Now Go to: [COVID-19 Clinic Visit](#).
 - [If you DO NOT think this person is short of breath or this is NOT an emergency, continue asking:]
5. Do you have new diarrhea, nausea, or vomiting?
6. Do you have a new loss of taste or smell?
7. Have you been in close contact (hugging, kissing, living in the same house, caring for, etc.) with someone:
 - Who has confirmed COVID-19?



Clinic Visit

Evaluation for COVID-19

COVID-19 Clinic Visit

Begin Here for ALL Patients Who Come to Clinic

Put every patient into a private room, if possible.

Do NOT Begin Here for patient with:

- ▶ Severe shortness of breath:
 - Remember to wear PPE for contact and droplet precautions, following regional guidelines.
 - If the patient is wheezing and needs Albuterol, use MDI with spacer, if possible, instead of a nebulizer treatment.
 - Go to: [Severe Shortness of Breath](#).
- ▶ Another emergency:
 - Remember to wear PPE for contact and droplet precautions, following Regional Guidelines.
 - Use the Emergency section as usual. Then return here to screen for COVID-19.

Begin Here for ALL patients to screen for COVID-19: Initial Screening for COVID-19.

Begin History of Present Illness (HPI)



COVID-19 Assessments

Assessment
Use the bullets below each Assessment to determine if your patient has:
Possible COVID-19 Illness or Confirmed Illness with Mild Symptoms <ul style="list-style-type: none">• No signs of respiratory distress• VS normal for age and patient• Able to eat and drink without difficulty and no signs of dehydration, see Digestive Chart C <i>Follow Plan:</i> Possible COVID-19 Illness or Confirmed Illness 1, Mild Symptoms
Possible COVID-19 Illness or Confirmed Illness with Moderate Symptoms and Abnormal Findings <p>Such as:</p> <ul style="list-style-type: none">• High fever - greater than 102 degrees F• SpO₂ 93% or less• Other symptoms of respiratory distress• VS not normal for age and patient• Signs of dehydration, see Digestive Chart C <i>Follow Plan:</i> Possible COVID-19 Illness or Confirmed Illness 2, Moderate Symptoms and Abnormal Findings
COVID-19 Test Negative <p>Other Respiratory Illness Go to: Respiratory Illness</p>

Plan

Confirmed Illness 1: COVID-19 Mild Symptoms

1. **Report** to your referral doctor. While trying to reach doctor, review this plan; begin Special Care and Patient Education as needed.



Recheck

Recheck Visit of [Possible COVID-19](#) or [Confirmed COVID-19](#) .

1. Ask

- Have you had a fever since we last talked?
- Do you have any shortness of breath or is it difficult for you to breathe? [If yes:]
 - On a scale of 1-10 how difficult is it to breathe?
 - Is it difficult to talk in complete sentences?
 - Is it better, worse, or about the same since yesterday? 📄
- When you look in a mirror, do your lips look bluish?
- Has anyone else at home become sick?
- Do you need anything?
- [If you have given the patient a thermometer and pulse oximeter:]
 - Have you taken your temperature and what has it been? (Note time if known.)
 - Have you used the pulse oximeter and what has the reading been? (Note time if known.)

2. Report

- Report NOW:
 - Patient is becoming worse.
 - SpO₂ 93% or less.
- Report once daily about this patient.

3. **Continue twice daily phone rechecks** until the doctor tells you to stop.



Sample Collection

Collecting a Sample for COVID-19 Testing Using the Nasopharyngeal (NP) Swab

The nasopharyngeal (NP) swab is collected at the very back of the nose where the nose and throat (pharynx) meet. It is important that the swab reaches the far back of the nose and pharynx or your test result could be inaccurate. For reference, watch: [Collection of Nasopharyngeal Specimens with the Swab Technique](#).

Note: All patient self collected samples must be observed by CHA/P.

Nasopharyngeal Sample for COVID-19 Test
Supplies Needed
<ol style="list-style-type: none">1. Exam gloves, gown, N95 (or other airborne precautions mask), eye protection2. Nasopharyngeal swab (or swab supplied with Abbott ID NOW™ kit)3. Viral Transport Media or Abbott ID NOW™ swabs4. Follow regional guidelines for processing of sample

Procedure Steps



Infection Precautions

Information on Other Transmission Precautions

1. Contact Precautions:

- Use Contact Precautions in addition to standard precautions for patients known or suspected to have certain germs that can be transmitted by direct contact with the patient by touch, or indirect contact by touching surfaces that may be contaminated (such as exam table).
- Examples include: Methicillin-resistant *Staphylococcus aureus* (MRSA), lice or scabies.
- Follow regional guidelines for when contact precautions should be followed.

2. Droplet Precautions:

- Use Droplet Precautions for patients with known or suspected infections transmitted by respiratory droplets.
- Respiratory droplets are produced by coughing, sneezing, or talking.
- Some examples are: influenza, pertussis.

3. Airborne Precautions:

- Use Airborne Precautions for patients with known or suspected infections transmitted by the airborne route.
- Some examples are: tuberculosis, measles, chickenpox.



PPE

Procedure

Putting on (Donning) and Taking off (Doffing) PPE

Post a copy of these instructions: [Donning](#) and [Doffing](#).

1. Putting on (Donning) PPE

- Do all this before entering room:
 - Clean hands (Perform Hand hygiene)
 - Gown
 - Mask
 - Eye protection
 - Gloves

2. Taking Off (Doffing) PPE

- Have a trained coworker, if available, watch you take off PPE to ensure safe removal
- Remove gown by ripping forward into a ball with contaminated surfaces inside
- Gloves inside gown balled up, discard in biohazard bag
- Hand hygiene
- Eye protection touching head band only, discard
- Hand hygiene
- Leave room
- Hand hygiene
- Remove mask, being careful to only touch band or ties, discard
- Hand hygiene



CHAM Reminders

COVID-19 Pandemic

- CPR and/or Assisted Ventilation aerosolizes the virus and will contaminate PPE and reusable life saving equipment that is potentially in short supply.
- [Airborne precautions](#) required.
- Follow Regional Guidelines.



Weekly Teleconference



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



Karissa Carroll, CHP

PPE GO BAGS!



Contents



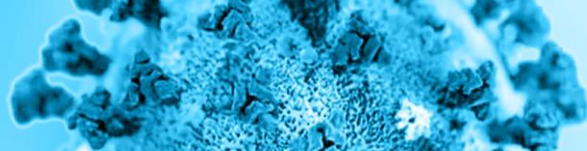
Prepared



Doffing/Donning Station

Left is dirty and needs to be cleaned, right is cleaned and air drying.





Our greatest enemy right now is not the virus itself. It's fear, rumors and stigma. And our greatest assets are facts, reason and solidarity.

~ General Dr. Tedros Adhanom Ghebreyesus, WHO director



CHAP Weekly Update

April 24, 2020

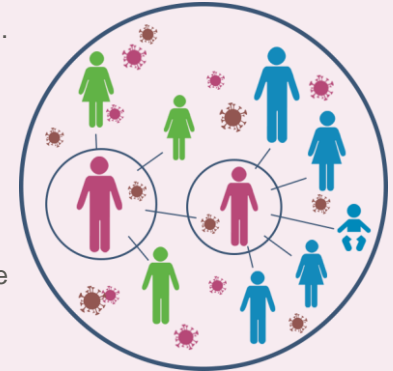
COVID-19 By The Numbers

Alaska total cases: 335
US total cases: 869,172
World total cases: 2,709,408

Contact Tracing

Why do this? What is it all about?

It's about stopping the virus from spreading. If a sick person has COVID-19, we want to keep the circle of infection very small. Everyone who has been close to the sick person can help by doing self quarantine. That way, if they become sick, they will not allow the virus to be spread any further.



Contact tracing is the task of locating all the people who were close to the sick person during the contagious time.

Along with social distancing and good hand hygiene, contact tracing will put a fence around the virus and not let it spread further.

Important Facts About COVID-19

- COVID-19 is caused by the SARS-CoV-2 virus
- Transmitted mostly through respiratory droplets: coughing, sneezing, but also through contact - touching contaminated surfaces.
- People are contagious 2 days before they get symptoms and for up to 7 days after the symptoms are gone.
- The incubation period (the time it takes for someone to get sick after they have been exposed) is 2-14 days.
- The most important way to prevent spread is through frequent fabulous hand hygiene, cough etiquette, and social distancing.

Continuing Education

[CDC](https://www.cdc.gov) (coronavirus.gov)

[State of Alaska](https://dhss.alaska.gov) (dhss.alaska.gov)

[WHO](https://www.who.int) (who.int)

[AK CHAP](#): Current COVID CE courses available:

- COVID-19 CE,
- Patient Self-Sample Collection for COVID-19
- Point of Care: COVID-19
- Infection Precautions and Personal Protective Equipment

Save the Date

Thanks to Dr. Anne Musser for her presentation on April 22, 2020.

Next session: April 29 at 12:10; Dr. Neader from Behavioral Health

- CE is available from [ANTHC AK CHAP](#) home page.
- CE is awarded to participants who also fill out the evaluation form.
- Each teleconference session is awarded 1 CE.

Let us know what you think! aka-CHAPCOVID-19weeklyupdates@anthc.org

Send questions for presenters and each other, your requests for topics to be discussed, CE to be developed.



www.akchap.org

Alaska Community Health Aide Program

Home About CHAP Calendar CHAPCB CHAM Distance Learning Resources Library

Welcome to the Alaska CHAP Program

The Community Health Aide Program (CHAP) consists of a network of approximately 550 Community Health Aides/Practitioners (CHA/Ps) in over 170 rural Alaska villages. CHA/Ps work within the guidelines of the *Alaska Community Health Aide/Practitioner Manual* in assessing and referring members of their communities who seek medical care and consultation. Alaska CHA/Ps are the frontline of healthcare in their communities.

CHAP FORUM

The **2019 CHAP Forum** is scheduled for **April 15-19, 2019** and will be held at ANTHC 4000 Ambassador Drive, Conference Rooms 1 and 2I To register please go [here](#). The agenda will be posted soon. Please click here for the [payment form](#).

Shining Star Awards

Nominations are being accepted for the Shining Star Awards through March 15. Award winners will be recognized at the CHAP Forum award luncheon the week of April 15-19th. See [nomination form](#).

CHAM Revision

Upcoming revisions include Female Reproductive and converting Medicine dosing tables to metric. Click here to view information from previous [revisions](#).

Continuing Education

- New CE - 'Influenza Update 2018-2019' is now available on the Distance Learning Network: <http://anthc.remote-learner.net/>. By completing this new module you can earn 2 continuing education credits.
- 'Cancer Survivorship,' a new online module is now available. Learn about cancer survivorship and helpful ways to support someone who is diagnosed with cancer while earning 2 hours of CHA/P or BHA CE. Module available at: <http://anthc.remote-learner.net/>.
- 12 interactive, online cancer education modules with helpful resources and activities are available for CHA/P and BHA CE. For more information, see [flyer](#).
- Palliative Care TeleECHO Clinic, every other Wednesday 11:30 am-1 pm. Learn more about the program and register to receive 1.5 CHAP CE at: <https://anthc.org/palliative-care/palliative-care-echo/>. For more information, see [flyer](#).

Telemedicine Cart Checks

AFHCANcart Quick Check
Form: <http://afhcan.org/documentation/dl/Cart%20Quick%20Check.pdf>



QUESTIONS?





ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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