

The Multnomah County Auditor's Office is conducting this survey to better understand efforts made to ensure vital services, such as adult care homes, can continue safely and equitably during the pandemic.

We hope you will take the time to participate, because your perspective matters and will help determine recommendations in our Pandemic Response audit. The survey should take about 15 minutes to complete. Instructions will be given at the start of each section. Survey results will be published on the Auditor's website.

Please complete the survey before Friday, October 9, 2020.

Your participation in this survey is completely voluntary.

This survey is not mandatory and you have the right to withdraw from participation at any time.

Responses to this survey are anonymous, meaning that no one will be able to identify that you participated in the survey. Your responses will be kept confidential, meaning that we will not share individual identifying information of participants. The results of this survey will be reported on a consolidated level.

Survey data will be retained by the Auditor's Office. The County Auditor is elected by county voters and audit staff report directly to the County Auditor.

If you have any questions or comments related to the survey, please email the County Auditor: [mult.auditor@multco.us](mailto:mult.auditor@multco.us) or contact our office at 503.988.3320.

Thank you for your participation,

Jennifer McGuirk, County Auditor

*Note for Caregivers: If you work with more than one adult care home - please respond about the home that you spend the most time in.*

#### **General Information**

Now we would like to ask some general questions about your involvement with your Adult Care Home (ACH) **at the time of taking this survey.**

\* 1. What is your role for the adult care home (select all that apply)?

- Operator
- Resident Care Manager
- Caregiver

\* 2. How many residents are in the home?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

\* 3. How many homes do you work with/for?

- 1
- 2
- 3 or more

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### Multnomah County Support

Now we would like to ask some questions about county support provided to and/or made available to your adult care home. Your responses are anonymous. We will only report aggregated results.

4. Has Multnomah County's Adult Care Home Program contacted you **during the pandemic** to offer support?

- Yes
- No
- Not sure

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### Multnomah County Support (continued)

5. How helpful did you find Multnomah County's Adult Care Home Program support to be?

- Very helpful
  - Somewhat helpful
  - Neutral
  - Not very helpful
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Multnomah County Support (continued)

6. Have you reached out to Multnomah County's Adult Care Home Program with questions or for assistance **in the last month?**

- Yes
- No

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Multnomah County Support (continued)

7. Was Multnomah County's Adult Care Home Program able to address your questions or concerns?

- Yes
- Only somewhat
- No

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Multnomah County Support (continued)

8. I am aware of COVID-19 supports available from Multnomah County's Adult Care Home Program (select all that apply).

\*Examples of PPE supplies include N95 and procedural masks, eye protection, gowns, and/or gloves

- The Program's [website](#) related to COVID-19
- The Program's [online resources](#) related to COVID-19
- Personal Protective Equipment (PPE) supplies\*, cloth or disposable masks
- COVID-19 group webinars
- I am not aware of any resources

9. Have you been able to get sufficient PPE supplies, cloth or disposable masks for residents and staff **in the last month?**

- Yes
- No
- Not sure

10. Have you requested help in procuring PPE supplies, cloth or disposable masks **in the last month** from Multnomah County?

- Yes
- No
- Not sure

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**Multnomah County Support (continued)**

11. Were your PPE supply, cloth or disposable mask requests met that you requested **in the last month**?

- Yes and timely (within a week)
- Yes - but took more than a week
- No
- Not sure

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**Multnomah County Support (continued)**

12. Overall, Multnomah County's Adult Care Home Program is doing a good job of communicating information about the COVID-19 pandemic.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure
- N/A

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**Adult Care Home Preparedness**

Your responses are anonymous. We will only report aggregated results.

**General**

Now we'd like to ask some questions about your adult care home's general preparedness in dealing with the COVID-19 situation as it applies to your adult care home and its residents, staff, and visitors **at the time of taking this survey**.

13. Has your adult care home identified dedicated employees to care for COVID-19 patients?

- Yes
- No
- Not sure

**General (continued)**

14. Has infection control training been provided to the dedicated employee(s) who cares for COVID-19 patients (select all that apply)?

- Yes - directly by the adult care home
- Yes - by a resource other than the adult care home
- No
- Not sure

**General (continued)**

15. Does your adult care home have a pandemic response plan to prevent the spread and treatment of infectious disease?

- Yes
- No
- Not sure

16. Does your adult care home have a plan for addressing residents' individual needs during the pandemic (e.g., continued access to medical treatment, medical supplies/equipment, and food)?

- Yes
- No
- Not sure

17. Does your adult care home have strategies for coordinating with and following the direction of the following agencies (select all that apply)?

- Federal (including CDC Infection Control Protocols)
- State (including the Oregon Health Authority)
- Local health officials (including the Multnomah County Health Department)?
- Not sure

**Exposure**

The following questions relate to exposure control efforts done by the adult care home **at the time of taking this survey.**

18. Does your adult care home have a point of contact in place that residents can notify if COVID-19 symptoms appear?

- Yes
- No
- Not sure

19. If your adult care home suspects a resident has COVID-19, does your adult care home do the following (select all that apply)?

- Isolate the resident in their room
- Call the health department
- Prioritize them for testing
- None of these steps are taken
- N/A - No residents have shown symptoms or have been suspected of having COVID-19
- Not sure

20. When close contact with an infected person cannot be avoided, does your adult care home staff wear (select all that apply)?

- Eye protection
- An N95 or better mask
- Gloves
- Gown
- Cloth face covering
- None of these are used
- N/A – No residents have shown symptoms, been suspected of having COVID-19, or tested positive
- Not sure

21. Does your adult care home record the following information for symptomatic residents (select all that apply)?

- Date of first symptom onset
- List of current symptoms
- Date resident was placed into isolation precautions
- No - None of this information is recorded
- N/A – No residents have shown symptoms or have been suspected of having COVID-19
- Not sure

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**Infection Control**

The following questions relate to infection control efforts done by the adult care home **at the time of taking this survey.**

22. Has your adult care home created a plan for personnel who MAY have worked while ill?

- Yes  
 No  
 Not sure

23. Has your adult care home assessed COVID-19 health safety risks for (select all that apply)?

- Residents  
 Staff (includes persons involved with residents' daily living activities)  
 Visitors  
 No assessments have been performed  
 Not sure

24. Does your adult care home keep a list of staff who work at multiple adult care homes (e.g., caregivers)?

- Yes  
 No  
 N/A – no staff work at another location  
 Not sure

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**Infection Control (continued)**

25. Does your adult care home actively screen the staff that work at multiple adult care homes?

- Yes  
 No  
 Not sure

26. Does your adult care home restrict staff if they are ill?

- Yes  
 No  
 Not sure
-

**Infection Control (continued)**

27. Does your adult care home require that workers who work at multiple locations disclose if they are exposed to the virus at a different location?

- Yes
- No
- N/A - no staff work at another location
- Not sure

28. Does your adult care home have policies to ensure staff remain home when sick?

- Yes
- No
- N/A
- Not sure

29. Does your adult care home provide hand sanitizer in resident care areas (select all that apply)?

- Every resident room
- Other resident care areas
- Common areas
- No hand sanitizer is made available in any of these areas
- Not sure

30. Does your adult care home require hand hygiene (e.g., hand washing and/or hand sanitizing) in the following situations (select all that apply)?

- Before contact with the resident, even when PPE is worn
- After contact with the resident
- After contact with blood, body fluids or contaminated surfaces or equipment
- Before performing sterile procedures
- After removing PPE, including gloves
- None of these steps are taken
- Not sure



31. Does your adult care home have a plan in place to assess residents for the following (select all that apply)?

- Fever
- Cough
- Shortness of breath
- Sore throat
- No plan in place
- Not sure



**Infection Control (continued)**

32. How frequently are the assessments performed on a resident (select all that apply)?

- Upon admission
- Throughout their stay in the adult care home
- Other  
Please explain:

33. Does the assessment include a plan to monitor residents who are unable to communicate subjective symptoms?

- Yes
- No
- N/A
- Not sure



**Infection Control (continued)**

34. Does your adult care home have established protocols for closing rooms to new admissions if a case of COVID-19 is suspected?

- Yes
- No
- Not sure

35. Does your adult care home have established protocols for closing the entire adult care home to new admissions if a case of COVID-19 is suspected?

- Yes
- No
- Not sure

36. Does your adult care home have a plan for the relocation of residents, if/when needed?

- Yes
- No
- Not sure

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### Inventory

The following questions relate to inventory of Personal Protective Equipment (PPE) of the adult care home during the past month.

37. Has your adult care home assessed its current supply of PPE?

- Yes
- No
- Not sure

38. If shortages of PPE are identified or anticipated, has your adult care home attempted to obtain resources from healthcare partnerships?

- Yes
- No
- N/A - we have not experienced a shortage in the past month
- Not sure

39. Is PPE available to staff for use in resident-care areas (e.g., outside resident rooms)? Select all that are made available:

- Facemasks
- Eye protection (face shield or goggles)
- Gloves
- Gown
- N-95 or higher-level respirators
- None of these are available
- Not sure

### Physical Distancing

The following questions relate to physical distancing efforts done by the adult care home during the past three months.

40. Does your adult care home manage meal times to improve physical distancing? For example: do you deliver meals to rooms, stagger meal times, or offer grab-and-go dining?

- Yes
- No
- N/A
- Not sure

41. Does your adult care home cancel nonessential meetings and use other ways to meet for essential meetings?

- Yes
- No
- Not sure

### Reporting

The following questions relate to reporting efforts done by the adult care home during the past three months.

42. Does your adult care home report to the Multnomah County Adult Care Home Program any time a resident, staff, or household member has shown any symptoms, or is pending test results or has a positive test result?

- Yes
- No
- N/A – no symptoms, pending test results or positive test results have occurred
- Not sure

43. Does your adult care home report positive test results to Multnomah County Health Department?

- Yes
- No
- N/A – no positive test results have occurred
- Not sure

**Source Control**

The following questions relate to source control efforts done by the adult care home during the past month.

44. Do all personnel wear a mask when in the adult care home?

- Yes
- Some - but not all
- No one wears masks while in the adult care home
- N/A
- Not sure

45. Does your adult care home encourage residents to wear cloth or other type of masks (select all that apply)?

- Around others
- When leaving their room
- When leaving the adult care home
- Only sometimes
- No – residents are not encouraged to wear masks
- N/A
- Not sure

46. Do visitors confine their visit to the resident's room or other location designated by the adult care home?

- Yes
- No
- N/A – there are no visitors
- Not sure

47. Does your adult care home screen staff for COVID-19 symptoms at the beginning of every shift?

- Yes
- No
- N/A
- Not sure

48. If staff have any risk factors (e.g., fever, cough, shortness of breath, etc.) identified, are they allowed to work?

- Yes
- No
- N/A
- Not sure

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### Training

The following questions relate to training efforts done by the adult care home at the time of taking this survey.

49. Have you received training about the following (select all that apply)?

- COVID-19 symptoms and modes of transmission
- Hand hygiene during interactions with residents and their environment
- Selection of appropriate PPE
- How to put on and take off (don and doff) PPE
- Cleaning and disinfecting environmental surfaces
- Cleaning and disinfecting resident care equipment
- No – I have not received any training
- Not sure

50. Does your adult care home educate any of the following groups about COVID-19, emphasizing distancing, hygiene, cough etiquette, and source control (select all that apply)?

- Residents
- Family members
- Personnel (including staff and other visitors such as consultants)
- No - the adult care home does not provide any education
- Not sure

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### Visitors

The following questions relate to visitors of the adult care home at the time of taking this survey.

51. Has your adult care home posted signs at entrances to the adult care home restricting visitors?

- Yes
- No
- Not sure

52. Does your adult care home have a visitor restriction policy?

- Yes
- No
- N/A – there are no visitors
- Not sure

53. Has your adult care home sent communication (e.g., letter, email) to families notifying them of any visitor restriction policy, advising them to use alternative methods for visitation?

- Yes
- No
- N/A – there are no visitors
- Not sure

54. Is the screening log completed for ALL visitors?

- Yes
- No
- N/A – we have had no visitors
- Not sure

55. Does your adult care home restrict everyone with fever, cough or shortness of breath from visiting (even in end-of-life situations)?

- Yes
- No
- Not sure

56. Does your adult care home immediately screen residents with reported contact of infected visitors?

- Yes
- No
- N/A – we have had no visitors
- Not sure

57. Are visiting areas cleaned and disinfected immediately after use?

- Yes
- No
- N/A – we have had no visitors
- Not sure

58. Do healthy visitors wear a cloth or other type of mask at all times when in the adult care home?

- Yes
- No
- N/A – we have had no visitors
- Not sure



**Conclusion**

59. What additional concerns or comments would you like to share about your experience during the pandemic?

As a reminder, your responses are anonymous

Thank you for participating in the survey; your perspective matters.

If you have any questions or comments related to the survey, or would like to share additional information related to the topics in the survey, please call 503.988.3320 to leave a message or email the County Auditor: [mult.auditor@multco.us](mailto:mult.auditor@multco.us)