

## **Preparing for COVID-19 in the Disability Community**

People with intellectual and developmental disabilities (IDD) are a vulnerable population and are more likely to suffer from complications up to and including death from the coronavirus. This is especially true for people who also have other health problems such as heart or lung disease of any kind. Additionally, people with IDD are in frequent contact with one another in residential and day program settings, making it very easy to spread the virus within the population. As such, it is prudent that we develop well thought out emergency planning to limit the spread and thus complications as much as possible.

At the most basic, it is important that we follow infection prevention guidelines recommended for the general population including hand hygiene and household cleanliness measures. Please see the CDC website for additional information on these standard measures:

[https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fget-your-household-ready-for-COVID-19.html](https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fget-your-household-ready-for-COVID-19.html)

We do not know exactly how the virus will spread and what course it will take on the local level. Keep up to date with the local public health department to understand the prevalence and risk in our community.

### **What does coronavirus look like:**

Familiarize yourself with the symptoms of coronavirus. Coronavirus appears very similar to the flu and presents with fever, cough, congestion, and malaise. If you have questions or concerns, always contact the person's primary care provider or reference the CDC/public health websites.

### **What to plan for:**

Planning and preparation are critical to dealing with and containing the coronavirus. Everyone should consider and plan for the following situations:

- 1) If someone under your care has symptoms or confirmed coronavirus
- 2) If you (caregiver, HHP, etc) have symptoms or confirmed coronavirus
- 3) Specific plans for specific residential settings
- 4) What to do when and if day programs close
- 5) Assess each client and determine if they should avoid day program or community settings early due to risk level.

### **High risk clients/patients:**

We know that some people are at higher risk than others for suffering complications and death from coronavirus. This includes patients with multiple medical problems, in particular cardiovascular and pulmonary problems. People at higher risk should STRONGLY consider increased social distancing measures early (now). Consider keeping these participants home from day programs and other community events until disease prevalence decreases. If you have

questions about a client's risk level, call their primary care provider and ask for recommendations.

Additionally, you should have a plan for how to deal with general spread of the coronavirus in the community. It is likely to have a great impact on the day to day functioning of our community. Examples include:

- 1) Have at least a 90 day supply of all medications on hand
- 2) Have at least a 90 day supply of any other medical equipment on hand
- 3) Prepare for clients to have an increased amount of time at the home in the case that day programs close, etc.

**What to do if you think someone under your care has symptoms of COVID-19:**

- 1) Contact your physician's office with concerns and determine if and where the patient needs to be seen for further evaluation. It is important they know ahead of time about the patient's symptoms to take steps to limit the spread to other patients being seen there. Unless it is a medical emergency, please contact your primary care provider's office first. If possible, avoid going to the ER.
- 2) Follow any direction provided by your healthcare provider. Until given direction otherwise, practice home isolation measures. Home isolation measures include:
  - a. The affected patient should remain isolated in their own room. The affected patient should stay home except to get medical care.
  - b. The affected person should use their own bathroom if possible. If not, it should be cleaned after each use, especially surfaces with any contact with bodily fluid.
  - c. Avoid sharing household products with the affected person.
  - d. The affected person should wear a facemask during any necessary interactions with other household members.
  - e. Prohibit visitors
  - f. Limit contact with any pets or animals in the home.
  - g. Your healthcare provider will determine when home isolation precautions can be discontinued.
  - h. See the following page for more detailed information:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- 3) Closely monitor symptoms. If there is any concern that the affected person's condition is worsening, contact their healthcare provider immediately or call emergency personnel if needed.
- 4) Instructions for additional household members:
  - a. Practice good hand hygiene as above.
  - b. Clean all shared surfaces at least daily.
  - c. Closely monitor symptoms of everyone else who resides in the home.
  - d. Everyone should limit time outside of the home. All people who share the same host home should stay home from day program, work, or other community

outside activities for at least 2 weeks after the last known exposure, assuming they do not develop symptoms.

- e. If additional household members develop symptoms- follow the above instructions.

**What to do if an affected person in your home refuses to follow home isolation precautions:**

- 1) Notify TRE case manager and agency immediately.
- 2) If you have other clients living in your home, restrict the affected person to their room while in the process of formally addressing rights restrictions as needed.
- 3) If you do not have any other clients in the home, it is important that you still restrict their access to community and day program.

**What to do if you (caregiver, HHP, etc) have symptoms or are being investigated for having COVID-19:**

- 1) You should NOT be providing direct care to any unaffected clients even though they have likely been exposed. Further/ongoing exposure still increases their chance of getting infected.
- 2) You should follow all home isolation precautions as recommended above and for the general population.
- 3) If there are other caregivers available in the home, they should take over all care of any unaffected clients unless they start to develop symptoms as well.
- 4) If all available caregivers in the home have symptoms concerning for coronavirus, they should NOT be caring for any clients as above if possible. Develop a plan ahead of time of back up options should this occur. Examples may include family members or outside caregivers that come into the home. Note that if an outside caregiver comes in, they should not go to other host homes that do not have any affected or exposed individuals. Start thinking of this situation now.
- 5) If none of the above options are available, then practice home isolation measures. All members of the household should stay home except to go to doctor's visits. Practice all of the above hygiene measures.

**Special Considerations for Specific Residential Settings: In addition to all of the above**

- 1) Host homes: see above
- 2) Personal care alternatives and community settings:
  - a. Have a plan in place for people living independently or with a non-caregiver roommate if additional supports will be needed should symptoms develop. The plan should be put into place at the time symptoms develop and not be delayed until a diagnosis is confirmed. The emergency plan should take into consideration all of the above recommendations as well as plans for more frequent monitoring to ensure symptoms are not worsening.
  - b. People living with caregivers or family members should follow the above standard recommendations.
  - c. Any caregiver that enters the home on an intermittent basis needs to follow strict hygiene practices detailed above and on the CDC website. That caregiver

should limit time with other people who are not affected or exposed. Ideally, they would only care for that patient. If this is not possible, strict infection control/hygiene measures need to be practiced.

3) Group homes:

- a. Limit the number of staff in contact with the affected individual, including anyone with only symptoms and not a confirmed diagnosis. Ideally, the staff in contact with that individual should have little to no contact with other residents.
- b. If anyone in the home is affected, no resident should attend day program, work, or community events for at least two weeks after last known exposure.
- c. There should be strict rules for staff on when not to come to work. If a staff member has any symptoms potentially suggestive of COVID-19, they should stay home. They should only return to work once cleared by their physician.
- d. If a staff member is found to have COVID-19, residents should stay home from day program, work, or community events for at least two weeks after the last known exposure.

4) Alternative care facilities:

- a. Have an emergency plan in place for each resident including any additional care or supervision that will be required in the case of an infection. This plan should be put into place at the time of symptom development and not be put off until a diagnosis is confirmed. The emergency plan should take into consideration all of the above recommendations as well as plans for more frequent monitoring to ensure symptoms are not worsening.
- b. There should be a plan in place to rapidly address any affected resident who is not following isolation precautions.
- c. Any caregiver that enters the home on an intermittent basis needs to follow strict hygiene practices detailed above and on the CDC website. That caregiver should limit time with other people who are not affected or exposed. Ideally, they would only care for that patient. If this is not possible, strict infection control/hygiene measures need to be practiced.

5) Pueblo regional center

- a. Have an emergency plan in place for each resident including any additional care or supervision that will be required in the case of an infection. This plan should be put into place at the time of symptom development and not be put off until a diagnosis is confirmed. The emergency plan should take into consideration all of the above recommendations as well as plans for more frequent monitoring to ensure symptoms are not worsening.
- b. There should be a plan in place to rapidly address any affected resident who is not following isolation precautions.
- c. Limit the number of staff in contact with the affected individual, including anyone with only symptoms and not a confirmed diagnosis. Ideally, the staff in contact with that individual should have little to no contact with other residents.
- d. There should be strict rules for staff on when not to come to work. If a staff member has any symptoms potentially suggestive of COVID-19, they should stay home. They should only return to work once cleared by their physician.

- e. If a staff member is found to have COVID-19, residents should stay home from day program, work, or community events for at least two weeks after the last known exposure.
- f. Have an emergency plan for staffing and prepare for the event that far fewer than normal staff will be able to come to work.

**Recommendations for day programs:**

- 1) STRONGLY consider closing for precautionary measures. We serve a very high-risk population, and social distancing is key in preventing the spread and associated complications. Follow CDC, public health, and WHO closely for the latest information.
- 2) When in operation, develop strict guidelines for when participants and staff need to stay home or be sent home. See above listed symptoms.
- 3) Step up hygiene practices and cleaning above normal. See above and CDC recommendations.

**Specific considerations if someone you are caring for gets hospitalized:**

Bring any and all needed medical equipment with you to the hospital, especially any respiratory equipment you need. There are likely to be shortages of ventilators, BiPAPs, and CPAPs in the hospital. If you have any equipment that you own, bring it to minimize any chance of being impacted by a shortage.

Be prepared to advocate for yourself and your medical needs.

**Additional Considerations:**

If you are caring for anyone with multiple medication conditions, consider contacting their primary care provider to ensure they are up to date on all vaccines. Specifically, ask about the pneumonia vaccine. One major complication of a virus like COVID-19 is pneumonia, and this is a common cause of death.

**Keep up to date with COVID-19 activity in your community by regularly visiting the Colorado and El Paso County Public Health Department Websites. This is a rapidly evolving situation and recommendations can change quickly.**

**As always, in a medical emergency, dial 911.**

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Please note that these are recommendations I have developed by using information from the CDC, my knowledge of patients with IDD, and information we have received from the public health department. It has not necessarily been formally endorsed by Peak Vista or other entities.