

URMC Division of Transitional Care Medicine Justification for Universal Screening of IDD Congregate Care Settings for COVID19 when one resident or direct care staff is identified as COVID19 Positive:

The Division of Transitional Care Medicine IDD Resource Team has provided guidance on appropriate training, screening, and management within congregate care settings. These recommendations are based on CDC, DOH, and NYS guidelines. These resources can be found at: <https://www.urmc.rochester.edu/complex-care-center.aspx>

In a congregate care settings for those with intellectual and developmental disabilities the implementation of specific precautions recommendations are limited by their underlying IDD diagnosis as outlined below:

Assess residents for symptoms of COVID19:

- Assessing symptoms of COVID19 requires a significant amount of **self-report which can be limited among those living in group home settings** due to underlying IDD diagnosis
- Many individuals have **limited communication skills** for the nuances of conveying COVID19 symptoms:
- Behavior or activity level changes will be **difficult to assess** in a setting of multiple changes in routine and staffing
- The incidence of poorly controlled **chronic disease and medical frailty is higher** amongst the group home population. This is evident across regional data and multiple evidence based publications

Resident suspected or diagnosed with infection:

- Give surgical mask to wear –
 - Due to intellectual and sensory issues **wearing of masking is difficult for this population**. There is also a higher incidence of increased salivation making masks moist and ineffective.
 - Staff have limited access to masking due to **PPE supply limitations** and will limit their engagement of residents again due to their underlying IDD diagnosis
- Cover coughs/sneezes and Immediately wash hands after cough/sneeze for at least 20 seconds
 - **Due to intellectual and sensory issues residents of group homes often cannot cover cough/sneeze nor wash hands with the frequency or effectiveness required**
- Have the resident with symptoms remain isolated in a private bedroom with private bathroom
 - Group home settings are **limited in the amount of single room and private bath availability and cannot rapidly increase that resource**
- Minimize the staff caring for the individual as much as possible
 - **Many residents require full assistance: 1:1 care**
 - Having a resident in the room with the door closed is a **safety risks**
- Meals must be delivered to the room
- Suspend all facility activities

- The individuals thrive on routine- any disruption in their daily routine and lack of interaction with other residents in their home will cause them to **decompensate functionally and mentally**
 - They will **not understand the change in rules/routines** (ex: eating in their room vs. kitchen, staying in room, lack of visitors, etc)
- Remain in residential home and manage the patient's illness in their own residence rather than in a hospital for the full course of their illness unless symptoms worsen.
 - If **symptoms worsen- contact PCP first** to help determine if outpatient management is appropriate
 - **If unable to contact PCP OR SOB/trouble breathing occurs call ER** to let them know you have a patient coming in with COVID19 symptoms so they are aware

What do we recommend for this patient population?

- **New recommendations proposed:**
 - **If one staff who has had more than 5 min consistent exposure to the residents of a house for the week prior to positive results or resident becomes positive with COVID-19 all residents and staff of that house should be tested.**
 - All positive staff should be removed from routing care and placed on quarantine at home per DOH guidance
 - All residents with COVID19+ status should be moved into a separate house or sections of the house to prevent spread of infection to the remaining residents
- **Strategies already in place include but are not limited to:**
 - Visitor restrictions
 - Screening of all staff twice daily for symptoms
 - Screening of all residents twice daily with temperature checks
 - All staff follow PPE policies with guidance provided
 - Provide quarantine for any person with symptoms within the ability of organizational and community resources and resident tolerance
 - Notify PCP for specific monitoring and regular reassessments due to high risks for severe illness, decompensation, and possible need for hospitalization
 - Designate separate staff to care for COVID-19 + patients