
**New Mexico DDSD Guidance:
Discharge Planning from a hospital for persons with Intellectual and Developmental
Disabilities (I/DD) with a Non-COVID-19 diagnosis
June 18, 2020**

COVID-19 is a new disease. We are continually learning about how it spreads and the severity of illness it causes. People with intellectual and developmental disabilities (I/DD) are a vulnerable population and are at higher risk of severe illness from COVID-19 because of underlying, chronic medical conditions. These conditions include, but are not limited to, respiratory, cardiac, neurological, endocrine and immune disorders. It is also important to remember that adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

The purpose of this document is to provide guidance for teams and providers when: 1) someone has been hospitalized for a Non-COVID-19 related illness, 2) a COVID-19 test taken in-patient was negative or not yet available, and 3) discharge is being planned.

Although hospitals are providing care using COVID-19 safe practices, persons with I/DD may or may not be able to wear masks while in-patient and their actual exposure to the virus is unknown. If a person with I/DD was admitted into a hospital for a Non-COVID-19 health issue, the following steps should be initiated before and after discharge:

1. The Interdisciplinary Team (IDT) member who is in contact with the hospital must determine if the person had a COVID-19 test during their stay. Note that hospitals vary on their COVID testing practices for patients who are asymptomatic and are admitted for Non- COVID-19 issues. If completed, those test results need to be obtained as baseline information.
2. Since exposure is unknown and COVID-19 symptoms typically take 5-7 days to appear, the team and agency need to operate as if the person had an exposure to COVID-19 in the hospital when planning and providing services at home.
3. Develop a plan to obtain a COVID-19 test 1 day after discharge and repeat the test 7 days after discharge. Contact the Regional Office and the local Public Health Office as needed for assistance.
4. The team must meet and assure that the following precautions are implemented at the person's home to protect the person (and their roommates) until the results of the COVID-19 test taken 7 days after discharge is reported as negative.

- a. All staff will be screened regularly for illness, wear masks, and use other PPE as needed and maintain a clean home environment.
 - b. The person should remain in their room as much as possible.
 - i. Some people can tolerate staying in their rooms, and others have difficulty doing so. For all individuals, the team must meet and be flexible to plan activities for the person that can be done in their room. This may include distracting activities, and using technology (phones, tablets, etc.) to meet the person's ongoing need for activity and socialization.
 - ii. The team's BSC and therapists should be creative with supports for the person and plan for video conferencing with the roommates and other friends periodically.
 - iii. If the person cannot tolerate staying in their room, find areas of compromise such as keeping the door open, and planning time in the living room or yard. If the schedule or situation does not allow for the person to be apart from the others during these activities, all individuals should practice social distancing, wear masks, and practice good hand hygiene.
 - iv. Be aware that isolation can trigger negative reactions. Monitor the use of PRN Psychotropic medications and avoid use of emergency physical restraints.
 - v. Seek consultation from the person's BSC or the Bureau of Behavioral Supports, the Regional Office Nurse or Clinical Services Bureau for proactive planning and consultation.
 - c. The person and their roommates should wear masks and remain at least 6 feet apart as much as possible if they are in the same area of the house.
 - d. The person should have a dedicated bathroom if possible. If this is not possible, the staff should plan to disinfect the bathroom between uses.
 - e. The person should have dedicated dishes and utensils for their meals. Eating or drinking from the same dish or glass should not occur. After each meal all dishes and silverware should be promptly cleaned, ideally by using a dishwasher on the highest temperature settings. If there is no dishwasher in the house, then use an alternative disinfecting method for the dishes or paper plates/disposable dishes and utensils should be used.
5. The Agency Nurse should develop and train Health Care Plans (HCPs) and Medical Emergency Response Plans (MERPs) that include at a minimum:
- a. Monitoring the person's temperature and screening for other signs and symptoms of COVID-19 at least two times a day and reporting any signs of illness promptly.
 - b. Calling 911 if the person's condition worsens (e.g., fever over 100.4, difficulty breathing, bluish coloring to face /nails or lack of responsiveness).

6. If the person develops COVID-19 symptoms or if the COVID -19 tests taken 1 day or 7 days after discharge is positive, the Agency Nurse or other agency designee will:
 - a. Communicate with the PCP, the COVID-19 Hotline or 911 (if needed) seeking appropriate medical care.
 - b. Report to the Guardian, PCP, team and Regional Staff and file a General Events Report (GER.)
 - c. The Agency Nurse will immediately create new Health Care Plans related to active COVID-19 and train all staff if the person remains in the home.
 - d. An IDT meeting should be convened as quickly as possible and plans regarding care of COVID-19 positive individuals and potential re-hospitalization should be updated as needed.