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**Practical Suggestions to Cope with Sheltering In Place for COVID-19: A Guide for  
Residential Homes and Teams**

**July 9, 2020**

DDSD, waiver participants, their family members and providers are all well into our third month of sheltering-in-place in New Mexico. We are all learning more each day about how to live our lives in the midst of a pandemic.

At BBS, we continue to strive to assist teams and individuals with person-centered prevention of behavioral crisis, as well as crisis planning. The guidance and ideas here are a compilation of the ideas that BBS, DDSD, and teams have discussed and implemented during technical assistance and IDT attendance. All may apply to situations that each of us know have existed, currently exist now, or may easily exist in the near future. As we move forward, we at DDSD and BBS want to move into planning for happier times, envisioning better futures for people that we serve, *safer*, but allowing for individual needs, including medical and behavioral risk profiles. Such risk determination will be key to guiding individuals, their families and providers with suggestions for mitigating these individual factors during the re-opening discussions/process.

1. Our directions from the Amended Public Health Emergency Order signed by NMDOH Secretary Kunkel dated June 30, indicate that “**all New Mexicans should be staying in their homes for all but the most essential activities and services.** When New Mexicans are not in their homes, they should strictly adhere to social distancing protocols and wear face coverings to minimize risks.” In addition, the order also indicates that “Continued social distancing and self-isolation measures are necessary to protect public health given the potentially devastating effects that could result from a rapid increase in COVID-19 cases in New Mexico.”
2. Research shows that people, including those with developmental disabilities, are more likely to experience dangerous complications if they have a pre-existing health condition, such as diabetes, respiratory difficulties, hypertension, heart disease, or obesity (see <https://www.webmd.com/lung/news/20200608/intellectual-disability-raises-covid19-death-risk#1> and <https://www.sciencedirect.com/science/article/pii/S1936657420300674?via%3Dihub>).
3. While individuals, agencies, and teams have been hearing a great deal about what *can't* happen, what *can* happen?
  - a. Teams/residential homes can plan together for activities that people can do together or separately within the home. Crafts, items for sewing and other projects (like making masks, items for people to use at home, presents for loved ones) can be acquired online and mailed or picked up at local businesses for contactless delivery by Direct Support Professionals (DSP) and the individuals that they serve.
  - b. At home dance, yoga, exercise programs can be streamed online through phones, smart TVs, tablets. These can assist in meeting the movement needs of people staying safe and sheltering in place.

- c. Telehealth interaction for friends utilizing CCS groupings, Socialization and Sexuality Education (Friends & Relationships classes) and other social groups (meeting for virtual “happy hours”, games, Karaoke, etc.) can be planned by teams, coordinated with roommates and friends, and conducted with collaboration between agencies and teams! Pilots of these types of services have already been discussed, addressed, and conducted within the last three months. Team members should contact case management, residential and CCS agencies, regional offices, and BBS for more information.
  - d. Team members (for example, BSCs, SLPs, OTs and/or PTs) can collaborate and create meaningful schedules of activities, including social activities, for the individuals that they mutually support.
    - i. Involve individuals, guardians, direct support personnel, other friends, to implement;
    - ii. Be creative and flexible in the its design and use! It should be a positive support for the person, NOT an obligation!
  - e. Dinner and a movie! Plan and order in food for housemates that want to participate (with contactless delivery—forgo the napkins and plastic silverware if concerned—and rent a new release—or favorite--movie that participants want to watch).
  - f. Plan and execute a home barbeque or meal outside in the yard. Invite all with culinary skills within the home to participate.
4. Most of the activities detailed above have been planned and executed to enhance people’s experiences at home or safely in the community, and to creatively prevent riskier behavioral issues that can arise from boredom, crisis fatigue, unfamiliarity with and/or rejection of current expectations and behavior during the pandemic. One cannot completely avoid risk of COVID infection. However, helping to manage and reduce risky behaviors by understanding an individual’s needs and reasons for behaviors can help reduce the risk of infection. Creative approaches to managing risk are likely to be more effective than outright denial of an individual’s needs and desires. Taking an approach that meets the individual where they are and helping them to understand how to better manage these risks may ultimately reduce those risks. Ideas to help prevent or minimize the impact of riskier behaviors include:
- a. Educate one another. The guidance about COVID and how to prevent exposure, or what to do when exposure may occur or did happen, changes frequently. Contact your DDSD regional offices and/or BBS for consultation and ideas. Expect that you will need to have lengthy conversations with DDSD, BBS, other team members, and the person served. We are all writing the book on how to respond *as* we all respond!
  - b. Educate people when there *isn’t* a crisis. People generally learn and retain information better when NOT escalated—don’t wait until they are trying to run out the door to educate them on:
    - i. the risks that they take when they leave and go into the unknown (or known) in the community,
    - ii. what they can do to mitigate that risk (masks, good hand hygiene, stay 6 feet or more away from others even when wearing a mask,
    - iii. who to call for directions on how to stay safe or pick-up,

- iv. limit the people that they allow to enter their personal space (including intimate sexual partners), and
- v. procedures that you anticipate they will follow when they return. Suggestions on these procedures include:
  - 1. exit and enter the shared home to minimize risk to others—separate door (if possible), with mask and not touching anyone,
  - 2. a place to strip clothes worn in the community & where to place laundry to be washed/sterilized,
  - 3. shower, and
  - 4. arrangements for quarantine from others and COVID-19 testing.
- c. As you do all of the above, please create a “Safety Pack” for individuals who venture out into the great unknown in spite of your best efforts. A safety pack should (at a minimum) include:
  - i. hand sanitizer,
  - ii. mask(s),
  - iii. cell phone or phone numbers of team members that **can help them to stay safer**, and
  - iv. any other person-specific item that the team feels is helpful/necessary.
- d. If people continue to elope into the community with a minimum of cooperation with team suggestions/guidance on how to mitigate the risk of exposure to COVID-19, the team should convene and discuss other risk-mitigation strategies such as:
  - i. moving individuals with abilities to stay alone for periods of time to Customized In-Home Supports (CIHS) if warranted, and
  - ii. contact your BBS or DDSD regional office staff for person-centered guidance on the situation.