

NASDDDS COVID-19 Response

Practices in Place for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Operations during the COVID-19 Pandemic

As state I/DD agencies work tirelessly to assure the stability of home and community-based services (HCBS) during the COVID-19 pandemic, it is important to recognize that public and private ICFs are a segment of the overall service delivery system that may require additional guidance. State agencies were swift and thorough in their distribution of guidance to ICF/ID agencies, mostly following or directly referencing the [CDC Coronavirus Disease Preparedness Checklist for Long Term Care Settings](#). On April 1st, the Centers for Medicare & Medicaid Services (CMS) issued [Guidance for Infection Control and Prevention of COVID-19 in ICF/IIDs and Psychiatric Residential Treatment Facilities \(PRTFs\)](#). NASDDDS has assembled a collection of common and unique practices for consideration when providing supportive information to ICF directors and staff on managing visitation policy, infection control procedures, communications, and other aspects of congregate facility operations during this health crisis.

Common Practice for ICFs	Unique Practice for ICFs
Assuring safe infection prevention and control practices	
<ul style="list-style-type: none"> • Regularly disinfect high touch areas • Cancel communal dining and group functions or plan activities where people can maintain social distancing • Reschedule routine appointments or arrange for telehealth 	<ul style="list-style-type: none"> • Establish a low threshold for COVID-19 testing • Limit movement of residents around the facility • Establish a dedicated drop-off location for deliveries not inside the facility, such as loading zone or covered outside area • Enact a single point of entry for all staff and visitor access and have everyone wash hands upon entry
Limiting access and screening of all essential visitors	
<ul style="list-style-type: none"> • Suspend visitation, other than family and friends during end-of-life circumstances or for the purposes of health care or legal services • Screen all visitors for fever and respiratory symptoms 	<ul style="list-style-type: none"> • Work with your local case management system to respond/provide alternatives when respite service requests of a non-emergency nature are not available • Distribute simple tools for screening of visitors • Require visitor sign-in • Limit essential visitors to 2 at a time • Require screening for return visitors even if only departing the facility for a brief time
Staff considerations, including screening all staff as they arrive for work; plans for surge staffing, if necessary; and assuring adequate supplies available	
<ul style="list-style-type: none"> • Assign staff to specific locations/units to minimize the number of people entering rooms • Report capacity to state agency on a routine basis during the emergency • Contact state agency for approval if requests for service exceed capacity or staffing ratios 	<ul style="list-style-type: none"> • Track all staff who work in multiple locations and/or for additional long-term care organizations • Minimize entries into private rooms by bundling care and treatment activities
Communications with and among family members	
<ul style="list-style-type: none"> • Recommend alternative methods to stay in touch with families 	<ul style="list-style-type: none"> • Check-in with ICF residents, staff and families about their emotional well-being • Identify a single staff person who is the primary contact for a family and responsible for routine calls to provide reassurance • Provide alternate modes of communication such as phone or video calls to support direct contact between people who live in the ICF and their loved ones or important relationships • Record on phone lines and post on websites a daily message for families to find the most recent information • Send daily updates via listserv or emails to families

Common Practice	Unique Practice
Reporting confirmed or presumed COVID 19	
<ul style="list-style-type: none"> Regularly report to your local health jurisdiction and to the state DD agency 	<ul style="list-style-type: none"> Provide easy reporting through web-based options to assure consistency of information and means for follow-up
Education for people served, family members and staff, including information about prevention strategies, new procedures, effective infection control measures and where to seek more information	
<ul style="list-style-type: none"> Provide information on universal precautions, correct handwashing and proper hygiene, using simple language, videos and infographics Post signage throughout, including at all entrances Provide links to CDC, HHS, and local health departments 	<ul style="list-style-type: none"> Maintain a person-centered approach to care, including communicating effectively with residents, their representatives and/or their family and understanding their individual needs and goals of support
Updating emergency preparedness or Continuity of Operations Plans	
<ul style="list-style-type: none"> Identify emergency plans and review with all staff routinely; include contact information for local health departments, facility leadership, and on-call nursing 	<ul style="list-style-type: none"> Assure emergency plan includes both conservation strategies and methods to assure uninterrupted supplies of linens, food, medication and other essential supplies Assure your agency has a “solid working relationship” with local Emergency Management agency, including review of your facility’s Continuity of Operations or Emergency Preparedness Plan
Identification of confirmed or presumed COVID 19 positive among people served by the ICF	
<ul style="list-style-type: none"> Regularly monitor people for signs or symptoms Conduct daily temperature screenings Complete thorough screening of all new admissions Minimize access to private rooms when possible Establish isolation procedures Seek medical advice for appropriate treatment of symptoms as recommended by the CDC 	<ul style="list-style-type: none"> Provide specific instructions on how to isolate an individual, including bathroom access
Transfers or transition procedures	
<ul style="list-style-type: none"> Establish conditions under which transitioning or temporary placement of people may occur Plan for assuring all medical equipment, medications, etc. are transferred along with the person Notify the state of the new location of the person Maintain tracking record of individuals who transfer to hospital for care or to the family home for quarantining 	<ul style="list-style-type: none"> Enact reporting requirements for any transitions in and out of the facility Notify EMS and receiving medical facility when COVID-19 symptoms require hospitalization, including information on the individual’s diagnosis and precautions to be taken during the transfer Place a facemask on the person during the transfer
Survey and Certification activity	
<ul style="list-style-type: none"> Temporarily suspend all compliance reviews of a routine nature Continue to conduct Immediate Jeopardy reviews and reviews of locations with prior infection control findings, or new complaints /reports of infection control non-compliance 	<ul style="list-style-type: none"> Following telephone review and approval by state surveyor, postponement of activity related to prior Plans of Correction may occur
Other	
	<ul style="list-style-type: none"> Describe methods for assuring person-centered practices continue during the shift in focus to health and safety Support the importance of mental health by allowing people to enjoy outdoor activities with their dedicated staff without sharing common space with others