

# Adults with IDD & COVID 19

Special considerations for infection prevention, control  
and management for this vulnerable population

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## Adults with IDD & COVID-19

- Increased risk of contracting COVID
- Increased risk of severe illness with COVID
  - due to underlying respiratory disease
  - due to obesity, cardiovascular disease, diabetes
  - impact of premature aging
  - impact of not being able to report subjective symptoms of worsening illness
- Increased risk of ED visits and hospitalizations for non-COVID issues during this time

## Group 1

Patients with physical health conditions that put them at risk of serious illness with COVID

- Prevention - often wheelchair bound, high level of contact for care, aerosol generating procedures (suctioning, CPAP/BIPAP, tracheostomy care, high flow oxygen), source control is critical
- Symptomatic client or Positive case - easier to isolate in bedroom, handling a positive case in a shared room, determining contacts and defining staff and other clients as exposed (public health outbreak team)
- Avoiding hospital/ER: availability of on call FMD/nurse, 'action plan' medications for recurrent infections in the home

## Group 2

Patients with behaviours that challenge that can cause risk of harm to self or others and result in hospitalization or ED visits; also who cannot understand and carry out social distancing/hygiene

- Infectious risk - be aware of the older patient with this profile (higher risk than younger patient), risk associated with obesity, cardiovascular disease, diabetes associated with atypical antipsychotic use (optimize chronic disease)
- Prevention - social distancing in the home as possible, adjust meal routines, adjust client seating and flow through the home, regular handwashing, cleaning surfaces, source control
- Symptomatic Client or Positive Case - public health to support adapted approaches to PPE use and conservation, balance importance of isolating clients from each other with the risk of precipitating a behavioural exacerbation (resulting in hospitalization/ER), high likelihood of clients already being significantly exposed
- Avoiding hospital/ER: availability of on call psychiatry, PRNs filled and ready to use in the home

### Group 3

Patients with mild IDD who live independently and struggle with mental health issues or addictions, may attend the ER and other social settings independently, may go to ER frequently for issues best managed in primary care

- Prevention: helping to understand social distancing, supporting through withdrawal from substances, calling regularly to help with reduced contact with their friends, providing delivery of meds and groceries, risk reduction strategies (safe injection sites, providing a mask, hand sanitizer)
- Positive Case: supporting patient through forced quarantine should they get COVID/contact COVID (illness likely to be mild and managed as an outpatient given this cohort is younger with less physical co-morbidity on average), still require close symptom monitoring, daily virtual/phone check ins with nurse/MD
- Avoiding hospital/ER: on call crisis lines, checking in, on call FMD, proactive management of substance withdrawal

# Canadian Family Physician Journal Blog

April 9, 2020

Ian Casson  
Liz Grier  
Bill Sullivan  
Yona Lunsky

- <https://www.cfp.ca/news/2020/04/09/04-09-02>
- Five key messages building on approaches used by public health to manage long term care and COVID 19 IPAC
- intended as a communication piece to support developmental service agency and local public health unit collaboration

## Key Message 1

Adults with IDD living in congregate care (group homes) have similar medical and behaviour concerns to many long-term care residents despite their younger age.

Public health guidelines should provide for expedited assessment and enhanced follow-up for this group.

## Key Message 2

The direct care workers in group homes for adults with IDD are essential to their health care.

Protocols and protections, like those for essential health care workers, should be implemented.

## Key Message 3

Some adults with mild IDD living independently in the community are at risk of not understanding or adhering to public health guidelines.

Proactive communication and support (e.g. by phone) from knowledgeable social and health care providers is necessary to help them adhere to guidelines and manage during this difficult time.

## Key Message 4

Family caregivers, especially older parents, who live with and provide care for an adult with IDD, are at risk of severe COVID-related illness themselves.

A crisis plan needs to be in place to continue the care of their family member in that situation.

## Key Message 5

If an adult with IDD needs ED or other hospital services, family and other community-based caregivers need to ensure the hospital staff have the information about that individual to understand and support their communication and other special needs.

Decision making supports and advanced care plans are important, as is the awareness and accessibility of substitute decision makers.