

**DATE:** March 16, 2020

**TO:** Home and Community-Based Services Providers in CHOICES, Employment and Community First CHOICES, and Section 1915(c) HCBS Waivers  
TennCare Health Plans  
Department of Intellectual and Developmental Disabilities

**FROM:** Patti Killingsworth, Chief of LTSS

**CC:** Jamie O' Neal, Assistant Deputy Chief, LTSS Policy, Programs, Contracts, and Compliance  
Shannon Nehus, LTSS Program Director, I/DD Programs and Services

**SUBJECT:** **UPDATED Recommendations for COVID-19 Preparedness**

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This memo is to share UPDATED information regarding actions you can take to assure preparedness and to help minimize risk for those you support regarding COVID-19, the disease associated with the coronavirus (SARS-CoV-2).

As you are aware, the populations you serve are among the most susceptible to this disease, including individuals with disabilities and the elderly.

On March 10<sup>th</sup>, CMS issued *Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)*—attached. While the guidance is developed for Medicare and Medicaid HHAs, many of the recommendations are applicable to all HCBS providers delivering services provided to individuals living in the community. **HCBS providers should carefully review this document and take every opportunity to review and strengthen their agency's infection control procedures.**

**Note in particular the recommendations to screen staff and individuals receiving services in order to minimize risk of infection exposure.** HCBS providers are encouraged to speak with HCBS participants (and/or providers, family members, conservators, as applicable) *prior to* a face-to-face visit to determine whether the individual or any other person in the home has potential symptoms of COVID-19 or exposure to the disease.

**Most importantly, MCOs, DIDD, and their contracted providers remain obligated to ensure that LTSS participants receive HCBS during this critical time.** LTSS participants and their families depend on these services to help ensure individuals' health and safety. HCBS providers should carefully review staff back-up plans in the event that one or more scheduled staff are not able to provide care. If for any reason, your agency will not be able to provide scheduled care in an individual's home, notify the person supported (and their family, as applicable), as well as the MCO (for CHOICES and ECF CHOICES) and the DIDD Regional Office (for 1915(c) waiver participants) so that alternate back-up arrangements can be put into place.

**Information for Residential Services Providers--Community Living Supports (CLS), including Family Model Providers in CHOICES and Employment and Community First CHOICES, and Supported Living, Semi-Independent Supported Living, Residential Habilitation, Medical Residential Services, and Family Model Residential Support providers in 1915(c) HCBS Waivers**

Visitors

Residential services providers may generally not impose absolute restrictions on all visitors to a home. As is the case for anyone living in the community, the people who live in the home where residential services are provided are in control of the home and can exercise decision-making authority regarding visitors to their home. MCOs, residential services providers, family members and others should support individuals (or authorized legal representatives, as applicable) in making informed decisions regarding visitors, including the potential risk of infection during this time. A residential services provider (or staff) may, however, restrict a visitor from entering the home who meets any of the following:

1. Has engaged in international travel within the last 14 days to restricted countries.  
For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
2. Has signs or symptoms of a respiratory infection, such as a fever, cough and sore throat.
3. Has had contact with someone diagnosed with or under investigation for COVID-19.

Community Integration

Residential services providers should work with individuals they support to help them make informed decisions regarding activities outside the home. The Centers for Disease Control and Prevention (CDC) is currently recommending *social distancing* to minimize risk of contracting the disease if COVID-19 is spreading in your community. ***Social distancing*** means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet) from others when possible. This is especially important for people who are at higher risk from the disease, including persons age 60 and older and those with chronic health conditions. Note that social distancing does not necessarily mean *social isolation*. Providers should help to ensure individuals are aware of CDC guidance around social distancing in order to minimize the risk of infection but avoid implementing absolute restrictions on all integrated community activities as a blanket approach to service delivery. An article by one of the State's experts, Dr. Bruce Davis, (attached hereto) offers helpful perspective on this topic.

**Information for Community Integration Support Services and Community Participation Providers**

Likewise, individuals (and their families or other health care decision makers) should be supported to make informed decisions regarding Community Integration Support Services (in ECF CHOICES) and Community Participation (in the 1915(c) waivers). This does not mean that persons supported should be socially isolated or restricted from receiving these services or participating in all community activities. It does mean, however, that providers should help persons supported and their families or authorized representatives, as applicable, understand the potential risk of exposure so they can make informed decisions about participation in community activities. If a person in ECF CHOICES that you support elects not to receive these services during this time, notify the person's MCO promptly. MCOs will be responsible for assessment to determine whether other services or supports are needed during this interim period. DIDD has previously issued guidance with regard to alternative services during this time.

## **Refusal of Services**

A person enrolled in CHOICES, Employment and Community First CHOICES, or a 1915(c) waiver, or a health care decision maker on their behalf can refuse services at any time. This refusal should be documented in the record and the EVV system (as applicable), including the circumstances surrounding the refusal.

## **Resources**

As a reminder, the Tennessee Department of Health (TDH) has launched a Tennessee Coronavirus Public Information Line in partnership with the Tennessee Poison Center. The hotline number is **877-857-2945** and will be available from 10 a.m. to 10 p.m. Central daily. TDH has additional information available at [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html).

CMS has a website where updates are posted: <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/covid19/index.html>.

The CDC website is also updated regularly: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Please check these resources regularly for updates as this situation continues to evolve.

Advancing States also has an array of resources, available at: <http://www.advancingstates.org/covid-19>.

We hope this information is helpful.

Thank you in advance for your continued vigilant efforts to help ensure the health and safety of those you support.



**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

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**Ref: QSO-20-18-HHA**

**DATE:** March 10, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)

**Memorandum Summary**

CMS is committed to protecting American patients and residents by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns.

- ***Coordination with the Centers for Disease Control and Prevention (CDC) and local public health departments*** - We encourage all Home Health Agencies to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).
- ***Home Health Guidance and Actions*** - CMS regulations and guidance support Home Health Agencies taking appropriate action to address potential and confirmed COVID cases and mitigate transmission including screening, treatment, and transfer to higher level care (when appropriate). This guidance applies to both Medicare and Medicaid providers.

**Background**

The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients in the home care setting from the spread of infectious disease. This memorandum responds to questions we have received and provides important guidance for all Medicare and Medicaid participating Home Health Agencies (HHAs) in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

**Guidance**

HHAs should monitor the CDC website (see links below) for information and resources and contact their local health department when needed. Also, HHAs should be monitoring the health status of everyone (patients/residents/visitors/staff/etc.) in the homecare setting for signs or

symptoms of COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors.

In addition to the overarching regulations and guidance, we have provided the following information (Frequently Asked Questions) about some specific areas related to COVID-19. This guidance is applicable to all Medicare and Medicaid HHA providers.

## **HHA Guidance for Admitting and Treating Patients with known or suspected COVID-19**

### **Which patients are at risk for severe disease for COVID-19?**

Based upon CDC data, older adults or those with underlying chronic medical conditions may be most at risk for severe outcomes.

### **How should HHAs screen patients for COVID-19?**

When making a home visit, HHAs should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask patients about the following:

1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
4. Residing in a community where community-based spread of COVID-19 is occurring.

For ill patients, implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done).

Inform the HHA clinical manager, local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website.

CMS regulations requires that home health agencies provide the types of services, supplies and equipment required by the individualized plan of care. HHA's are normally expected to provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS). State and Federal surveyors should not cite home health agencies for not providing certain supplies (e.g., personal protective equipment (PPE) such as gowns, respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.

### **How should HHAs monitor or restrict home visits for health care staff?**

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the HHA clinical manager of information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)

HHAs should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

**Do all patients with known or suspected COVID-19 infection require hospitalization?**

Patients may not require hospitalization and can be managed at home if they are able to comply with monitoring requests. More information is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

**What are the considerations for determining when patients *confirmed* with COVID-19 are safe to be treated at home?**

Although COVID-19 patients with mild symptoms may be managed at home, the decision to remain in the home should consider the patient’s ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions. More information is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

**When should patients *confirmed* with COVID-19 who are receiving HHA services be considered for transfer to a hospital?**

Initially, symptoms may be mild and not require transfer to a hospital as long as the individual with support of the HHA can follow the infection prevention and control practices recommended by CDC. (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)

The patient may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving hospital should be alerted to the patient’s diagnosis, and precautions to be taken including placing a facemask on the patient during transfer. If the patient does not require hospitalization they can be discharged back to home (in consultation with state or local public health authorities) if deemed medically and environmentally [appropriate](#). Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.

**What are the implications of the Medicare HHA Discharge Planning Regulations for Patients with COVID-19?**

Medicare’s Discharge Planning Regulations (which were updated in November 2019)

requires that HHA assess the patient's needs for post-HHA services, and the availability of such services. When a patient is discharged, all necessary medical information (including communicable diseases) must be provided to any other service provider. For COVID-19 patients, this must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel.

**What are recommended infection prevention and control practices, including considerations for family member exposure, when evaluating and caring for patients with known or suspected COVID-19?**

The CDC advises the patient to stay home except to get medical care, separate yourself from other people and animals in the home as much as possible (in a separate room with the door closed), call ahead before visiting your doctor, and wear a facemask in the presence of others when out of the patient room.

For everyone in the home, CDC advises covering coughs and sneezes followed by hand washing or using an alcohol-based hand rub, not sharing personal items (dishes, eating utensils, bedding) with individuals with known or suspected COVID-19, cleaning all "high-touch" surfaces daily, and monitoring for symptoms. We would ask that HHA's share additional information with families. Please see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>.

Detailed infection prevention and control recommendations are available in the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons under Investigation for COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**Are there specific considerations for patients requiring therapeutic interventions?**

Patients with known or suspected COVID-19 should continue to receive the intervention appropriate for the severity of their illness and overall clinical condition. Because some procedures create high risks for transmission (close patient contact during care) precautions include: 1) HCP should wear all recommended PPE, 2) the number of HCP present should be limited to essential personnel, and 3) any supplies brought into, used, and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines.

**What Personal Protective Equipment should home care staff routinely use when visiting the home of a patient suspected of COVID-19 exposure or confirmed exposure?**

If care to patients with respiratory or gastrointestinal symptoms who are confirmed or presumed to be COVID-19 positive is anticipated, then HHAs should refer to the Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings: <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>

Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.

PPE should ideally be put on outside of the home prior to entry into the home. If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.

Ask person being tested if an external trash can is present at the home, or if one can be left outside for the disposal of PPE. PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. PPE should not be taken from the home of the person being tested in public health personnel's vehicle.

If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

### **When is it safe to discontinue Transmission-based Precautions for home care patients with COVID-19?**

The decision to discontinue [Transmission-Based Precautions](#) for home care patients with COVID-19 should be made in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. For more details, please refer to: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Considerations to discontinue in-home isolation include all of the following:

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected  $\geq 24$  hours apart\* (total of four negative specimens—two nasopharyngeal and two throat). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.

\*Initial guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab and throat swab) specimens.



## **Protocols for Coordination and Investigation of Home Health Agencies with Actual or Suspected COVID-19 Cases**

During a home health agency survey, when a COVID-19 confirmed case or suspected case (including PUI) is identified, the surveyors will confirm that the agency has reported the case to public health officials as required by state law and will work with the agency to review infection prevention and education practices. Confirm that the HHA has the most recent information provided by the CDC.

- The State should notify the appropriate CMS Regional Office of the HHA who has been identified as providing services to a person with confirmed or suspected COVID-19 (including persons under investigation) who do not need to be hospitalized;
- The State should notify the appropriate CMS Regional Office of the HHA who has been identified as providing services to a person with confirmed COVID-19 who were hospitalized and determined to be medically stable to go home.

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite providers/suppliers for not having certain supplies (e.g., personal protective equipment (PPE) such as gowns, respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the appropriate local authorities notifying them of the shortage, follow national guidelines for [optimizing their current supply](#), or identify the next best option to care for patients. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Regional Office.

### **Important CDC Resources:**

#### **CDC Resources for Health Care Facilities and Home and Community Based Settings:**

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC Guidance for Preventing Spread in Home and Community Settings <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- Strategies for Optimizing the Supply of N95 Respirators: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html)

- CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Resources for Households <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>

**FDA Resources:**

Emergency Use Authorizations: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

**CMS Resources:**

Home Health Agency Infection Control and Prevention regulations and guidance: 42 CFR 484.70, Infection Prevention and Control, Appendix B of the State Operations Manual, Infection Prevention and Control. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_b\\_hha.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_b_hha.pdf)

**CDC Updates:**

<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

[Sign up for the newsletter](#) to receive weekly emails about the coronavirus disease 2019 (COVID-19) [https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic\\_id=USCDC\\_2067](https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067)

**Contact:** Questions about this memorandum should be addressed to [QSOG\\_EmergencyPrep@cms.hhs.gov](mailto:QSOG_EmergencyPrep@cms.hhs.gov). Questions about COVID-19 guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/

David R. Wright

cc: Survey and Operations Group Management

## **We're All a Part of This Community...**

By Bruce Davis

...and our community needs us now more than ever. That's because the Coronavirus is a serious matter. That is a simple fact that we must all accept. Many people have accepted this reality and have begun to make the necessary adjustments to address the problem. Professional and college sports organizations have canceled events that bring large groups of people together. People are washing their hands, using hand sanitizer, and sneezing into a tissue (then washing their hands). People have even been doing their best to avoid touching their faces, which proves to be quite difficult. Those who are sick are staying home. Ironically, people doing these things are fully participating in their communities. They are doing their part to address the Coronavirus problem. Even so, it may remain unclear to many people why all of this is so important, and why it has even greater importance for people with intellectual and developmental disabilities.

### **Viral Infections**

I encourage everyone to see a training that Dr. Rick Rader, Orange Grove Center Medical Director, recently did for the National Association of Direct Care Professionals.

[Coronavirus Explained](#) by Dr. Rick Rader

In this training Dr. Rader explains that the Coronavirus spreads easily from one person to another. As the name implies, it is a viral infection. We're all familiar with the description of a video "going viral" on the internet. We say that because as people begin to watch it and talk about it, others hear about it and quickly go watch the video. Before you know it, millions of people have watched the video and it is an internet sensation. Stating the obvious, the phrase "going viral" came from the

ease and speed that viral infections are spread from one person to another.

### **How Coronavirus Develops**

Information about how the Coronavirus illness develops and resolves is still being gathered. However, from the cases that have occurred so far, the Centers for Disease Control has published the following information:

- Person gets close to someone who has the virus
- A 2 to 14-day incubation period (someone has it, but doesn't have symptoms)
- Major symptoms include coughing, shortness of breath, fatigue and fever.

### **Vulnerability to Coronavirus**

A person's vulnerability to Coronavirus should be described in two ways. First, we should understand who is most vulnerable to getting the virus. Second, we want to know who is most likely to experience serious complications or death. People with IDD are vulnerable to Coronavirus

#### *Vulnerability to **Getting** Coronavirus*

Perhaps the most vulnerable people to Coronavirus are people who don't understand the risk it poses and don't take precautionary measures. Last week I wrote an article about helping people with disabilities understand Coronavirus and teaching them the skills necessary to deal with it. The reason I wrote that article is because many people with IDD simply don't take the appropriate steps to prevent getting the disorder. The best way to say it is this: ANYONE who does not wash their hands frequently, use appropriate sneezing/coughing technique, or doesn't avoid unnecessary contact with others is more vulnerable to getting the Coronavirus than others.

### *Vulnerability to **Having** Coronavirus*

For most people who are healthy and under the age of 60, the Coronavirus doesn't pose much of a threat. In the studies completed thus far, the people most vulnerable to the disorder are those with chronic health conditions like heart or respiratory disease, diabetes, or other chronic health conditions. Because of the high rate of these conditions in the IDD population, many are vulnerable to serious complications and death from the disorder.

### **It's Not Just About You**

The Coronavirus crisis is about all of us. What we're facing now illustrates how we are an interdependent community. I have fought for years to make it possible for people with disabilities to become a part of that community. If we're all part of an interdependent community, we all have a role to play in protecting one another from the Coronavirus. Every one of us...every race, nationality, religion, socioeconomic status, and disability status. Further, those who understand this have the responsibility of leadership to help others understand it.

### **Leading Your Community**

If you recognize the challenge we're facing right now, YOU ARE A LEADER. So, you better know how to lead. Leadership involves three basic tasks or skills: Motivating, setting the example, and setting reasonable limits. If you can use these skills effectively you can help others understand their responsibilities and become full members of their communities.

#### *Motivation*

While leadership sometimes might involve setting firm limits, most of the time it means motivating others to participate in the community you are leading. As it relates to the Coronavirus, a leader's aim is to help people

understand their role in helping others. In my experience, the idea of helping others is EXTREMELY motivating to people with IDD. Many of the people with disabilities that I have known would fall all over themselves to help someone else. I think their desire to help was driven by the fact that everyone is always talking about how much help they need. Helping others gives people with disabilities the opportunity to turn the tables and help someone else. In this way, many people with disabilities are well equipped to be great community members. If leaders couch the Coronavirus precautions in terms of helping others, I have no doubt that people with IDD will answer the call.

#### *Leading by Example*

Among the most powerful tools you have as a leader is leading by example. When the leader shows that they do the things that are important, others tend to follow suit. Leaders who are hypocritical and do the very things they tell others not to do are ineffective. For the people you serve, demonstrate the good habits of Coronavirus prevention, MANY TIMES PER DAY.

- 1) Wash your hands for 20 seconds before and after each meal and each time you use the restroom. Make a HUGE deal out of it! See if the person will do it with you (See video of Bruce and William below).

[Video: Bruce and William: Handwashing](#)  
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- 2) Sneeze into a tissue, throw the tissue away, and wash your hands. Make a HUGE deal out of it! (like we imagine the icy alligator in this video failed to do).

[Alligator Sneezing at Blizzard Beach](#)

- 3) Do elbow bumps or “air fist bumps” to keep your distance. People might enjoy a new way of greeting others. Do it with everyone you see.
- 4) Narrate your decision-making out loud when deciding not to go someplace where Coronavirus infection is possible.

These are just a few things you can do to set the example for others and help them better carry out their responsibilities as part of the community.

#### *Setting Reasonable Limits*

Part of leadership is allowing people to have as much flexibility in doing things as possible. This shows sensitivity to their needs. With the Coronavirus situation, it is possible that some people may insist on your taking them to a location that places the person and community at risk of contracting the Coronavirus. In these circumstances, it might become necessary to discuss the guidance of the Centers for Disease Control (CDC). The CDC recommends that people not be in settings where people are likely to be closer than 6 feet to one another. Other settings where people can space themselves out may be acceptable. Something like picking up food at a drive-thru might be acceptable. For unacceptable locations, Direct Support Professionals have both the opportunity and duty to help establish understanding of a limit by referencing the guidance offered by the CDC and stating their own discomfort in going there because of the risk involved.

#### **Full Participation in the Community**

Full participation in one’s community is about having the freedom to do things you want to do. With that freedom comes the responsibility to look out for fellow community members.

The Coronavirus situation has given us all a great opportunity to help one another and develop ourselves personally. It presents an opportunity for people with disabilities to join that effort and be part of the solution. We’re all a part of this community, and our community needs us now more than ever.

This week’s [Clinical Consultation Network](#) will be entirely devoted to discussion of how to manage through the Coronavirus situation.



Dr. Bruce Davis is the Deputy Commissioner of Clinical Services for the Tennessee Department of Intellectual and Developmental Disabilities.