

## Guidance for Group Homes for Individuals with Disabilities

Group homes (GHs) for [people with disabilities](#) can vary in size from small to larger congregate settings. In congregate living settings, several factors may facilitate the introduction and spread of SARS-CoV-2, the virus that causes COVID-19. Some of these factors include residents employed outside the home, residents who require close contact with staff or Direct Service Providers, residents who have trouble understanding information or practicing preventive measures, and residents in shared living spaces. In addition, GH residents who have [underlying medical conditions](#) may be at risk of serious illness with COVID-19.

### What do Group Home Administrators and staff need to know about COVID-19?

CDC has guidance for [long-term care facilities and nursing homes](#), [assisted living facilities](#), [retirement communities and independent living facilities](#), and [shared or congregate housing](#). Many of the recommendations for COVID-19 described in these documents also apply to GHs. GH administrators may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- Communicate to staff and residents.
  - Information related to COVID-19 and changes related to GH policies and procedures should be provided in an accessible and easy-to-understand format, in an appropriate language, and at a literacy level appropriate for all staff and employees. Examples include [fact sheets and posters](#) and [American Sign Language videos](#).
  - Organizations that support individuals with disabilities have developed communication tools and COVID-19 resources. See additional resources below.
- Plan for accommodations, modifications, and assistance for GH residents.
  - An individualized approach for COVID-19 may be needed for individuals with physical and intellectual disabilities who have limited mobility and difficulty accessing information, require close contact with direct service providers, have trouble understanding information, have difficulties with changes in routines, or have other concerns related to their disability. This approach should account for the following:
    - Social distancing and isolating within a GH may be difficult for many people with disabilities.
    - Wearing [masks](#) may be difficult for people with sensory, cognitive, or behavioral issues. Masks are not recommended for children under 2 or anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance.
    - Residents may require assistance or visual and verbal reminders for the mouth and nose with a tissue, throwing it in the trash, and washing hands afterwards.
    - [Cleaning and disinfecting](#) may affect those with sensory or respiratory issues.

- [Hand washing](#) or using a hand sanitizer containing at least 60% alcohol may require assistance or supervision.
    - [Cleaning and disinfecting](#) may require assistance or supervision.
  - Behavioral techniques already used in the GH can help residents adjust to changes in routines and take prevention actions. These techniques include modeling and reinforcing desired behaviors, picture schedules, timers, and visual cues. Organizations that support individuals with disabilities have information on and resources for behavioral techniques. Behavioral therapists or local Departments of Behavioral Health and Developmental Disabilities may be able to provide consultation for specific concerns.
  - Keep extra quantities on hand of essential food, medical, and other necessary supplies.
- Follow guidance for Direct Service Providers (DSPs).  
Direct Service Providers (personal care attendants, direct support professionals, paraprofessionals, therapists, and others) provide a wide variety of home and community-based, health-related services that support individuals with disabilities. Services provided may include personal care, activities of daily living, access to health services, and more. DSPs are essential for the health and well-being of the individuals they serve. They provide essential services to people with disabilities living in GHs.
  - Ask DSPs, before they enter the GH, if they are experiencing any [symptoms of COVID-19](#) or if they have been in contact with someone who has COVID-19. If DSPs provide services in other group homes, ask specifically whether any of the other GHs have had positive cases.
  - CDC has developed [guidance for DSPs](#). Those in charge of GHs should review the DSP guidance and ensure that DSPs needing to enter the GH are aware of those preventive actions.
- Screen and advise residents, staff, and essential volunteers.
  - GH administrators may want to consider screening residents, workers, and essential volunteers for signs and symptoms of COVID-19.
  - Screening includes actively taking each person's temperature using a no-touch thermometer, and asking whether or not the person is [experiencing symptoms](#) such as shortness of breath or has a cough.
  - Staff and essential volunteers should be advised that if they develop fever or symptoms of respiratory infection while at work, they should immediately put on a mask, inform their supervisor, and leave the workplace.
  - Residents with [COVID-19 symptoms](#), their roommates, and close contacts should [self-isolate](#), limiting their use of shared spaces as much as possible.
- Plan for essential outings.
  - Residents may be employed as essential workers outside the GH. Plan how the GH will help [prepare residents to protect themselves and others when going to work, working, and returning from work](#).
  - Residents may need assistance accessing and understanding information on performing preventative measures related to their job or traveling using public transportation.

- [Guidance for grocery and food retail workers](#) can be adapted for most customer service jobs. Employers may also provide job-specific information for employees.
    - [Guidance for use of public transportation](#).
    - If possible, screen residents returning to the GH from their jobs with the same protocols developed for screening staff for symptoms of COVID-19.
- Continue medical care for underlying conditions.
  - Adults with disabilities are three times<sup>[1]</sup> more likely than adults without disabilities to have serious underlying medical conditions. Individuals with disabilities are at higher risk for serious illness from COVID-19 if they are [older adults](#) or have certain [underlying medical conditions](#).
  - [Planning for COVID-19](#) in GHs should include identifying residents with serious underlying medical conditions and reviewing their [care plans](#).
    - Care plans typically include important information about an individual's medical conditions; how to manage those conditions; how to get in touch with their health care providers, therapists and pharmacy; information on allergies and medications (names, dosages, and administration instructions); preferences (food and other) or special needs; daily routines and activities; friends; and details about routines that are important to support behavioral and emotional health.
  - Identify [tools your GH can use to prepare for emergencies](#) and obtain adequate medical supplies and medications for continued management of the residents' underlying conditions.
  - Residents should continue to receive medical care for underlying conditions and evaluation for new symptoms or illnesses.
    - Determine if providers of healthcare for your residents, including doctors and therapists, have new ways to be contacted or new ways of providing appointments.
      - If they offer [telehealth services](#),
      - [external icon](#)
      - find out how those are arranged and any additional information needed. Residents may need assistance accessing or learning how to receive medical care through telemedicine.
    - Because of COVID-19 healthcare facilities are limiting visitors' access. If GH residents need to go for testing, evaluation, or admission at a healthcare facility, a staff member, DSP, or family member should be allowed to accompany them as an essential accommodation.
- Consider limiting the number of non-essential visitors.
  - GH may want to limit visitation (e.g., maximum of one visitor per resident per day, restricting visitors with recent travel and those with symptoms of COVID-19), especially in common areas, allowing only workers, volunteers, and visitors who are essential to preserving the physical and mental health, well-being, and safety of residents.

- Advise visitors that maintaining social distancing (at least 6 feet) and wearing a mask can help reduce coronavirus transmission.
- When possible, administrators may want to consider screening visitors for signs and symptoms of COVID-19. This includes actively taking each person's temperature using a no-touch thermometer and asking whether or not the person is [experiencing shortness of breath or has a cough](#). Visitors with symptoms of COVID-19 or fever should not enter the GH.
- Manage stress and anxiety.
 

[Staff](#) and residents may experience increased stress, anxiety, depression, frustration, or concerning behaviors when routines are disrupted. During this pandemic, it is critical that staff recognize what stress looks like, take steps to build resilience and cope with stress, and know where to go for help. Additionally, GH administrators and staff can:

  - Provide information to residents and staff on [self-care, stress, and coping](#).
  - Watch for changes in sleep, eating, and mood as indications that individuals working and living in GHs may need additional assistance adapting to changes, processing emotions, or implementing wellness strategies.
  - Develop ways for residents to maintain social connections with friends and family while social distancing.
  - Maintain routines as much as possible.
  - Incorporate wellness activities to help offset restrictions of activities outside of the GH.
  - If wellness activities are group-based:
    - Include social distancing.
    - Avoid touching the same equipment (such as balls or other recreational equipment) unless the equipment is disinfected between one user and the next.
    - Advise people to wear masks, when appropriate.
- Prepare for Staff Shortages
  - Train staff how to prevent the spread of COVID-19 and [develop continuity plans](#) for absenteeism.
  - Implement sick leave policies that are flexible and non-punitive.
  - Monitor staff for increased stress, anxiety, fatigue, and depression.
  - Maintain a safe level of staffing, and avoid transferring residents with disabilities to alternate settings, whenever possible, as a solution to staffing issues.
    - Individuals with disabilities have the right to receive services within the community.
    - It is important to maintain routines and continuity of care as much as possible.
    - Avoid unnecessary transfers that can cause residents to lose their jobs, support services, and appropriate housing.

What to do if a GH resident has been exposed to COVID-19, has symptoms of COVID-19, or tests positive for COVID-19

Planning for identification and control of COVID-19's spread within a GH will need to be individually tailored for the GH and its residents. See guidance for [long-term care facilities and nursing homes](#),

[assisted living facilities](#), [retirement communities and independent living facilities](#), and [shared or congregate housing](#). Other considerations for COVID-19 in a GH setting include:

- Report suspected or positive cases of COVID-19 in staff or residents to the [local health department](#)
- [external icon](#)
- , while maintaining the confidentiality of the sick person as required by the Americans with Disabilities Act (ADA) and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA). Reporting helps local health departments respond to COVID-19 and work with the GH to determine a set of strategies appropriate for your community's situation.
- Create a [plan](#)
- for testing residents and GH staff for SARS-CoV-2, in alignment with state and federal requirements. Learn more about [testing for COVID-19](#).
- Encourage GH residents with [COVID-19 symptoms](#) and their roommates and close contacts to self-isolate and limit their use of shared spaces.
- In addition to cleaning, disinfect your group home, when someone is sick or if someone who is positive for COVID-19 has been in your home within the last 24 hours. Disinfecting kills any remaining germs on surfaces and reduces the spread of germs. For more information on cleaning your group home when someone is sick, see [Cleaning and Disinfecting Your Home](#).
- Follow guidance on [when to stop isolation](#).
- Minimize the number of staff members who have face-to-face interactions with residents who have suspected or confirmed COVID-19.
- Encourage staff, other residents, caregivers such as outreach workers, and others who visit persons with COVID-19 symptoms to follow [recommended precautions](#) to prevent the virus's spread.
- Keep staff at [higher risk](#) of severe illness from COVID-19 from close contact with residents who have suspected or confirmed COVID-19, if possible.
- Monitor the health of persons who have been in close contact (i.e., less than 6 feet ) with a resident who has confirmed or suspected COVID-19. Call the resident's healthcare provider(s) if they develop [symptoms suggestive of COVID-19](#).
- Prepare for transporting persons with suspected or confirmed COVID-19 for testing or non-urgent medical care. Suggest avoiding using public transportation, ride-sharing, or taxis. GH residents needing to be transported for testing or non-urgent medical care should be accompanied by a staff member, DSP, or family member as an essential accommodation.
- Review the [Administration for Community Living COVID-19](#) website regularly for information and contact your state's Developmental Disability Administration and Disability Council for local information including availability and assistance in obtaining resources.