



## Best Practice Guidance to Ensure the Rights of People with Disabilities in Long-Term Care During COVID-19

The COVID-19 Crisis has created a new set of concerns related to the rights of people with disabilities. Due to the requirements of social distancing and stay-at home orders, service providers should be careful not to unnecessarily limit people's rights. The following best practices will help service providers ensure the rights of people with disabilities are supported and protected.

- Provide access to advocacy services including the state's Ombudsman programs. Connect people to advocacy and technical assistance if they feel their rights are being compromised. All residential settings should have advocacy resources available in multiple formats for the person with a disability.
- Develop emergency messaging that is available in plain language and multiple formats, such as audio, larger print, closed captioning, and visuals/pictures.
- Develop safe visitation options that could include facilitating weekly facetime, driveway hellos, window meet ups.
- If a "no visitor" rule is being strictly enforced, create procedures to identify individuals who need more focused assistance due to the effects of isolation.
- Develop plans to enable people to be around their roommates safely within their home, including mealtimes, when no evidence of COVID-19 is present. People should not be isolated to their rooms.
- Develop plans to enable people to have recreation opportunities outside their home while maintaining social distancing. Provide one-to-one support, when needed, for these opportunities.
- Consider the addition of technology to enable people to stay connected with families, caregivers, supporters, and guardians. Determine appropriateness on an individual basis. Support people to have private time to connect with their families and friends via technology and access to technology when requested.
- Identify tools to assure that spouses/caregivers/parents/guardians/family members have a single point of contact for two-way communication purposes, including virtual communication with the individual.
- Ensure that effective communication tools are provided through qualified interpreters, picture boards, and other augmentative means for individuals who are deaf, hard of





hearing, blind, visually impaired or who have an intellectual disability and/or have a behavioral health disorder that is supported with alternate communication tools.

- Recognize that all behavior is communication and work to understand what the person needs. Support communication through picture symbols, clearer and broken information, sign language, or through a person who has established a relationship with the individual.
- Develop procedures that are focused on using preventive and positive behavioral supports for individuals who are displaying undesired behaviors.
- Allow people to decide who is the appropriate person to accompany them should they need hospitalization. A plan should be developed with the person and a family member, caregiver, supporter, or guardian before such time it is needed.
- Provide assurances to people with disabilities living in home and community based residential settings as well as institutional settings that every effort will be made to ensure their ability to return to their residence after a hospitalization. State and provider policies should support this effort.
- Conduct team reviews for any changes that will affect a person's ability to remain in their current residence. Include the individual, their spouse, parent, guardian, supporter, caregiver, and/or other family members in this team review process.
- Review any restrictive measures in place every two weeks to ensure it remains both necessary and is the least restrictive means for ensuring health and safety.

