

Explaining and dealing with the Coronavirus for people with learning challenges and Autism

People with challenges must have basic information about the Coronavirus, health and safety procedures and protocols in place and food, drink and activities provided for them in preparation for a potential close down of services, lock down and isolation for several weeks.

- **Any staff supporting vulnerable individuals must know what is expected of them as personal assistants / carers and the protocols that they must follow** e.g. when to come to work and when they should stay at home, arrangements about being paid, how it is expected that the person with challenges should be supported and cared for.
- **This includes knowing any medical needs**, allergies and DNR arrangements for anyone you care for (DNR = Do not resuscitate – this form should be completed and up to date – it has to be renewed annually. it is normally kept with any medication. A current prescription for any medication should be kept here too ready to hand over to any medical personnel).
- **Consider the following:**
 - How are staff going to get to work and home again (there will probably be no buses or taxis)
 - Is anyone going to sleep in?
 - How are rotas going to change?
 - Who is willing to stand in for someone who is ill?
 - What back up arrangements are there in case all the personal assistants / carers have to self-isolate or are ill?
 - What family, friends or volunteer involvement or capacity to be involved is there?

All of this should be explicit and discussed, not just assumed.

- **Caregivers should be given responsibilities** e.g. who is going to check that there is always enough back up food available e.g. have a large plastic box with reserve food in it. Have a tally system to record what is used and what is left. Replace items in good time in store cupboards and always have some back up food and drink and favourite things kept in reserve in this food box.
- Who will have the responsibility to make sure that infectious diseases cleaning is followed?
- How is everyone going to communicate during this period e.g. telephone calls, a joint “Whats App” group, group e mails etc. in addition to a communication book where the vulnerable person lives.

All challenged individuals should be taught health and safety and hygiene rules

(e.g. correct hand washing, not to shake hands, avoid people who are coughing, how to express or show people that they don't feel well or that they feel OK.)

Individuals need to know how to stay safe just like everyone else – obviously to their own ability level. Use verbal explanations, visuals, braille, Makaton, assistive technology, written rules, model situations or do role play – whatever the individual can learn from and understand.

e.g. practise washing hands with them, time and time again. Show them, do it with them, sing happy birthday twice with them to show them how long they need to do it or set a timer. Video them doing it. Play the video back to them. Praise them for their efforts. If necessary you wash your hands with them and use your hands “hand over hand” to physically show them. (Then wash your own hands separately and thoroughly afterwards). Teach them to also use hand sanitiser if it is available.

I wash hands as my priority but then sometimes use sanitiser afterwards. Or sanitiser until I can wash my hands.

Also be aware that due to alcohol being used so frequently on the skin then it would be wise to use a hand cream before going to bed to prevent the skin drying out and cracking and causing a different problem.

If possible get individuals to participate in keeping their room, flat or house clean e.g. using disinfectant / sanitiser to clean things like door handles. Give them some ownership of the situation if possible.

Teach them how to clean things with wipes e.g. shopping that others may have handled Explain and show how far they should be apart from others.

Discourage hugging and kissing and shaking hands. Teach alternatives like touching elbows or feet instead. Make it like a game / fun.

Insist on washing hands often including after handing things or coming home after a trip or walk out, before eating etc. as well as after using the toilet.

It is difficult to know how much individuals will understand, but try and adapt any information to their level.

Do not over-complicate things.

Explain things simply and clearly

Tell them that there is a disease (virus) going around that is making people ill.

Say that following the hygiene rules that you are practising will help to protect them but that they might get the virus.

Say that, it is serious, they might feel unwell, but that if they get it they will be looked after and they will be OK.

(Of course there is no guarantee that they will be but you can't say that and increase their anxiety)

Be aware that even if they don't understand that they will probably pick up on the anxiety of those around them so also keep things as calm as possible

Ask if they have any questions. Ask how they feel.

Listen to them. Answer their questions. Reassure them, stay positive, encourage them to be positive too.

Think about how the structure of their day and week is changing and adapt their programmewith them so that they have things to do and things to occupy them.

Aim to decrease their anxiety through understanding and practical solutions and activity. Teach communication that will help them, words like “alternative” or “change” or “be flexible”.

Use visual symbols for these (or braille or an i pad or whatever communication tool or assistive technology they use). Start programming this technology now so that the technology is able to adapt with the developing situation to best support the individual.

Be proactive and involve individuals if possible in the plans for the next few weeks.

Explain that their usual activities will be closing down and why.

Talk about what they can do instead.

Think of things they like to do and try and adapt these if necessary so that there are things that are familiar or similar for them to enjoy and help them feel relaxed.

If at all possible make things fun where appropriate.

Make sure you have enough medication to cover at least 1-2 months.

Also: enough soap, toilet rolls, cleaning products and anything that they really need. Also think about providing some of their favourite things and treats e.g. their favourite drinks, cereal, sweets, crisps, cheese etc. whatever food or drink that will comfort and reassure them.

If the individual likes cooking buy basic ingredients to cook these dishes or snacks.

Use the extra time at home to advantage.

What does the individual like doing that there isn't time to do normally?

What new skill would they benefit from learning during this time?

How could this time be used to fine tune existing skills?

Keep a scrap book or diary for them to look back on and learn from their experience.

Above all try to keep in contact with some of their friends by telephone, e mail, video call etc.

If there are other residents in the same building e.g. as in sheltered or supported living, if safe, see if the other residents and staff can gather together in a communal space to chat, play a game, do some indoor exercise e.g. yoga off You Tube, or do a creative or craft activity.

If these activities go ahead then there must be agreed protocols e.g. are the individuals allowed to help to set up the room? What basic health and safety needs to be put in place? Will everyone have a digital temperature taken before they are allowed to participate? How will items used e.g. furniture be cleaned afterwards? etc.

These are only a few suggestions in a complex picture. Everyone is an individual with different needs, but I hope the above guidelines will help promote some ideas and discussion to help support individuals with a variety of challenges.