

Disability management / COVID 19 – a GP view

The team approach to management of the client with disability should include the GP as an active member.

The triad of team care

1. The Case Manager ± support team / reports.
2. The Family (if the case manager is in the family unit the family should still have the right of inclusion if they wish).
3. The Medical team ± doctors / allied health / reports.

Every person with a disability should have a yearly case conference, health assessment and care plan prepared e.g. CHAP.

This should ideally be done onsite at the home or the residential care, however it is often easier done at the GP clinic as records can be updated and referrals written at the time.

A printed copy of all documents can be shared at the time to all participants.

A yearly review allows efficient management of progress for the next twelve months.

It allows ease and trust in communication.

Preparing the intellectually disabled and/or behaviourally compromised patient for COVID 19 testing.

1. Care worker/parent needs easy and clear access by telephone by telehealth to the GP.

Record: symptoms
contacts
temperature

If the GP feels COVID testing is required, then:

2. Isolate the household.

This is best done by keeping everybody in their own bedrooms.

3. Plan which two carers can attend with the client to the testing centre.

Ideally:

- Two people allows one in front close up for reassurance and one to hold head or shoulders (if needed).
- Testing should occur in the transport vehicle.
- The client should be notified if needed that we have to stop on the way – to some promised 'treat'. The client can be notified prior to testing. This is to minimise hyperarousal and anxiety.

4. The GP should contact the doctor at the hospital COVID testing centre (drive through).

A prior arrangement should be made that the carer call the team when they arrive to minimise waiting time. The team prioritise the client: the testing should be done fast/gently/confidently. The car should drive off soon after arrival.

Aim:

No hyperarousal.

Pleasurable thought focussed the after reward (MDonalds?).

Calm, in control actions.

A planned role for all testing members to avoid all screaming/crying/yelling/distress – ‘droplet meanies’.

Query:

Should the accompanying careers be COVID tested at the same time?

[Return home:](#)

Isolate the client in their bedroom.

Continue isolating all the household members.

Clean the house and car while you prepare ‘fun activities’ and ‘happy meals’ and wait for the results.

If negative: All good.

If positive: This is a whole new chapter.

I believe that 1 + 1 family/case worker with the patient in hospital makes care easier, particularly if the patient is violent or likely to be agitated.

Each case would need communication between the triad of care to ensure the best outcome.

Every person has individual needs. A plan however, thought about early, allows each person to know their role and to into place actions that allow as easy a path as possible through the testing process.

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