**When a Resident is Sick: Isolation Protocol for Presumed Coronavirus Infection, updated 3/23/20**

* If a Resident has a fever and either shortness of breath or a cough, isolate in her/his room. Contact resident’s PCP and local health department. COVID-19 testing should be requested. (The MD and Pubic Health Department will make the final determination.) Isolation procedures will be started. Consult your local public health department and PCP for determining when to end the isolation protocol.
	+ IF THE RESIDENT IS TESTED AND IS POSITIVE FOR COVID-19, INFORM DSHS AS THEY ARE TRACKING THESE CASES
* If Ill, but stable, All Care, Meals, Activities and Hygiene will occur in their room.
* Caregivers will recognize the increased need for activities and social interaction and will provide opportunities for both in the resident’s room, with music, reading materials, puzzles,

crafts, conversation, movies, etc.

* Caregivers will wear PPE: Gloves, Mask and Eye Protection when entering the room.
* Caregivers will remove PPE upon leaving room and immediately wash hands.
* Gloves and mask will be discarded in room. Reusable Eye goggles will be wiped with alcohol swab and remain in the room on table near the door.
* Whenever possible, only one caregiver on shift will provide all care to the resident in isolation, to minimize potential exposures.
* Door will remain closed at all times with an **“Isolation Protocol”** sign posted on their door.
* No visitors to their room unless medically necessary.
* Resident will be observed closely for increasing symptoms of respiratory distress and need for hospitalization. Caregiver will perform every 4 hours vital sign checks on Patients in Isolation.
* 02 sensor, thermometer and BP cuff will remain in the sick resident’s room for VS checks.
* If respiratory distress develops, with persistent 02 sat at or below 85%, 911 will be called for transport to hospital as advanced respiratory care and support is likely needed.
* If sick residents will not remain in their room, contact Provider and their Medical provider for assistance. Administer PRN meds for agitation as ordered by MD/ARNP. Sick residents may not be in the common areas of the house as this represents a safety risk for our other residents and caregivers. If due to agitation/confusion, a sick resident is unable or unwilling to comply with isolation protocol, and will not remain in their room, the resident will need to be removed from the home.
* Resident Manager will communicate with a family contact daily (usually the POA) about how resident is doing while on isolation protocol. No Visitors will be allowed.
* As above, consult the resident’s MD and local public health department to determine when the resident without fever and other symptoms can be safely brought out of isolation to the common areas. The room will be completely cleaned and sanitized by gloved caregivers to ensure surfaces are disinfected.