

SUSPECTED or PRESUMPTIVE/CONFIRMED CASE COVID19 in Facility

In administration Steps to be Taken	Resident Specific	Completed		Facility Based	Completed		Comments
		Yes	No		Yes	No	
INFECTION PREVENTION & CONTROL	BASIC MEASURES TO BE IN PLACE			Start Line Listing & Mapping of Residents and Employees			
RESIDENT MGMT	Contact/droplet precautions			Assess current PPE and anticipated needs			
	Use N95 or Surgical Mask/Eye Protection (Face Shield or goggles) for aerosolizing treatments (CPAP, BiPAP, AVAP, Trilogy, nebulizer, trach care, ventilator)			Notify RVP of PPE status and needs			
	Offer Inhalers in lieu of nebulizer, if clinically appropriate. Use spacer with inhalers.			Coordinate with Pharmacy and Pharmacy Consultants			
	Keep door to room closed except when staff enters/exits						
	Increase VS to every 4 hours, including oxygen saturation- more often if indicated			Conduct a baseline screen of all other residents, using the daily Resident Monitoring tool. Include Oxygen Saturation. Nurse to complete detailed assessment on positive findings			
	Dedicated Vital Sign equipment for each infected resident						
	Notify MD/providers/family/RR			Review screens for past 14 days to identify any trends.			
	Consider Viral Panel testing if not already completed			Coordinate with local hospital/health department about where and how to get COVID19 testing Contact other facilities where staff are known to work or have worked within past 14 days. Staff obtaining swab should wear mask/eyewear/gown/gloves for PPE			

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	Transcribe orders/update care plan as indicated						
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	Initiate Alert Charting			Assure Alert Charting on any symptomatic residents or confirmed infectious disease of non-COVID-19 nature			
	Consider room placement			Recommend Private room. Roommates or other contacts should be placed in contact/droplet precautions for 14 days or until deemed not necessary by Medical Director			
				Can cohort residents with COVID19; Consider COVID19 designated group of rooms or unit- preferably at end of a hallway with a primary nursing model.			
	Resident stays in room. If resident needs to leave room for any reason, resident is to wear a mask						
	Minimize or bundle lab draws if possible and clinically appropriate						
VISITOR MANAGEMENT	See Level 4 Guidelines			Validate communication with and screening of Visitors			
STAFF MGMT	Consistent assignment			Review current and anticipated staffing needs			
	Bundle care (include 4Ps)			Review projected staffing model to manage a COVID patient or groups of COVID patients			
	Consider room placement			Consider location of a unit			
ENVIRONMENTAL MGMT	Increase sanitation of high touch areas			Low touch surfaces to be cleaned daily Continue increased sanitation			
				High touch surfaces cleaned at least three times a day (Doors, handles, railings, buttons, shared equipment such as mechanical lift, Vital Sign			

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				Machines, Fronts of tube feeding pumps, vents, IV poles & equipment)			
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				Consider Zone assignments for direct care staff to assist in sanitation of high touch areas			
				Sanitize rental equipment before being put into use			
Supplies	Dedicated Vital Sign Equipment to resident			Assess availability of Vital Sign Equipment, anticipating surge in needs			
	Isolation Cart and Supplies outside of room			Assess current PPE supply and anticipated needs, including ABHR			
	Disposable dinnerware			Assess availability of disposable dinnerware			
	Place signage outside of room for Contact and Droplet precautions			Validate proper use of PPE and Hand Hygiene and cleaning materials and process			
Communication	Basic communications around visitor restrictions			Consult with Legal as soon as identified. Consult with RVP on communication for presumptive or confirmed; include community partners and agencies with a presumptive/ confirmed case Notify other locations where employees may or may have worked in with presumptive/confirmed case.			
	Communicate with agencies as required			Communicate with agencies as required			
QAPI	Initiate ad hoc QAPI review, following morning clinical meeting			Mobilize COVID19 Pandemic Plan and coordination			
				Begin 4 step action plan (CORRECTIVE ACTIONS, ID OTHERS AT RISK, SYSTEMIC CHANGES, MONITORING)			
				CRITICAL to complete a baseline screen of all other residents, using the daily Resident Monitoring tool. Nurse to complete detailed assessment on positive findings.			

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				Review completed screening tools and temp logs for evidence of trends or concerns over past 14 days.			
				Coordinate with county public health.			