

This checklist is designed to provide standards for COVID-19 responses. Each person, and each program may require variations from this standard. If something doesn't sound right for an individual, talk to your Senior Director and make an adjustment.

1. INITIAL RESPONSE - CLIENT DISPLAYING SYMPTOMS:

- ☐ Response to an individual with symptom(s) is treated as if the person is COVID-19 positive.
- ☐ Signs of illness symptoms include: fever, cough, shortness of breath. Related symptoms include: muscle aches, headache, sore throat, diarrhea, or loss of taste or smell.
- ☐ Move the individual away from other people, preferably to their room. Keep the bedroom door closed as tolerated considering supervision needs.
- ☐ Place a mask over the person's mouth and nose as tolerated. If individual doesn't tolerate a mask, follow #2 "Unable/Unwilling Guidelines" below.
- ☐ Utilize personal protective equipment (this will include mask, gown, eye shield, and gloves) when providing routine care or when within 6 feet for a prolonged period.
- ☐ All staff and clients should switch from wearing a homemade mask to a surgical mask during working hours. Surgical masks should be reused and placed in a paper bag for a minimum of 72 hours between uses.
- ☐ Assign one staff per shift to the symptomatic person in a 1:1 setting to help prevent further transmission.
- ☐ Post isolation instructions to the individual's bedroom door.
- ☐ Put into place a scrub-in/scrub out policy. When staff enter or exit the individual's room, use hand sanitizer to clean hands. Please refer to instructions provided.
- ☐ Place a call to their medical provider or complete an e-visit to rule out COVID-19. Ensure provider is aware the individual lives in a congregate care setting, meets the definition of a high-risk individual, and lives with other high risk individuals. Follow their directives.
- ☐ Set up a station outside of the room with required materials, bins with bags, etc. See DRCC nurse's instruction video on staff resources.
- ☐ Document date of onset of symptoms.
- ☐ Monitor for worsening symptoms. Call 911 if a medical emergency.
- ☐ Request supply of PPE supplies based on number of staff and clients.
- ☐ Client and staff should not wear a mask while sleeping.
- ☐ Begin following #3 "client with COVID-19 diagnosis (not hospitalized)" protocols below.

2. CLIENT DISPLAYING SYMPTOMS OR COVID-19 DIAGNOSIS THAT IS UNABLE/UNWILLING TO FOLLOW SAFETY PROTOCOLS:

- ☐ Staff are required to wear PPE including a surgical mask, gown, face shield, and gloves during awake working hours.
- ☐ PPE items will be donned at the beginning of shift and doffed when shift is over.
- ☐ Staff should not wear PPE supplies while sleeping.
- ☐ Individualized plans will be developed for personal care and close contact situations.
- ☐ Begin following #3 "client with COVID-19 diagnosis (not hospitalized)" protocols below.

3. CLIENT WITH COVID-19 DIAGNOSIS (NOT HOSPITALIZED) OR STAFF WITH COVID-19 DIAGNOSIS:

a. PERSONAL PROTECTIVE EQUIPMENT (PPE):

- ☐ Gowns and face shields need to be washed before donning. Never put on a gown or face shield that has been worn previously and not washed. Once a gown or face shield has been removed it should be washed as soon as possible to be reused.
- ☐ Due to the limited supply and repetitive need to use PPE, staff should group tasks that require PPE as much as possible.
- ☐ Face masks should be reused and placed in paper bags after each use. Face masks should be replaced as they become soiled.
- ☐ Each staff member should be given enough face masks to allow for masks to remain in a storage bag after use for a period of 72 hours. This will typically require a maximum of 4 separate surgical masks for each person working 3+ consecutive days.

b. DISCUSSION AND PLACEMENT CONSIDERATIONS REGARDING APPROPRIATE PLACEMENT OF THE INDIVIDUAL:

- ☐ Discussion should be with the Senior Director as well as medical staff.
- ☐ During the diagnosis phase please consider the following:
 - Whether the individual is stable enough to receive care at home.
 - There is a separate bedroom where the individual can recover without sharing immediate space with others.
 - Are they capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).
 - Are there household members who may be at increased risk of complications from COVID-19?
- ☐ Placement options may include:
 - The individual is moved to a temporary COVID-19 cohort site (Carlton Office, Eastside Hub).
 - Work with the county, MDH, COVID Case Manager, or hospital to arrange a more appropriate setting.
 - Moving asymptomatic housemates to a hotel.

c. MEALS:

- ☐ Dishes, glasses/cups, utensils used for meals cannot be shared with others. Clearly separate these dishes when cleaning and storing.
- ☐ While wearing reusable gloves, wash items used with soap and warm water (or in dishwasher), ensuring they are not washed together with other items.

d. MONITORING HEALTH:

- ☐ Temperature checks should be completed 4 times/day and PRN if fever symptoms appear. Also check temp one hour after PRN fever reducing medication is given.
- ☐ Oximeter checks - 4 times/day and PRN if signs of breathing difficulty.
 - Seek medical attention if trouble breathing occurs.
 - If individual has an oximeter reading equal to or below 90% (SpO2 ≤90%), seek medical attention.
 - While seeking medical attention, request guidance regarding frequency of oximeter checks.
- ☐ Comfort meds - Refer to Authorization For Over-The-Counter Medications (form CM23) to select approved OTC medications, Focus on relieving fever, cough, aches/pains, congestion.
- ☐ Fluid intake - 3 liters of fluid/day. Ideally 2-4oz every 15 minutes. Optimal fluids to consume are water, clear liquid beverages with calories and protein, oral rehydration solutions (Pedialyte), and sports drinks.
- ☐ High calorie/high protein diet. Due to loss of appetite, don't restrict calories.
- ☐ Local health authorities may give instructions on checking symptoms and reporting information. If unclear, ask for guidance.

e. WHEN TO SEEK MEDICAL ATTENTION:

- ☐ Call their doctor if the person keeps getting sicker.
- ☐ If you have any of these emergency warning signs for COVID-19 get medical attention immediately:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face
 - Individual has an oximeter reading equal to or below 90% (SpO2 ≤90%).
- ☐ This list is not all inclusive. Please consult the individual's medical provider for any other symptoms that are severe or concerning.
- ☐ Call 911 if you have a medical emergency: Notify the operator that the individual has or is suspected to have COVID-19.

4. COMMUNICATION AND REPORTING DUTIES ONCE COVID-19 DIAGNOSIS RECEIVED

- ☐ Notify Senior Director.
- ☐ Program Director and/or Senior Director will notify all staff that work at program prior to arriving at work, guardians, and any other individuals the staff had contact with at the program.
- ☐ Executive Director will notify Public Health, Department of Health, and County contacts.
- ☐ Contact medical provider of each client to see if testing is necessary. Ask provider to contact all appropriate physicians.

- ☐ Investigate exposures of clients, staff, and any other people that have been at program from 48 hours prior to initial symptoms using MDH risk assessment form.
- ☐ Complete DHS Serious Injury Report for each client diagnosed with covid-19.
- ☐ Complete a first report of injury for each staff person that is diagnosed with covid-19 after working in a program where a client has a positive COVID-19 diagnosis.
- ☐ Inform Senior Director of any staff that work at other DRCC programs or similar agencies.
- ☐ Inform staff they can request to be tested by contacting their medical provider. Current recommendations are to not test people without symptoms though some medical providers have been doing so.

5. DISCONTINUATION OF QUARANTINE:

- ☐ For immune-competent individuals with confirmed or suspected COVID-19, transmission-based precautions should be maintained until both of the following criteria are met:
 - At least 10 days have passed since symptom onset AND
 - Three days (72 hours) have passed since recovery, which is defined as resolution of fever without fever reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).
 - Individuals with persistent symptoms should be placed in, and restricted to, a private room in the program and wear a surgical facemask during care activities until symptoms are completely resolved or until 14 days after illness onset, whichever is longer. Use of a cloth face mask is preferred after this 14 day period.
- ☐ For individuals 75 years of age and older, the period of isolation should be at least 14 days since symptom onset with 3 days of resolution of fever without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).
- ☐ For individuals with immune-compromising conditions, the period of isolation should be at least 21 days since symptom onset with 3 days of resolution of fever without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).