

Checklist for First COVID Positive Resident in House

Communication

Inform resident of test results

Inform resident representative of the positive COVID patient

Inform MD of COVID positive results

Inform Medical Director(s)

DNS calls Regional Nurse

Administrator calls Operations Director and Marketing Director

Inform DPH Epidemiology – 617-983-6800

Inform DPH Health Care Quality – via Virtual Gateway reporting

Inform Local Board of Health – (will likely request daily updates)

Inform Hospice(s)

Inform home VNA / Home care agencies

Inform Liaisons / hospital

Inform mobile x – ray and lab services / other outside services

Update resident line listing for COVID and send to Home office–

Infection Control Nurse Daily

Inform all residents and families using letter/talking points from

Implement communication plan internally – screen phone calls to units to minimize nursing interruptions

Implement communication plan to families – determine who is making the calls and who is taking call backs.

Gather email addresses of families (not mandatory but helpful)

Update web page to inform community of positive – completed automatically by Communications Director

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Resident/roommate/resident placement

Isolate resident in private room or alone in semi-private

Place resident on Special Droplet precautions – gown, gloves, mask, goggles

Move roommate of positive resident and place him/her on droplet precautions, monitor for symptoms

Cohort positive cases together on same unit / same hallway as able

Coordinate plan for room moves and terminal cleaning. May need additional staff to accomplish.

Staff Safety

DNS / Administrator / IC nurse Round and communicate to staff

Full PPE to be worn by all HCP

Surgical masks for all staff in the facility to be worn

N-95 masks for all staff on unit where COVID positive patient lives

Avoid floating of staff between units

Utilize consistent staff within designated cohort hallway

Ensure designated person responsible for stocking PPE supply cart /over the door bags

Infection Control Nurse or designee develop a list of all staff (all departments) who had close contact* with the resident since symptoms started.

*Close Contact definition: Being within approximately 6 feet of a person with COVID-19 for a prolonged period of time (such as caring for or visiting a patient; or sitting within 6 feet of the person); or having unprotected direct contact with infectious secretions of the person (e.g. being coughed on, touching used tissues with bare hands)

Facility

Implement COOP plan when needed

Increase respiratory screening to every 4 hours

Positive or presumptive residents, add O2 sat monitoring every 4 hours

Every shift charting (patient may go on Medicare)

Validate that no nebulizer treatments are ordered / in use

IC nurse tracks staff illness and coordinates with HR (see staff safety above)

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Nursing

Review current staffing patterns and consider increasing nurse to patient ratio for outbreak

Consider a respiratory therapist as part of staffing pattern for affected unit

Resident COVID – 19 Positive Screening*Treatment

Protocol **with Active Case(s) Treatment Protocol** in the Facility

Check inventory of oxygen concentrators and anticipate need for high demand

Check inventory of liquid Roxanol and consider coordinating with pharmacy to increase supply for outbreak (you will need to temporarily decrease the supply of another controlled in order to do this)

Obtain 6 bags of IV NS and 6 bags of D5 for anticipated resident hydration concerns. Ensure sufficient IV therapy supplies (start kits, dressing change kits, cannulas)

Check supply of lab supplies

During outbreak, consider (check with Medical Director) holding scheduled Tylenol which may be suppressing fever response in infected individual

Consider holding non-essential medications during outbreak on affected unit to increase licensed nurse bedside time

Obtain Hard Copy of all COVID-19 lab results

Add plan of care for COVID/precautions in NTT

Add precautions to resident profile in NTT

Physician / IDT

Review Advanced directives for positive / presumptive positive cases and encourage / ask physician to review advanced directives with resident / resident representatives. Educate on disease process.

Ensure Funeral home is identified