IF RESIDENTS HAVE SYMPTOMS OF COVID-19 OR INFLUENZA:

Symptoms may include fever, runny nose, cough, shortness of breath, sore throat, new loss of smell or taste, red and/or watery eyes, or diarrhea.

1. Place a surgical mass on the resident, if tolerated, and isolate in a single room with door closed. If a single room is not available, isolate in his/her room.

2. If a surgical mask is not available, use a cloth mask.

3. The resident should wear a mask at all times, if tolerated.

4. Notify the primary care provider to see if testing is indicated (if not already done).

5. If the resident has a roommate, notify the roommate's primary care provider to see if testing is recommended.

6. Document the resident's advance care plan. Do they have a DNR? Have they executed a MOST Form?

7. Use Standard, Contact, and Droplet Precautions.

8. When providing direct care to the resident, use Personal Protective Equipment (PPE) including gown, gloves, surgical mask, and eye shield or goggles. As N95 masks are limited, it is recommended that they be used only if an aerosol-generating procedure is being performed (e.g., nebulization treatment for COPD). If possible, use a metered-dose inhaler with an interspacer.

9. Ensure that you are familiar with the procedure for putting on and taking off PPE. This is extremely important in order to limit spreading infection to other residents or staff in the community.

10. In light of the national shortage of PPE, do NOT dispose of your PPE. We are providing a separate guide for how to handle your PPE, as recommendations may change in light of new information and as recommended PPE becomes available.

11. Be sure to use hand sanitizer or wash your hands for 20 seconds without touching your face immediately after leaving the room. When washing your hands, ensure that you turn off the faucet with a paper towel. Do not use hand dryers as they can aerosolize viruses.

12.   If the resident tests positive for COVID-19, notify the local health department. If more than two residents test positive for influenza within 72 hours, notify the local health department.

13. If the resident tests positive for COVID-19 or influenza, isolation needs to continue as follows:

   a. For COVID-19, continue isolation until there is improvement in symptoms and no fever off of all fever-reducing medications for at least 72 hours or for 14 days, whichever is longer.

   b. For influenza, continue isolation until there is improvement in symptoms and no fever off of all fever-reducing medications for at least 24 hours.

14. If the resident develops worsening shortness of breath or chest pain, the procedure is as follows:

   a. If the resident is a "Full Code," call 911 first and then notify the primary care provider. Your local health department and/or hospital may suggest an alternative procedure—if so, follow that procedure.

   b. If the resident has a "DNR" order, call the primary care provider to see if home health or hospice care may be appropriate

   c. If the resident has a MOST form that indicates "Do Not Hospitalize" or "Do Not Intubate," contact the primary care provider for further guidance.

15. If more than one resident has symptoms or has been confirmed to have COVID-19, they should be cohorted to one unit, hallway, or area of the building. If necessary, two residents who are recovering from COVID-19 may be placed in the same room.