

COVID-19 Isolation Precaution Decision Tree

Individual is identified who has confirmed or suspected COVID-19 infection (e.g., meets criteria in the [Identification Process Flow](#))

1. Notify Regional Director, Clinical Practice
2. Place [client on isolation](#)
Individual is not to go to work/school or community events

Does the individual served have symptoms requiring immediate hospitalization:

- Very difficult breathing (not helped by prescribed medication)
- Loud wheezing
- Increased confusion
- Fever/chills
- Mental changes
- Chest pain
- Blue Lips or tongue
- Clammy skin
- Decreased level of consciousness

[Pneumonia Protocol](#)

YES

Call 911: notify dispatch that the individual has confirmed/suspected COVID-19

Is individual returning to the home following medical treatment?

YES

End: Follow up per usual procedure

NO

Isolation quick start guide: (refer to [Isolation Procedure](#) for details)

- Notify Leadership immediately
- Director of Clinical Practice will provide support and assistance (including PPE order, isolation set up and education of team members)
- Individuals should in a single-person room with the door closed
- Separated from others by a minimum of 6 feet
- Individual should be assigned their own bathroom - **NO ONE ELSE** should use this bathroom (disinfect after each use)
- **DO NOT** share household items
- Encourage the individual served to wear a mask and frequently wash their hands
- Implement full visitor restriction by posting [this sign](#)
- Team members in direct contact should wear PPE (N95 mask, gloves, gown and eye protection)
- PPE is disposed of inside the individual's room
- Common surfaces should be cleaned twice daily

NO

Does the person served require non-emergent medical attention:

- More difficulty breathing than usual, made worse by activity
- Increased coughing
- Increased restlessness, confusion or behaviors
- Irritability

YES

If transporting individual:

- Health care provider, MD/ER must be notified in advance that the individual has confirmed or suspected COVID-19 infection
- Persons transporting the individual should wear an N95 mask, gloves, gown and eye protection.

NO

Evaluate for ability to safely provide care/support services in ICF/Waiver Home:

1. **Contact Region Clinical/Quality Resource**
2. **Conduct IDT meeting to review modifications to person's plan**

Considerations:

- Is it possible to isolate the individual served?
- Is staffing sufficient to meet the needs of the individuals served?
- Are family involved and able to assist?
- What activities can team members utilize to engage the individual (board games, movies, puzzles, FaceTime with families, etc.)?
- Are documentation changes required? (use of paper)