



DDS Expectations for Consumers

Coming back from the Hospital or ER

Or other placements

When a consumer is discharged from a skilled-nursing facility (SNF), or being discharged from Hospital admission, or from an Emergency Room visit, or from a psychiatric hold, or from behavioral facility, or from home going to a care home, or going to a new care home, please practice the following guidelines from DDS:

- Isolate the consumer for 14 days. We will call this Consumer A.
- Ideally, consumer A will stay isolated in a private room with private bathroom that only this consumer will access.
- Please separate everything, clothes, eating utensils and others.
- Please have a dedicated staff to care for this consumer only if possible.
- If consumer A is sharing a room with consumer B, please move consumer B to a different room, if possible.
- The care home may also identify a specific area of the home to consumer A, if that is more feasible.
- If a private bathroom for consumer A is not possible, please do your best to clean it very well, and disinfect the bathroom every after use of consumer A, including every after shower or bath.
- An option of providing a bedside commode for consumer A is okay if he/she is comfortable with that.
- Consumer A may come out of his room to the living area as long as there is no one else out there and wearing mask. If there is another person in the living area, Consumer A should be more than 6 feet away from other individuals and still wearing mask.
- If all the above conditions are not feasible at the care home, the regional center may look into other options such as surge capacity homes, or hotel with SLS or staff as an example.
- Regional center should ensure that isolation protocols are in place at each of the care homes.
- Care home staff are trained to check temperature of Consumer A, at least twice daily, and document this. Care home staff should also monitor for other symptoms of COVID-19 such as fever, chills, cough, shortness of

breath or difficulty breathing, fatigue, muscle aches or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.

- Care home staff are asked to monitor oxygen saturation, if available, and to seek medical attention if it is 92% or less.¹ This is best practice.
- If any of the above symptoms are recognized, care home staff should contact the primary care provider (PCP).
- It is also highly recommended for care home staff/direct support professionals to wear masks while in the care home, whether they are in direct care of a consumer or not.
- If someone is positive with COVID-19, care home administrator should submit a SIR to VMRC, and isolate the consumer. Testing of other consumers and staff in the care home is highly recommended. The care home staff should monitor the individual with positive result for any symptoms of COVID-19, as well as any other individuals that were exposed. The exposed individual should self-quarantine per CDC guidelines.

¹ Academic Emergency Medicine. June 17, 2020. <https://onlinelibrary.wiley.com/doi/abs/10.1111/acem.14053>