

**Lab-Confirmed COVID-19 Case
 Management Checklist for Healthcare Facilities**

Facility Information

Facility Name:	Facility Contact Name(s):
Facility Classification*:	CDPH License Number:
Phone #1:	Phone #2:
Fax:	E-Mail:
Facility Street Address:	
Facility City:	Facility Zip Code:

* Skilled Nursing Facility, Intermediate Care Facility, Congregate Living Health Facility, General Acute Care Facility, Intermediate Care Facility for the Developmentally Disabled, Ambulatory Surgical Center, Dialysis Center, etc.

This document details local reporting requirements and guidance summaries from both the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) in the event of a **laboratory-confirmed or suspect** COVID-19 case in your facility.

During this health emergency if unable to collect specimen within the facility, and the patient is not requiring higher level of care, public health can arrange for testing within the facility. If needed, call public health at (925) 313-6740 from (8AM-5PM Mon-Fri), or after hours and holidays at 925-646-2441 (via Sheriffs Dispatch- Ask Dispatch for the Health Officer on-call.

Please review and quickly implement this checklist of control measures. Rapid implementation will help prevent additional illness among patients and staff members and reduce overall facility disruptions.

The following situations are **reportable to Contra Costa Public Health and should trigger a facility response:**

- (1) One case of laboratory-confirmed or suspected case of COVID-19

Please review the material and provide real-time training, as needed, with all staff involved in carrying out the job duties which have been grouped by focus area in the checklist below.

Please fax the signed and dated copy of this form to Contra Costa Public Health - Communicable Disease Programs (Fax: 925-313-6465). A preliminary report copy is faxed at the beginning of the outbreak and a final report copy faxed when the outbreak has resolved.

Thank you,
 Communicable Disease Programs
 Contra Costa Public Health
CoCoCD@cchealth.org

Checklist

Focus Area	Implementation	Recommendation / Intervention
A. Notifications	<i>Report <u>lab-confirmed</u> or <u>suspect</u> COVID-19 case to all the following parties:</i>	
		1. Contra Costa Public Health - Communicable Disease Programs (Staff are available 24/7 - 365) <u>Business Hours</u> (8AM-5PM Mon-Fri): Phone #: (925) 313-6740 <u>After Hours & Holidays:</u> Phone #: (925) 646-2441 (via Sheriffs Dispatch) - Ask Dispatch for the Health Officer on-call
		2. Facility Administrator
		3. Medical Director
		4. Facility Infection Control Lead or Designee
		5. Healthcare Staff
		6. California Department of Public Health (CDPH) - Licensing and Certification (L&C) <ul style="list-style-type: none"> • L&C East Bay Office Phone: (510) 620-3900 Toll Free: (866) 247-9100 Fax: (510) 620-3924 Fax: (510) 620-5820 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx#%E2%80%8BEastBay
		7. Patient Transport Agency and Receiving Facilities Limit patient transfers out of your facility unless a higher level of care is needed. <ul style="list-style-type: none"> • If transfer is necessary, use the Infection Control Transfer Form: https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Interfacility%20Transfer%20Form%20061417.pdf
	8. Patients, family members and visitors	
B. Outbreak Assessment	<i>Initiate enhanced surveillance</i>	
		1. Conduct rounds and identify patients with symptoms of COVID-19 (fever and respiratory symptoms).

		2. Screen staff for symptoms of COVID-19.
		3. Fax available diagrams of your facility indicating which units/wing/bldg./floor(s) with patient(s) or staff that have tested positive for COVID-19 and/or have COVID-19 symptoms. This will assist Public Health in making recommendations for infection control.
		4. Compile initial line list(s) of symptomatic: (1) patients <u>and</u> (2) staff and fax to Contra Costa Public Health <ul style="list-style-type: none"> • Fax #: (925) 313-6465 • A template line list is posted at: http://cchealth.org/flu/pdf/AcuteRespiratoryIllnessOutbreak-FacilityLineList.xlsx
		5. Lab testing: Promote and provide specimen testing for organism identification of symptomatic patients and staff. Testing can help detect the cause of the outbreak and assist in determining when the outbreak is over. <ul style="list-style-type: none"> i. NO specimen collection is currently available at outpatient laboratories. Once specimens are collected, they can be sent to the public health lab for rapid processing. If unable to collect specimen at the facility, and patient does not need higher level of care, call public health to help coordinate testing as noted above. ii. For testing, a Nasopharyngeal (NP) swab should be collected using a Dacron or polyester swab, and placed in viral transport media. Specimens must be collected wearing appropriate PPE (N95 mask, eye protection, gloves, and gown), and sent to the public health lab with a completed PUI form: https://cchealth.org/coronavirus/pdf/PUI-Form.pdf. And a completed lab requisition form: https://cchealth.org/laboratory/pdf/lab_test_form.pdf iii. Call public health at 925-313-6740, 8AM-5PM Mon-Fri (after hours & holidays at 925-646-2441 via Sheriffs Dispatch: ask Dispatch for the Health Officer On-call) to obtain a PUI number for the PUI form.

	<p><i>Compile and update daily two line lists of symptomatic persons (one for patients and one for staff)</i></p> <p><u>NOTE:</u> Daily updates to the line lists should only include additions of newly symptomatic persons.</p>
	<p>1. Update patient line list.</p>
	<p>2. Update staff line list.</p>
	<p>3. Fax the TWO updated line lists to Contra Costa Public Health Fax #: (925)313-6465</p>
<p>D. Infection Control</p>	<p><i>Implement facility-wide control measures</i></p>
	<p>1. Cancel all group activities until at least 14 days after exposure to the last identified case.</p>
	<p>2. Cancel all community dining until 14 days after exposure to the last identified case. Shift dining service to meal delivery in patient rooms.</p>
	<p>3. Immediately restrict all visitation, except certain compassionate care situations.</p> <p style="margin-left: 40px;">a. Decisions about visitation for compassionate care situations should be made on a case by case basis. If compassionate care visitation is allowed, it should include careful screening of the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility. Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility. Visitors should be remained to frequently wash their hands.</p>
	<p>4. Increase the accessibility of handwashing stations, hand sanitizers, face masks and boxes of tissues in the facility.</p> <p style="margin-left: 40px;">a. Alcohol-based hand sanitizer with 60-95% alcohol should be placed in every resident room.</p> <p style="margin-left: 40px;">b. Face masks should be available for symptomatic (coughing or sneezing) patients. They are not needed if patient is asymptomatic.</p>
	<p>5. Educate and assist all patients in social distancing, handwashing and use of hand sanitizer (e.g. before meals and after toileting).</p>
	<p>6. Discontinue floating of staff from affected units to unaffected units.</p>
	<p>7. Assign staff to specific patients and/or areas.</p>

E. Environmental Cleaning	<i>Implement environmental cleaning measures</i>	
	NOTE: It is not certain how long the virus that causes COVID-19 survives on surfaces. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days.	
F. Patient Management (SYMPTOMATIC)	<i>For a <u>lab-confirmed</u> COVID-19 case:</i>	
		<ol style="list-style-type: none"> 1. Increase cleaning frequency of hard non-porous, high touch surfaces 2-3 times per day with an EPA-approved disinfectant (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) <ul style="list-style-type: none"> • High touch surfaces include, but not limited to: doorknobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons and faucets.
		<ol style="list-style-type: none"> 2. Isolate for at least 7 days after onset of symptoms or 72 hours after resolution of all symptoms other than cough -- whichever is longest. <ul style="list-style-type: none"> • If after 7 days the patient continues to have fever or illness, you may need to extend Droplet and Standard Precautions past 7 days; consult with Public Health as needed.

		<p>3. Use Standard and Droplet Precautions</p> <ul style="list-style-type: none"> • <u>Standard Precautions</u>: hand hygiene, use of gloves, gown, mask, eye protection – if patients are unable to contain their respiratory secretions. AND • <u>Droplet Precautions</u>: face masks should be worn upon entry to the patient’s room and during patient care. Mask should cover mouth and nose at all times. <p><u>Tips for conservation of PPE:</u> Eye Protection, Gown and Gloves are still recommended for direct contact patient care activities.</p> <ul style="list-style-type: none"> ○ If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. ○ N-95s can be worn as an alternative to facemasks until the supply chain is restored. N-95 Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP. Do not put N-95s on patients. ○ Group care activities together and limit the number of staff involved in care to reduce burn rates.
		<p>4. Equipment: Place dedicated equipment in isolation rooms. If not possible, clean and disinfect equipment before use with another patient.</p> <ul style="list-style-type: none"> • Equipment includes, but is not limited to the following: <p><input checked="" type="checkbox"/> BP Cuffs <input checked="" type="checkbox"/> Commodes <input checked="" type="checkbox"/> Stethoscopes <input checked="" type="checkbox"/> Wheelchairs <input checked="" type="checkbox"/> Thermometers <input checked="" type="checkbox"/> Therapy Equipment</p>
		<p>5. Movement of symptomatic patients:</p> <ul style="list-style-type: none"> • Confine activities to patient room. • Place a face mask on patients if they need to leave their room for transport to another facility or any reason (MD appointment, behavior problems). • Provide physical/rehab therapy in patient’s room.
		<p>6. Hand hygiene: Wash hands using soap and water or apply hand sanitizer (patients and staff).</p>
		<p>7. Re-admission: Hospitalized patients diagnosed with COVID-19 may be re-admitted back to the facility and placed in isolation, as described above (see, F #1-6)</p>
<p>G.</p>	<p><i>For patients with exposure to lab-confirmed COVID-19 with NO symptoms:</i></p>	

Patient Management (ASYMPTOMATIC)		1. Place the asymptomatic patient with exposure in Standard and Droplet precautions for 14 days .
		2. Lab testing is NOT recommended, unless symptoms of COVID-19 occur.
H. Staff and Volunteer Management	<i>Monitor staff symptoms and/or absenteeism due to respiratory symptoms</i>	
		1) Actively monitor staff for symptoms. 2) Refer all symptomatic staff for testing for COVID-19. 3) All symptomatic staff, regardless of test results, should be excluded from work and instructed to: <ul style="list-style-type: none"> • Stay at home for at least 7 days after symptoms began, or • If they still have cough and fever at 7 days, continue to stay at home until 3 days (72 hours) after: <ul style="list-style-type: none"> ○ fever has gone away (without using a fever-reducing medication like Tylenol or ibuprofen) AND symptoms like cough, body aches, sore throat, have improved.
I. Influenza Vaccine	<p>Annually, vaccinate all patients and staff with influenza vaccine before influenza season. Patient (65+ years) should also be up to date with vaccine for pneumococcal disease.</p> <p>NOTE: Cal/OSHA Aerosol Transmissible Diseases Standard (8 CCR 5199) states for staff “vaccination will be offered free of charge.”</p> <p>https://www.dir.ca.gov/title8/5199.html</p>	
		1. All licensed health care facilities, in Contra Costa County, must require their health care workers (HCWs) receive an annual influenza vaccination or, if they decline, they must wear a mask during the influenza season (November 1 st - April 30 th) as stated in the Contra Costa County Health Officer Order. <ul style="list-style-type: none"> • Contra Costa Vaccine – Masking Order https://cchealth.org/flu/pdf/Memo-Flu-Vaccination-or-Masking-order-for-Licensed-Health-Care-Facilities.pdf
		2. Offer catch-up influenza vaccination to asymptomatic patients and staff who previously declined it.

Preliminary Report

I have read these recommendations and had the opportunity to ask questions, on behalf of the affected facility.

Facility Name:

Facility Baseline Metrics (Preliminary Report)	Count Indicators	Count
	Patient Census	
	Staff Census	
	Date Indicators	Date
	Date facility temporarily closed to new admissions	
	Date facility temporarily closed to new visitors	
	Date facility temporarily closed group dining	
	Date facility temporarily postponed group activities	

Signature: _____ **Date:** _____

(Facility Administrator)

Final Report

As a facility, we monitored all patients and staff for symptoms of COVID-19 a total of 7 days following the last date of illness onset (or 72 hours after symptom resolution, whichever is longer).

Facility Name:

Outbreak Resolution Metrics (Final Report)	Count Indicators	Count
	Number of patients given catch-up influenza vaccine (within past 30 days)	
	Number of staff given catch-up influenza vaccine (within past 30 days)	
	Date Indicators	Date
	Date facility re-opened to new admissions	
	Date facility re-opened to all visitors	
	Date facility group dining re-opened	
	Date normal group activities restarted	

Signature: _____ Date: _____

(Facility Administrator)

Resources

Educational & Training Materials:

- 1) Real-Time Training Video: Managing Influenza Outbreaks in Long-Term Care Facilities (Oregon Patient Safety Commission)
https://www.youtube.com/watch?v=4mwawB_yg7c
- 2) Poster: Sequence for Putting on Personal Protective Equipment (CDC)
<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

Guidance Documents:

1. Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes:
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
2. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
3. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19):
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>