

COVID-19 FACILITY ACTION FLOW

Urgent Tasks to Address Immediately (1-24Hours)

**COVID-19 (+)
Case in Resident
or Staff**



Communication
with
Appropriate
Entities

Immediately report confirmed or suspected resident or staff cases to:

- Licensing and Regulatory bodies.
- Contra Costa Public Health Department Communicable Disease:
cocoHELP@cchealth.org
7 days a week
(925) 313-6740
8:00 AM- 5:00 PM
Monday-Friday
- Facility Medical Director and Infection Control Lead (or person designated to this role).

Restrict Visitation and New Admissions



Post signs at the front door restricting visitors and non-essential staff. (Exception for compassionate care). Screen for symptoms, check temperatures, and enforce mask mandate



Confirm use of FACILITY LOGS. Including:
Resident & Staff symptom logs,
tracking of other facilities staff worked at in the past 14 days, map of facility to identify where residents are located, track results and maintain log for residents and staff.



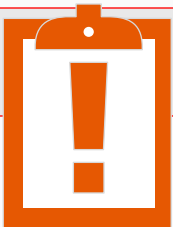
Send COVID (+) or Symptomatic Staff Home. Refer to free testing sites and isolate at home while awaiting results. Communicable Disease Department approval required for further options regarding asymptomatic staffing



Facility closed to all new residents while awaiting results. Including any essential staff or compassionate care staff who are symptomatic/fail the temp and symptom screen as well as any resident with any symptom.

Location of Residents in Facility & PPE Resources

Restrict Staff Movement Between Red, Yellow, & Green Units



Mask COVID (+) Resident and move to COVID (+) Room or RED UNIT.
Set up separate bathroom and break room, as well as a separate entrance
And exit for staff if possible



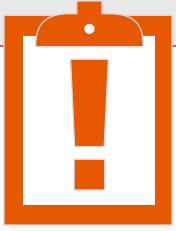
Mask PUI/exposed (even if non symptomatic) Resident and move to YELLOW UNIT.
Prioritize using single rooms for PUI/Exposed residents.



Assess current facility inventory of PPE and continue to assess daily.
Use burn rate tool. Review inventory of PPE, location of supplies, and educate staff on appropriate PPE use per recommendation **RED, YELLOW, GREEN** Sections.

Enact Buddy system/mirror to confirm proper don/doff of PPE.

Enforce & Revise Facility Policies for Staff



Sick Leave Policies
Reinforce policies. Remind staff not to report to work when ill.



Restrict Staff Movement
Between areas of the facility with and without ill residents and exposed residents.



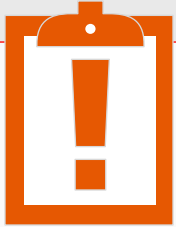
All Group Activities Should Be Cancelled



Communal Dining Should Be Cancelled.

Unless assistance is required as part of the residential care plan. If so, residents should maintain a 6-ft distance from other residents during supervised meal and staff should perform hand hygiene when moving from one resident to another.

Infection Control



Increase Cleaning Frequency
of hard non-porous, high touch surfaces, including bathrooms, and breakrooms.

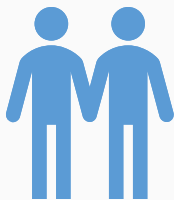


Designate Separate Breakroom/Bathroom or scheduled breaks. Shared areas must be cleaned between use by staff or residents.



Ensure Adequate Hand Hygiene Supplies
Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (inside and out) as well as other resident care and common areas. Stock sinks with soap and paper towels.

Identify Exposed Staff & Residents in Close Contact with Positive Cases



Staff Who Were Exposed
e.g. in close contact within 6 ft for greater than 15 minutes (cumulative total of 15 minutes or more over a 24-hr period) to a confirmed case while infectious without appropriate PPE should quarantine at home for 14 days.



If a Facility is Unable to Maintain Staffing for Operations, Staff who were exposed but remain asymptomatic can return to work following universal source control precautions.



If Symptoms Develop
Staff should be tested and must immediately isolate at home and follow isolation guidance while awaiting results of testing.



Identify Contacts to Case During Infectious Period
Case is considered to be infectious 48 hours prior to symptom onset or 10 days prior to test date if no symptoms.