

COVID-19 Long-Term Care and CDPH Licensed Congregate Living Facility Checklist with Influenza and Gastroenteritis Outbreak Appendices

Managing COVID-19 in a long-term care or congregate living facility benefits from a prompt and coordinated team approach.

Steps to control and prevent COVID-19 transmission in your facility can be initiated and completed by facility administration, nursing/ caregiving staff, and/or environmental services/ cleaning staff. These steps should be initiated when a resident or staff at your facility is suspected or confirmed to have COVID-19. Symptoms concerning for COVID-19 include: fever or symptoms of a respiratory illness such as cough and shortness of breath, but also include unusual symptoms such as fatigue, chills, body aches, headache, sore throat, new loss of taste or smell, vomiting, nausea, or diarrhea. In addition to these symptoms, elderly patients may present with weakness, confusion, dizziness, or a subtle change from their baseline.

It is also important to consider other infections in your facility. Influenza and Norovirus, present with similar symptoms as COVID-19. Many of the control measures in place for COVID-19 will aid in control of these infections as they require a similar response. The core elements of testing, isolation/quarantine, and follow up still apply. Testing will guide what is needed for follow up and the response to symptomatic residents or staff. Symptomatic residents should be treated as a COVID-19 Person Under Investigation (PUI) with appropriate Personal Protection Equipment (PPE) and isolation until results of testing have been reviewed and guidance for follow up based on results can be implemented. If you have concerns for other infections, such as flu or acute gastroenteritis, please see the appendices below.

The recommended actions below are organized by priority and facility staff. Activities that benefit from two groups working together (e.g., Administration and Nursing/Caregiving) are included in each group's recommended activities.

Contra Costa Public Health (CCPH) will be monitoring and following your facility to help control and prevent COVID-19 transmission. CCPH is also available for technical assistance and testing.

! indicates listed as urgent on COVID-19 Facility Outbreak Prioritized Checklist

√	!	Checklist of Items for Review Site Visit – Outbreak	Action Items / Notes
Immediate Assessment and Communication Steps			
	!	<p>Immediately report confirmed cases in staff or residents to:</p> <ol style="list-style-type: none"> 1) Your licensing body and other appropriate regulatory bodies; • 2) Contra Costa Public Health Department by filling out the Residential Care Facilities Intake Form (preferred method), emailing a complete a Confidential Morbidity Report (CMR), Subject: COVID-19 Case at “Name of congregate facility” CoCoHelp@cchealth.org, or by calling Contra Costa Public Health at 925-313-6740 and following prompts for reporting 3) Staff, the medical director, if applicable, and facility infection control lead or designee. <ul style="list-style-type: none"> ○ If concerned for other respiratory illness outbreak, like flu, in addition to COVID-19 cases, communicate this as well. If only concerned for flu or other respiratory illness with negative COVID-19 results, please see non-COVID-19 outbreak guidance. 	
	!	<p>Testing for COVID-19 should take place</p> <p><i>* Note: See <i>Outbreak Investigation and Management</i> for further details</i></p>	
	!	<p>Symptomatic and suspect residents should be isolated</p>	

		<p><i>* Note: See Management and Cohorting of Residents for further details</i></p>	
	!	<ul style="list-style-type: none"> • Symptomatic staff should be instructed to isolate at home while awaiting test results • Complete daily symptom log <p><i>* Note: See Staffing Plan – Work Restrictions for further details</i></p>	
	!	<p>Ensure the following have been notified of the presence of a COVID-19 case and/or outbreak in the facility:</p> <ul style="list-style-type: none"> • Administration, including Administrator and Director of Nursing • Medical Director • Infection Preventionist • Facility staff • Residents and their families • Licensing body and appropriate regulatory bodies 	
	!	<p>Daily temperature checks and symptom screens are performed on residents and staff</p> <p><i>* Note: A temp and symptom screening form for staff is available on the Teams site: Template Employee Daily Temp Log</i></p>	
	!	<p>Share and review with administrator COVID-19 Facility Outbreak Prioritized Checklist on cchealth.org/covid19/clf/</p>	

Reporting		
	!	Communicate with CCPHD as requested during the outbreak
	!	Facility should prepare a line list of residents who are symptomatic or have tested positive for COVID each day ● Line lists are sent to CCPHD no later than 10:00 am daily
	!	Facility should prepare a line list of staff who are symptomatic or have tested positive for COVID each day ● Line lists are sent to CCPHD no later than 10:00 am daily
	!	Provide facility with line list template for residents and staff: <u>STAFF AND RESIDENT TEMPLATE on teams</u>
Outbreak Investigation and Management		
	!	Plan on having facility closed to admissions until investigation determines if ongoing transmission is occurring ● Admissions maybe allowed during an outbreak, depending on facility type, after review with PH with good infection control and no concerns/expanding outbreak https://cchealth.org/covid19/clf/pdf/Outbreak-Closure-to-New-Admission.pdf

!		Ask for a map and review with facility where positive residents and exposed residents are located (bed/unit, memory care, wing)	
!		Vaccination rate of staff and residents	
!		Complies with Health Order and initiated testing of unvaccinated staff https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx	
!		Movement of residents is restricted while investigating extent of outbreak	
		<p>Begin reviewing testing plan and to comply to regulatory requirements for frequency of testing staff and residents</p> <p>Plan for immediate testing of all negative residents/staff and weekly testing, thereafter until all have 2 serial negatives per HO. Staff testing can be accessed through https://www.coronavirus.cchealth.org/get-tested.</p> <ul style="list-style-type: none"> ● Note that if residents had a previous positive test, they should NOT be retested if < 3 months from test date <u>unless</u> new onset of symptoms consistent with COVID-19 infection. ● OK to re-test staff to clear from isolation using an antigen test 	

	<p>May discuss with Public Health if appropriate to focus weekly testing of negative unit, exposed staff, and residents, and expand if needed:</p> <ul style="list-style-type: none"> ● A thorough and accurate contact tracing of cases can take place by the facility <ul style="list-style-type: none"> ○ The infectious period of the case is considered to be 48 hours prior to symptom onset or 2 days prior to test date if no symptoms at test date 	
	<p>Discuss with facility that may need to produce lab results to public health if contracting with a lab that does not currently report lab results to public health</p>	
	<ul style="list-style-type: none"> ● Facilities, including ALF, Board and Cares, etc., may register as a testing site under their own CLIA license as reviewed in the quick start guidance: https://www.cms.gov/files/document/cms-clia-laboratory-quick-start-guide-remediated.pdf ● Facilities may also register to be a testing site through CDPH testing resources: https://testing.covid19.ca.gov/testing-type/ 	
	<p>Remind facility it is their responsibility to inform families and residents of testing protocol and obtain consent for the testing</p>	
	<p>Ensure all group activities and communal dining should be closed while determining the extent of the outbreak by case investigation and contact tracing, undergoing mass testing while awaiting results, implementing cohorts based on COVID status and appropriate infection control practices as reviewed in <u>outbreak closure for new admissions and communal dining and group activities</u></p> <ul style="list-style-type: none"> ● https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx <p><i>Communal activities and dining may occur in the following manner:</i></p>	

	<ul style="list-style-type: none"> ● Residents who are up-to-date with vaccine and not in isolation or quarantine may eat in the same room without physical distancing; if any unvaccinated residents are dining in a communal area (e.g., dining room) all residents should use source control when not eating. ● Residents who are up-to-date with vaccine and not in isolation or quarantine may participate in group/social activities together without face masks or physical distancing; if any unvaccinated residents are present, then all participants in the group activity should wear a well-fitting face mask for source control and unvaccinated residents should physically distance from others. 	
Admissions and Visitation		
	<p>Consider if facility can resume admissions during an outbreak investigation after a site visit or discussion to review their capacity to safely cohort residents into appropriate zones</p> <ul style="list-style-type: none"> ● New admissions should meet the following conditions: <ul style="list-style-type: none"> ▪ Residents that are up-to-date with vaccine can be placed in GREEN zone ▪ Unvaccinated/Non-Boosted residents can be placed in YELLOW zone ● Residents may move out of the YELLOW zone as long as there has been no new exposures in the last 10 days (i.e., positive staff working in the unit or roommate becomes positive after previously testing negative during quarantine) and they test negative on day 7 ● Depending on the type of facility, each new admission may need to be reviewed with PH. 	

	<p><i>* Note: Any privileges granted in one outbreak cannot be carried over into a subsequent outbreak</i></p>	
	<ul style="list-style-type: none"> ● If allowed to continue admissions as guided by <u>Facility Closure to New Admissions and Communal Dining/group activities during an outbreak</u>, facility should close temporarily for new positive results while undergoing testing and implementing control measures and recommendations 	
	<p>Discuss with facility that once cleared of the outbreak they may have a site visit to review zoning.</p>	
	<p>Visitation Guidance for SNF and ICF facilities: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx</p>	
<p>Management and Cohorting of Residents</p>		
	<p>Ensure residents are cohorted in the appropriate zone:</p> <p>Red Zone: COVID positive residents</p> <p>Yellow Zone: Residents who have been exposed to COVID, have an unknown exposure and are negative, have refused COVID testing, or have been admitted from another facility</p> <p>Green Zone: Residents who are COVID negative with clearly no known exposure</p>	

	<p>Isolate all symptomatic or confirmed positive residents</p> <p>Quarantine all residents in appropriate cohorts after determining possible exposures to cases based on vaccine status</p>	
	<p>In SNFs where $\geq 90\%$ of residents and $\geq 90\%$ of HCP are up-to-date with vaccine, and Public Health determines that contact tracing is feasible, the facility could perform contact tracing within the facility to identify any HCP who have had an exposure or residents who may have had an exposure with the individual with COVID infection:</p> <ul style="list-style-type: none"> • All HCP who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested promptly (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. • Unvaccinated residents and residents who are not up-to-date on their vaccines (is eligible for their booster, but haven't received it) who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine ("yellow-exposed" status) for 7 days after their exposure, even if viral testing is negative. • Residents up-to-date on their vaccines (completed their primary series and not eligible for their first booster or eligible for the 1st booster and received it) who are close contacts should wear source control but do not need to be quarantined, restricted to their room, or cared for by HCP using the full personal protective equipment (PPE) recommended for the care of a resident with COVID-19. • Restriction from work, quarantine, and testing is not recommended for people who have had COVID infection in the last 90 days if they remain asymptomatic. 	

	<p>In SNFs with <90% of residents and <90% of HCP up-to-date vaccine or the facility or Public Health determines that contact tracing is not feasible, serial retesting of all residents and HCP who test negative upon the prior round of testing (regardless of their vaccination status) should be performed every 7 days until no new cases are identified among residents in sequential rounds of testing over 14 days.</p> <p>Place residents into three separate cohorts based on the test results, regardless of their vaccination status:</p> <ul style="list-style-type: none"> • Positive result, for the duration of the resident's isolation period ("red" area); Residents up-to-date with vaccine who test positive and are asymptomatic should be isolated and observed for development of symptoms while additional evaluation is conducted in consultation with the local health department. • Negative result but exposed within the last 10 days ("yellow-exposed" area); in general, all residents on the unit or wing where a case was identified in a resident or HCP are considered exposed and should remain in their current rooms unless sufficient private rooms are available. • Negative result without known exposure within the last 10 days and recovered residents who have completed their isolation period ("green" area). 	
	<p>Review guidance around cohorting residents based on exposure, results, and clearance</p>	

	<p>Cohorting and PPE is usually based on COVID status, but if other infections that require Transmission-Based Precautions (TBP) are present this should be taken into consideration for isolation and room placement</p> <ul style="list-style-type: none"> ● If COVID positive with another infection requiring TBP, resident may NOT share a room with others ● If COVID negative and no exposure with another infection requiring TBP, infection control and PPE should be guided by other infectious process <ul style="list-style-type: none"> ○ If resident has a GI illness such as Norovirus and does not have a private room, resident should not share toilet with other residents; a bedside commode should be designated for the resident without a GI illness (better for the caregiver handling the commode) 	
Management of Residents – Red Zone		
	<p>Isolate all symptomatic or confirmed positive residents in the Red Zone</p>	
	<p>Standard Precautions should always be observed as well as any TBP as indicated, in addition to the following</p>	
	<p>For residents who are COVID positive (Red Zone cohort):</p> <ul style="list-style-type: none"> ● If resident has, or is suspected of having, another infection requiring Transmission-Based Precautions, resident must be placed in a private room ● Doors should be closed as much as possible ● Restrict the movement of all residents as appropriate for zone 	

	<p>Residents should wear a mask if they need to leave their room, during resident care and when staff are within 6 feet of resident</p>	
	<p>Staff must wear appropriate PPE when entering COVID positive resident room:</p> <ul style="list-style-type: none"> • Gown, gloves, N95 respirator, face shield for each resident • Staff must change gloves and perform hand hygiene between residents and during care of resident as indicated • Staff may wear their mask and face shield between residents in this cohort, as long as they don't touch them, and they aren't visibly dirty • Gowns should be changed with each resident per conventional use to decrease chance of spread of other infections 	
	<p>Plastic barriers are now discouraged</p> <ul style="list-style-type: none"> • Barriers could potentially impede airflow and worsen the air exchange and ventilation which could contribute to transmission. • Other mechanisms, like signage, to demarcate your zones are recommended. • If a barrier is used, consult with your engineer to ensure barriers do not impede ventilation in the building. 	
<p>Management of Residents – Yellow Zone</p>		
	<p>Residents that have been exposed to COVID, have an unknown exposure and are negative, have refused COVID testing, or have been admitted from another facility should be placed in the Yellow Zone. Residents up to date on vaccine are no longer are placed in yellow zone if asymptomatic.</p>	

	<p>Standard Precautions should always be observed as well as any TBP as indicated, in addition to the following</p>	
	<ul style="list-style-type: none"> • Single occupancy rooms should be prioritized for the 7-day observation period of exposed new admissions or re-admissions from the hospital, and exposed asymptomatic individuals who tested negative and are still in the incubation period from that exposure • Residents should be isolated in their room, and place in a single room <p>If private rooms are not available, may consider other placement options such as cohorting with other negative residents with known or possible exposure, if they had the same exposure, or residents refusing testing only, ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between residents</p> <ul style="list-style-type: none"> • Note PPE must be changed between these residents as noted below • Doors should be closed as much as possible • Restrict the movement of all residents as appropriate for zone. If residents need to leave their room, they should wear a mask 	
	<p>Staff must wear appropriate PPE when entering the room of a Yellow Zone resident:</p> <ul style="list-style-type: none"> • Gown, gloves, N95 respirator, face shield for each resident • Staff must change gloves and perform hand hygiene between residents and during care of resident as indicated 	

	<ul style="list-style-type: none"> ● Staff may wear their mask and face shield between residents in this cohort, as long as they don't touch them, and they aren't visibly dirty ● Staff must change gown and gloves, and perform hand hygiene between each resident 	
	<p>Residents may be allowed to move from the yellow zone if they have had 2 negative tests on baseline (not earlier than day 2) and day 5-7 after <u>last exposure</u>. When results are back negative, they can be moved to GREEN.</p> <ul style="list-style-type: none"> ● Place new or returning residents in YELLOW zone <u>IF</u> they were at a facility with suspected or confirmed COVID-19 transmission, or there is a concern for COVID exposure regardless of vaccine status. ● Note must consider quarantine based on other Infections present 	
<p>Management of Residents – Green Zone</p>		
	<p>Residents that are COVID negative with clearly no known exposures should be placed in the Green Zone</p>	
	<p>Standard Precautions should always be observed as well as any TBP as indicated</p>	
	<ul style="list-style-type: none"> ● Staff should wear a facemask when entering a resident's room ● Eye protection should also be worn for any resident care or if staff are within 6 feet of the resident 	
	<p>Staff must wear appropriate PPE when entering the room of a Green Zone resident:</p>	

	<ul style="list-style-type: none"> ● Gown, gloves, facemask, and eye protection should be used when performing resident care involving contact with body fluids or that present a risk of splash and spray (high contact activity such as bathing, dressing, toileting, etc.) ● Staff should wear a N95 respirator, instead of a facemask, and use gown, gloves, and face shield when doing aerosol generating procedures such as breathing treatment, and if possible, switch breathing treatments to MDI <ul style="list-style-type: none"> ○ Doors should be closed when performing aerosol generating procedures ● Staff must change gloves and perform hand hygiene between residents and during care of resident as indicated ● Staff may wear their mask and eye protection between residents in this cohort, as long as they do not touch them, and they aren't visibly dirty <p>Staff must change gown and gloves, and perform hand hygiene between each resident</p>	
	<ul style="list-style-type: none"> ● Hand hygiene should be performed, and gloves should be worn, when performing any activities requiring contact with the resident or equipment in a resident care area, such as attending to a bed alarm or administering IV medications 	
Resident Movement, Discharges or Transfers		
	<p>Facility should advise PH of all residents who are transported out of facility for any reason</p>	
!	<p>In yellow/ red zone Residents should only leave the facility for necessary medical care (e.g., dialysis, healthcare appointments). Green zone allowed movement</p>	

	<p>If residents need to leave the facility for necessary medical care, they should wear freshly laundered clothes, perform hand hygiene before leaving the facility and before returning, and wear a facemask</p>	
	<p>The resident's healthcare provider, the medical facility (e.g., dialysis center) and transporter should be told of the resident's possible exposure and of COVID results</p>	
	<p>If the resident is transferred to a medical facility or requires an ambulance, the facility and ambulance staff should be notified of the resident's possible exposure and of COVID results</p> <ul style="list-style-type: none"> ● The facility should complete: <ul style="list-style-type: none"> ○ Interfacility Transfer Communication Form – Comprehensive (PDF) ○ Interfacility Transfer Communication Form – Abbreviated (PDF) <p><i>* Note: See Health Officer Order for details for all our updated health orders and guidance: https://www.coronavirus.cchealth.org/health-orders</i></p>	
	<ul style="list-style-type: none"> ● If transfer or move out of the facility is planned or needed, facility must discuss with public health and get approval, prior to any transfer or discharge, to ensure it can be done safely and that risks are discussed with the facility or family ● The facility needs to discuss with accepting facility or family current outbreak status (i.e., outbreak or positive resident and/or staff) and communicate the recommendation that the resident should remain in the current facility to prevent possible exposure and the risk of exposing others as a result of the transfer 	

	<ul style="list-style-type: none"> ● The facility needs to advise the accepting facility of the need for testing prior to any transfer, and to assure that the accepting facility has the ability to quarantine with appropriate PPE and monitor the resident for 7 days ● Transfer location should be gathered with contact information, name of facility, and address if applicable ● If needed, accepting facility or family should be contacted by public health to discuss their understanding of risks and give any support needed, or review if monitoring during quarantine period would be indicated for the facility <p><i>* Note: If transferring to a facility out of state or county the facility will need to ensure accepting jurisdiction is aware and okay with transfer before it proceeds</i></p>	
<p>Monitoring of Residents</p>		
<p>!</p>	<p>Review clinical monitoring of all residents and ensure checking on all residents at least twice daily, and every 4 hours for COVID positive residents</p> <ul style="list-style-type: none"> ● Recommend for COVID positive and symptomatic residents vitals taken every 4 hours including pulse oximetry ● For all other resident, including custodial residents, recommended every 6-8 hours vitals 	

	<p>Residents are considered cleared of COVID infection after 10 days from symptom onset and at least 24 hours after symptom improvement and fever resolution without using fever-reducing medication, whichever is longer</p> <ul style="list-style-type: none"> ● If residents never develop symptoms, they are considered cleared after 10 days from the test date ○ Residents that had a hospital stay in the ICU need to remain in isolation longer - 20 days from symptom onset and at least 24 hours symptom improvement and fever resolution without using fever-reducing medication 	
	<p>Discuss having providers and/or medical director update POLST forms with residents and families if not reviewed within prior month</p> <ul style="list-style-type: none"> ● Ask who is the medical director for facility and note this ○ Ask how often they are seeing the residents 	
Staffing Plan – Management of Staff		
!	<p>Symptomatic staff may not work</p> <ul style="list-style-type: none"> ● They should isolate at home until they meet criteria below to be removed from home isolation <p>*See AFL 21-08.8 below: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx</p>	

Vaccination Status	Routine	Critical Staffing Shortage
Boosted, OR Vaccinated but not booster-eligible	5 Days with negative diagnostic test same day or within 24 hours prior to return OR 10 days without a viral test	<5 Days with most recent diagnostic test result to prioritize staff placement
Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 Days with negative diagnostic test same day or within 24 hours prior to return OR 10 days without a viral test	5 Days with most recent diagnostic test result to prioritize staff placement

!	<p>Staff who are COVID positive, and cleared before day 10 with a negative antigen test:</p> <ul style="list-style-type: none"> • Must wear mask when around others/co-workers <p>Staff are considered cleared of their infection 10 days after test date</p> <p>During critical staffing crisis, staff may return to work provided the following is met:</p> <ul style="list-style-type: none"> • Staff up to date with vaccination- <5 Days with most recent diagnostic test result to prioritize staff placement 	
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	<ul style="list-style-type: none"> • Unvaccinated/non- up to date on vaccination staff- 5 Days with most recent diagnostic test result to prioritize staff placement • Staff must wear N95 as source control • Have a separate breakroom and restroom • Does not mingle with other co-workers <p>Use above table to clear staff who are asymptomatic or have mild symptoms.</p> <ul style="list-style-type: none"> • Facilities should refer to the CDC guidance for HCP with severe to critical illness or are moderately to severely immunocompromised 							
!	<p>Exposed staff (Quarantine):</p> <p>See AFL 21-08.8 below:</p> <p>https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx</p> <table border="1" data-bbox="205 1092 1220 1347"> <thead> <tr> <th data-bbox="205 1092 543 1170">Vaccination Status</th> <th data-bbox="543 1092 884 1170">Routine</th> <th data-bbox="884 1092 1220 1170">Critical Staffing Shortage</th> </tr> </thead> <tbody> <tr> <td data-bbox="205 1170 543 1347">Boosted, OR Vaccinated but not booster-eligible</td> <td data-bbox="543 1170 884 1347">No work restriction with negative diagnostic test upon identification and at 5-7 days</td> <td data-bbox="884 1170 1220 1347">No work restriction with diagnostic test upon identification and at 5-7 days</td> </tr> </tbody> </table>	Vaccination Status	Routine	Critical Staffing Shortage	Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test upon identification and at 5-7 days	No work restriction with diagnostic test upon identification and at 5-7 days	
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		Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days with diagnostic test upon identification and negative diagnostic test within 48 hours prior to return	No work restriction with diagnostic test upon identification and at 5-7 days	
	!	<p>Staff should be cohorted and dedicated to zones for their full shift and not rotate to other zones as much as possible</p> <ul style="list-style-type: none"> ● Staff should not move between cohorts but if needed staff may work with different cohorts on different shifts <ul style="list-style-type: none"> ○ If necessary, Yellow or Green Zone staff may move to the Red Zone during a shift but must remain there for the duration of their shift and not return to their original zone ○ If needed, staff may work with both Green and Yellow Zone Cohorts ● Staff working in the Red Zone with COVID positive residents may not move to either the Yellow or Green Zone during their shift <p><i>* Note: For recently recovered residents, staff should only work with recovered residents, as much as possible; if unable, staff working in the cohort resident is placed in may work with the recovered residents</i></p>			
	!	Red Zone should have dedicated Red Zone staff			

	<ul style="list-style-type: none"> ● A separate entrance ● A dedicated bathroom and breakroom <p>*If not possible due to the size of the facility. Staff from all zones may use a common entrance/breakroom/restroom, if all infection control measures are followed (Proper PPE worn and hand hygiene)</p>	
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!	Red Zone staff should not co-mingle with other facility staff as much as possible	
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Staffing Plan – Work Restrictions

!	<p>Symptomatic staff may not work</p> <ul style="list-style-type: none"> ● They should isolate at home until they meet criteria below to be removed from home isolation <p>*See AFL 21-08.7 below: https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-08.aspx</p>							
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		<p>Staff who are COVID positive, and cleared before day 10 with a negative antigen test:</p> <ul style="list-style-type: none"> • Must wear mask at all times while in the facility <p>Staff are considered cleared of their infection 10 days after test date</p> <p>During critical staffing crisis, staff may return to work provided the following is met:</p> <ul style="list-style-type: none"> • Staff up-to-date with vaccine - <5 Days with most recent diagnostic test result to prioritize staff placement • Unvaccinated/non-boosted staff- 5 Days with most recent diagnostic test result to prioritize staff placement • Staff must wear N95 as source control • Have a separate breakroom and restroom • Does not mingle with other co-workers <p>Use above table to clear staff who are asymptomatic or have mild symptoms.</p>			

	<p>Facilities should refer to the CDC guidance for HCP with severe to critical illness or are moderately to severely immunocompromised</p>										
	<p>Exposed staff: See AFL 21-08.7 below: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx</p> <table border="1" data-bbox="205 787 1218 1274"> <thead> <tr> <th data-bbox="205 787 541 868">Vaccination Status</th> <th data-bbox="541 787 882 868">Routine</th> <th data-bbox="882 787 1218 868">Critical Staffing Shortage</th> </tr> </thead> <tbody> <tr> <td data-bbox="205 868 541 1047">Boosted, OR Vaccinated but not booster-eligible</td> <td data-bbox="541 868 882 1047">No work restriction with negative diagnostic test upon identification and at 5-7 days</td> <td data-bbox="882 868 1218 1047">No work restriction with diagnostic test upon identification and at 5-7 days</td> </tr> <tr> <td data-bbox="205 1047 541 1274">Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose</td> <td data-bbox="541 1047 882 1274">7 days with diagnostic test upon identification and negative diagnostic test within 48 hours prior to return</td> <td data-bbox="882 1047 1218 1274">No work restriction with diagnostic test upon identification and at 5-7 days</td> </tr> </tbody> </table>	Vaccination Status	Routine	Critical Staffing Shortage	Boosted, OR Vaccinated but not booster-eligible	No work restriction with negative diagnostic test upon identification and at 5-7 days	No work restriction with diagnostic test upon identification and at 5-7 days	Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days with diagnostic test upon identification and negative diagnostic test within 48 hours prior to return	No work restriction with diagnostic test upon identification and at 5-7 days	
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Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days with diagnostic test upon identification and negative diagnostic test within 48 hours prior to return	No work restriction with diagnostic test upon identification and at 5-7 days									

Staffing Plan – Severe Staffing Shortages		
	!	<p>Ensure there is adequate staffing for the facility</p> <ul style="list-style-type: none"> ● Facility should have a plan for severe staffing shortages ● If staffing support is needed, facility should submit staffing request link below <p>https://cchealth.org/covid19/clf/pdf/Supplemental-Staffing-Request-Form.pdf</p>
Personal Protective Equipment (PPE)		
	!	<p>Ensure facility has adequate PPE</p>
	!	<p>Ensure facility is conducting daily inventory of PPE and using burn rate calculator:</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</p>
		<p>Ensure more than one person in the facility can perform inventory</p>
		<p>Facility has resources to obtain more PPE if needed</p> <ul style="list-style-type: none"> ● If in need of supplies and unable to obtain through usual sources, facility should request supplies through their corporate structure
		<p>All staff should wear a facemask at all times (unless N95 respirator is indicated) while in the facility except when on eating or drinking</p>

	<ul style="list-style-type: none"> ● When facemask, N95 respirator or face shield is removed during breaks it should be removed in a manner to avoid self-contamination (i.e., without touching front of mask, N95 respirator or face shield) ● Masks and N95 respirators should be stored in a breathable container (e.g., paper bag), followed by hand hygiene <p>Face shield should be wiped with a disinfectant (inside to outside) and stored properly</p>	
Personal Protective Equipment (PPE) – Extended or Re-Use During Severe Shortage		
	<p>More information on PPE can be found at CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html and information regarding PPE extended use can be found https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</p>	
	<p>CalOSHA no longer recommends reuse of N95s: Interim Guidance for Health Care Facilities updated 8/6/2020</p> <ul style="list-style-type: none"> ● Extended use of N95 respirators is recommended as a conservation strategy <p><i>* Note: N95 respirators should not be reused, per CalOSHA, unless in crisis supply:</i> https://www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf</p>	
	<p>If facility has a severe shortage of N95 respirators or facemasks and is unable to obtain additional supply in a timely mater, or is awaiting shipment with low supply may reuse N95 respirators or facemasks per guidance below:</p>	

	<ul style="list-style-type: none"> ● Each staff member is given 3 N95 respirators or facemasks ● Staff will wear respirator/facemask #1 on day 1, respirator/facemask #2 on day 2 and respirator/facemask #3 on day 3 ● There should be 72 hours between the use of each respirator or facemask ● After day 3, staff can start over again with respirator/facemask #1 on day 4 and so on ● Respirators/facemasks are stored in a labeled paper lunch bag or another breathable container like a paper carton or tray between use ● A new bag must be used each day ● Each respirator/facemask can be worn up to 5 uses 	
	<p>Gowns are not to be re-used</p> <ul style="list-style-type: none"> ● To preserve PPE due to PPE shortage, staff can wear the same gown, mask and eye protection when moving between COVID positive residents, but must change gloves and practice hand hygiene between residents and during care of resident as indicated ● When moving between COVID positive residents in the SAME room. Must be doffed prior to leaving room. 	
	<p>Gloves are never to be reused</p>	

Education		
!	<p>Facility is providing education on hand hygiene, respiratory hygiene, and use of personal protective equipment (PPE) to all staff</p> <ul style="list-style-type: none"> ● Education includes proper donning and doffing of PPE to prevent self-contamination 	
	Facility is monitoring hand hygiene practices among staff	
	Facility is monitoring appropriate use of PPE among staff	
	Provide materials for education on hand hygiene, respiratory hygiene, and use of personal protective equipment (PPE) which includes donning and doffing	
	Facility is providing education on criteria for placement in cohort zones to staff	
	Facility is providing education regarding COVID-19 to all staff	
Environment		
!	Facility has provided education on environmental cleaning and the need for frequent cleaning	
	Ensure that all non-dedicated, non-disposable resident care equipment (e.g., pulse oximeter, blood pressure cuffs, lifts) are cleaned and disinfected after each use	
	Staff providing direct resident care should routinely clean and disinfect high touch surfaces	
	Facility should use an EPA registered, hospital-grade disinfectant with an emerging viral pathogen claim according to the directions on the label	

	<ul style="list-style-type: none"> Refer to EPA website for a list of approved disinfectants: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19 or https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19) 	
	If a resident has a GI illness such as <i>C. difficile</i> or norovirus, bathrooms and hard surfaces must be disinfected with a 1:10 bleach solution	
Community Level Control Measures Instituted by Facility or Outbreak Team		
	<p>Ensure notification of CDPH and licensing agency by facility</p> <p>If any concerns may need to follow up and continued management</p>	
!	CDPH Licensing and Certification, East Bay District Office (510) 620-3900 or (866) 247-9100, Fax: (510) 620-3924 or (510) 620-5820	
	Notification of Health Officer, DOC Management, PIO, and community partners by outbreak triage team via email when change of status of outbreaks	
	Contact Investigations – interview staff about other work sites and household contacts (e.g., other contacts) as noted above	

APPENDIX A: Influenza-Like Illness (ILI) or Acute Respiratory Illness

(ARI) https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecsForPreventionControl_Flu_inCA_SNFsDuringCOVID_FINAL_100120.pdf

Outbreak Management Checklist for Healthcare Facilities v. 12/2018

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, 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 suspected respiratory illness outbreak.

Please review and quickly implement this checklist of outbreak 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 respiratory pathogen, OR
- (2) A cluster of respiratory illness (≥ 2 cases) within a 72-hour (3 day) period

Case Definitions for Respiratory Illnesses:

Influenza-like Illness (ILI)

New onset of fever (100.0 °F [37.8 °C] or greater) in addition to one or more of the following: cough and/or sore throat. Individuals can also present with some of the following symptoms: chest discomfort, chills, fatigue, general weakness, headache, muscle aches (myalgia), runny nose, and/or confusion.

NOTE: Clinical presentation in the elderly, young children with neuromuscular disorders, and young infants may be atypical; fever may be absent and pneumonia may be secondary to an influenza infection.

Acute Respiratory Illness (ARI)

Illness characterized by any two of the following: fever (100.0 °F [37.8 °C] or greater), cough, rhinorrhea (runny nose) or nasal congestion, sore throat, or muscle aches.

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 (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

Focus Area	Implemented	Outbreak Recommendation/ Intervention
A. Notifications		<i>Report suspected outbreak to all of the following parties:</i>
		1. Contra Costa Public Health - Communicable Disease Programs (Staff are available 24/7 - 365) <u>Business Hours</u> (8AM-5PM M-F): 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 (866) 247-9100 https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ContactUs.aspx
		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 ILI or ARI.
		2. Screen staff for symptoms of ILI or ARI.
		3. Fax available diagrams of your facility indicating which units/wing/bldg./floor(s) with patient(s) or staff that have tested positive for influenza and/or have respiratory 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. Testing can help detect the cause of the outbreak and assist in determining when the outbreak is over. <ul style="list-style-type: none"> • Gold standard for testing: Nasopharyngeal swab for RT-PCR Influenza or Respiratory Panel (which includes influenza). Rapid influenza testing (antigen detection only), is NOT recommended. 	
C. Daily Updates to Public Health	<i>Compile and update daily two line lists of symptomatic persons (patients and staff)</i> NOTE: Daily updates to the line lists should only include additions of newly symptomatic persons.	
		1. Update patient line list
		2. Update staff line list
		3. Fax the TWO updated line lists to Contra Costa Public Health Fax #: (925)313-6465

D. Infection Control	<i>Implement facility-wide control measures</i>	
		1. When multiple units are affected, cancel or postpone group activities until at least 4 days (96 hours) after the last identified case.
		2. When multiple units are affected, if possible, discontinue community dining until 4 days (96 hours) after the last identified case. Shift dining service to meal delivery in patient's rooms.
		3. Screen all visitors for symptoms of respiratory illness.
		4. Increase the accessibility of hand sanitizers, boxes of tissues, and surgical masks in your facility. <ul style="list-style-type: none"> • Recommended locations: facility entrance, dining areas, group activities, rehab gym, etc.
		5. Educate and assist all patients in handwashing and use of hand sanitizer before meals and after toileting.
		6. Discontinue floating of staff from affected units to unaffected units.
	7. Assign staff to specific patients and/or areas.	
E. Environmental Cleaning	<i>Implement environmental cleaning measures</i> NOTE: Influenza can survive for 24 hours on solid surfaces (tables, telephones) and up to 12 hours on porous surfaces (clothing, linens, paper, etc.).	
		1. Increase cleaning frequency of hard non-porous, high-touch surfaces 2-3 times per day with an EPA-approved disinfectant. <ul style="list-style-type: none"> • High-touch surfaces include, but not limited to: door knobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons, and faucets.
F.	<i>For a lab-confirmed case or clinically compatible case:</i>	

Patient Management (SYMPTOMATIC)		1. For influenza, begin antiviral treatment ; do not delay until laboratory results.
		2. Placement in a private room or cohort symptomatic patients with same influenza strain when private rooms are not available; maintain 6 feet distance between patients, with curtain drawn between patients.
		3. Isolate for at least 7 days after onset of symptoms or 24 hours after resolution of all respiratory 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.
		4. Use Standard and Droplet Precautions <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>: surgical masks should be worn upon entry to the patient’s room and during patient care. Mask should cover mouth and nose at all times.
		5. Equipment : Place dedicated equipment in isolation rooms. If not possible, clean and disinfect equipment before use with another patient. <ul style="list-style-type: none"> • Equipment includes, but is not limited to the following: <ul style="list-style-type: none"> <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>6. Movement of symptomatic patients:</p> <ul style="list-style-type: none"> • Confine activities to patient room. • Place a surgical 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>7. Hand hygiene: Wash hands using soap and water or apply hand sanitizer</p>
		<p>8. Re-admission: Hospitalized patients diagnosed with influenza may be re-admitted back to the facility and placed in isolation, as described above (see, F #1-6)</p>
G. Patient Management (ASYMPTOMATIC)	<i>For patients with exposure to lab-confirmed influenza with <u>NO</u> symptoms:</i>	
		<p>1. Place the asymptomatic patient with exposure in Standard and Droplet precautions for 5 days.</p>
		<p>2. Give antiviral chemoprophylaxis dosage for 2 weeks minimum or 1 week after last identified influenza case – whichever is longer. Influenza Antiviral Medications: Summary for Clinicians (CDC) https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm</p>
		<p>3. Lab testing is <u>NOT</u> recommended, unless symptoms of influenza occur</p>
H. Staff and Volunteer Management	<i>Monitor staff absenteeism due to respiratory symptoms.</i>	
		<p>1. Exclude all symptomatic staff from work until 24 hours after fever is resolved without the use of fever reducing medicine (acetaminophen, ibuprofen, and/or aspirin products).</p>

		<p>2. Consider antiviral chemoprophylaxis for unvaccinated health care personnel.</p> <ul style="list-style-type: none"> • SPECIAL SITUATION: If the outbreak is caused by a strain of influenza virus that is not well-matched by the vaccine, chemoprophylaxis can be offered for all staff, regardless of their influenza vaccination status
<p>I. Antiviral Drugs (Treatment and Chemoprophylaxis)</p>	<p>Initiate treatment and chemoprophylaxis ASAP, when influenza has been lab-confirmed in at least one patient</p>	
		<p>1. Antiviral treatment should be started as soon as possible for all symptomatic patients with suspected <u>or</u> confirmed influenza.</p> <p><u>Influenza Antiviral Medications: Summary for Clinicians (CDC)</u> https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm</p> <ul style="list-style-type: none"> • The initiation of treatment should NOT be delayed until laboratory testing results are available.
		<p>2. Antiviral chemoprophylaxis should be given to ALL asymptomatic patients, regardless of influenza vaccination status.</p>
<p>J. Vaccine</p>	<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><i>NOTE: Cal/OSHA Aerosol Transmissible Diseases Standard (8 CCR 5199) states for staff "vaccination will be offered free of charge."</i></p> <p>https://www.dir.ca.gov/title8/5199.html</p>	
		<p>1. All licensed health care facilities, in Contra Costa County, must require their health care workers (HCWs) to receive an annual influenza vaccination or, if they decline, they must wear a mask during the influenza season (October 3rd - April</p>

		<p>1st) as stated in the Contra Costa County Health Officer Order.</p> <ul style="list-style-type: none">• Contra Costa Vaccine – Masking Order https://cchealth.org/public-health/pdf/2018-0917-Masking-Memo-update.pdf
		<p>2. Offer catch-up influenza vaccine to asymptomatic patients and staff who previously declined it.</p>

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	
	Vaccinated Patients - Baseline (Total number vaccinated against influenza ≥14 days before outbreak began)	
	Staff Census	
	Vaccinated Staff – Baseline (Total number vaccinated against influenza ≥14 days before outbreak began)	
	Staff with Documented Influenza Vaccination Declination	
	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 ILI or ARI a total of 7 days following the last date of illness onset.

Facility Name:

Outbreak Resolution Metrics (Final Report)	Count Indicators	Count
	Number of patients prescribed antiviral TREATMENT	
	Number of patients prescribed antiviral CHEMOPROPHYLAXIS	
	Number of patients covered by an influenza antiviral standing order	
	Number of staff prescribed antiviral CHEMOPROPHYLAXIS	
	Number of patients given catch-up influenza vaccine	
	Number of staff given catch-up influenza vaccine	
	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) Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities (SNF), California Department of Public Health (CDPH) (UPDATED – October 2018)
https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/RecommendationsForThePreventionAndControlOfInfluenzaNov2018_FINAL.pdf
- 2) Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities (CDC)
www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
- 3) Influenza Antiviral Medication: Summary for Clinicians (CDC)
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- 4) All Facilities Letter – Influenza Outbreaks in Long-Term Care Facilities (CDPH, January 2018)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-18-08.aspx>
- 5) Physician Alert – Influenza and Sepsis (Medical Board of California, February 2018)
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Flu-and-Sepsis.pdf>
- 6) Mandatory Vaccination or Masking Order – Contra Costa County (2018-2019)
<https://cchealth.org/public-health/pdf/2018-0917-Masking-Memo-update.pdf>



APPENDIX B: Acute Gastroenteritis Outbreak Management Checklist for Healthcare Facilities

Facility Name:			
Address:			
City:		State:	Zip Code:
Telephone #:		Fax #:	
Contact Name:		Email:	



The following recommendations and reporting requirements are being provided to you to assist in the control of the current outbreak at your facility. Please review these basic guidelines with key staff members. We are requesting that you return the sign and dated copy of this form to Contra Costa Public Health - Communicable Disease Programs {Fax #: (925) 313-6465 and Phone #: 925-313-6740}

Resources:

- Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities - California Department of Public Health (CDPH, 2006) <https://www.cdph.ca.gov/pubsforms/Guidelines/Pages/HAlandIC.aspx>

Focus Area	Outbreak Intervention	N/A <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Preliminary Report Date Initiated	Final Report Date Completed
Communication				
a.	Notify facility Administration and/or Medical Director			
b.	Notify facility Infection Control			
c.	Report Outbreak of Acute Gastrointestinal (GI) illness to Contra Costa Public Health @ 925-313-6740. ❖ <u>Outbreak definition</u> : 2 or more cases (residents and/or staff) with GI symptoms in a 48 hr. period in your facility. ❖ <u>GI symptoms</u> = 1 or more symptoms of nausea, vomiting, non-bloody diarrhea or abdominal discomfort			
d.	Report Outbreak to California Department of Public Health (CDPH) - Licensing and Certification, East Bay Office. http://www.cdph.ca.gov/programs/LnC/Pages/LnCContact.aspx			
e.	Do not transfer patients out of your facility unless a <u>higher level of care</u> is needed. If transfer needed, notify the transporting agency and receiving facility of your outbreak.			
f.	No new admissions and transfers to your facility until there are no new cases in residents and employees for at least 4 days (96 hours) .			

Focus Area	Outbreak Intervention	N/A <input checked="" type="checkbox"/>	<input type="checkbox"/> Preliminary Report	<input type="checkbox"/> Final Report
			Date Initiated	Date Completed
	g. Post signs at all entrances for visitors and staff stating gastroenteritis outbreak and recommend washing hands with soap and water when they arrive and leave. Sample signage at: http://cchealth.org/norovirus			
	h. Designate a restroom where visitors can wash their hands.			
Infection Control				
	a. Confine symptomatic residents to their isolation room until 2 days (48 hours) at minimum after symptoms cease.			
	b. Place symptomatic residents in 'Contact Precautions' . Personal Protective Equipment (PPE) should be worn by all employees when entering isolation rooms: 1) Gown and gloves when entering residents room, 2) Wear a mask if resident is vomiting or if you are cleaning or disposing of vomit or stool, and 3) Remove gown and gloves at the resident's door and wash hands. Sample Isolation Sign: https://www.cdc.gov/hai/pdfs/ppe			
	c. Perform hand hygiene (washing) using soap and water immediately before putting on gloves and after removing gown and gloves.			
	d. Place dedicated equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before use with another resident. ***Equipment includes, but is not limited to the following: <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 ***			
Facility Control Measures				
	a. Discontinue community dining until 4 days (96 hours) after the last identified case; serve meals to resident's rooms. Avoid serving meals to visitors.			
	b. Cancel or postpone all group activities until at least 4 days (96 hours) after the last identified case.			

Focus Area	Outbreak Intervention	N/A <input checked="" type="checkbox"/>	<input type="checkbox"/> Preliminary Report	<input type="checkbox"/> Final Report
			Date Initiated	Date Completed
c.	Screen visitors, volunteers and employees for GI symptoms. If symptomatic, instruct them to stay home until symptom-free for at least 2 days (48 hours) .			
d.	Remove all symptomatic employees from work.			
e.	Assist residents in hand washing with soap and water before meals and after toileting.			
f.	Asymptomatic residents that have been exposed should not be moved (from an affected to an unaffected nursing unit).			
g.	Discontinue the “floating” of all employees from the affected unit to an unaffected unit.			
Daily Reporting				
a.	Complete line list for symptomatic residents ; Update and fax daily to Contra Costa Public Health @ 925-313-6465			
b.	Complete line list for symptomatic employees ; Update and fax daily to Contra Costa Public Health @ 925-313-6465.			
Management of Kitchen & Food Handlers	NOTE: Complete the following section if a kitchen employee (food handler) worked while symptomatic.			
a.	Remove all symptomatic kitchen employees from work. Instruct them to stay home until symptom-free for at least 2 days (48 hours) .			
b.	Dispose of all ready-to-eat food that may have been contaminated or handled by a symptomatic kitchen employee.			
c.	Temporarily close kitchen when a symptomatic food handler is identified. Sanitize with a 1:10 bleach solution all food preparation areas and kitchen surfaces.			
Environmental Cleaning & Laundry	NOTE: Norovirus can survive in a dried state on surfaces at room temperature for up to 21-28 days <ul style="list-style-type: none"> See Environmental Cleaning Flyer (http://www.disinfect-for-health.org/) 			
a.	Clean and disinfect vomit and fecal spillages promptly. Employees need to wear proper PPE (i.e. isolation gown, gloves and mask).			

Focus Area	Outbreak Intervention	N/A <input checked="" type="checkbox"/>	<input type="checkbox"/> Preliminary Report	<input type="checkbox"/> Final Report
			Date Initiated	Date Completed
b.	Increase cleaning frequency of hard non-porous, high-touch surfaces to three times per day with a commercial disinfectant or 1:10 bleach solution. ***High-touch surfaces include, but not limited to: door knobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons and faucets***			
c.	Use 1:10 bleach solution or EPA registered disinfectants affective against Norovirus (EPA List G) (https://www.epa.gov/pesticide-registration/)			
d.	Soiled carpets and soft furnishings: clean with hot water and detergent or steam clean. Dry vacuuming is not recommended (it can aerosolize the virus).			
e.	Hold soiled (contaminated) laundry away from your clothing to prevent contamination and transmission. Place immediately into dirty laundry hamper.			
f.	Use disposable cleaning cloths and mop heads. Ideally use one wipe/cloth per one surface.			
Lab Testing				
a.	Specimens should be collected as soon as possible after the onset of illness up to 7 days.			
b.	Collect stool samples from at least 3 symptomatic residents and/or employees.			
c.	Specimens should be stored at refrigeration temperature until ready to transport to a lab. Store stool in a tightly closed container. Do not place specimen where food or medication is stored.			
Outbreak Resolution				
a.	Date facility or unit reopened to new admissions and transfers.			
b.	Monitor for symptoms of new GI illness among all residents and employees until at least one week following the last onset of illness.			
c.	Handwashing should continue with soap and water for employees and residents before eating and after using the bathroom. The virus may be present in stool for two or more weeks after recovery.			



I have read and reviewed these recommendations and had the opportunity to ask questions.

Preliminary Report: _____ Date: _____
(Signature of Facility Representative)

Final Report: _____ Date: _____
(Signature of Facility Representative)