

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

√	!	Checklist of Items for Review Site Visit – Outbreak	Action Items / Notes
<b>Immediate Assessment and Communication Steps</b>			
	!	Testing for COVID-19 should take place  <i>* <b>Note:</b> See <i>Outbreak Investigation and Management</i> for further details</i>	
	!	Symptomatic and suspect residents should be isolated  <i>* <b>Note:</b> See <i>Management and Cohorting of Residents</i> for further details</i>	
	!	<ul style="list-style-type: none"> <li>● Symptomatic staff should be instructed to isolate at home while awaiting test results</li> <li>● Complete daily symptom log</li> </ul> <i>* <b>Note:</b> See <i>Staffing Plan – Work Restrictions</i> for further details</i>	
	!	Ensure the following have been notified of the presence of a COVID-19 case and/or outbreak in the facility: <ul style="list-style-type: none"> <li>● Administration, including Administrator and Director of Nursing</li> <li>● Medical Director</li> <li>● Infection Preventionist</li> <li>● Facility staff</li> <li>● Residents and their families</li> </ul>	

		<ul style="list-style-type: none"> <li>● Licensing body and appropriate regulatory bodies</li> </ul>	
	!	<p>Daily temperature checks and symptom screens are performed on residents and staff</p> <p>* Note: A temp and symptom screening form for staff is available on the Teams site: <a href="#">Template Employee Daily Temp Log</a></p>	
	!	<p>Share and review with administrator <a href="#">COVID-19 Facility Outbreak Prioritized Checklist</a> on <a href="http://cchealth.org/covid19/clf/">cchealth.org/covid19/clf/</a></p>	
<b>Reporting</b>			
	!	<p>Communicate with CCPHD as requested during the outbreak</p>	
	!	<p>Facility should prepare a line list of residents who are symptomatic or have tested positive for COVID each day</p> <ul style="list-style-type: none"> <li>● Line lists are sent to CCPHD no later than 10:00 am <b>daily</b></li> </ul>	
	!	<p>Facility should prepare a line list of staff who are symptomatic or have tested positive for COVID each day</p> <ul style="list-style-type: none"> <li>● Line lists are sent to CCPHD no later than 10:00 am <b>daily</b></li> </ul>	
	!	<p>Provide facility with line list template for residents and staff:  <a href="#">STAFF AND RESIDENT TEMPLATE on teams</a></p>	
<b>Outbreak Investigation and Management</b>			
	!	<p>Plan on having facility closed to admissions until investigation determines if ongoing transmission is occurring</p>	

	<ul style="list-style-type: none"> <li>● Admissions maybe allowed during an outbreak, depending on facility type, after review with PH with good infection control and no concerns/expanding outbreak</li> </ul> <p><a href="https://cchealth.org/covid19/clf/pdf/Outbreak-Closure-to-New-Admission.pdf">https://cchealth.org/covid19/clf/pdf/Outbreak-Closure-to-New-Admission.pdf</a></p>	
!	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	
	<p><a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Health-Care-Worker-Vaccine-Requirement.aspx</a></p>	
!	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 <a href="https://www.coronavirus.cchealth.org/get-tested">https://www.coronavirus.cchealth.org/get-tested</a>.</p>	

	<ul style="list-style-type: none"> <li>Note that if residents had a previous positive test, they should NOT be retested if &lt; 3 months from test date <u>unless</u> new onset of symptoms consistent with COVID-19 infection.</li> <li>OK to re-test staff to clear from isolation using an antigen test</li> </ul>	
	<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"> <li>A thorough and accurate contact tracing of cases can take place by the facility <ul style="list-style-type: none"> <li>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</li> </ul> </li> </ul>	
	<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"> <li>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: <a href="https://www.cms.gov/files/document/cms-clia-laboratory-quick-start-guide-remediated.pdf">https://www.cms.gov/files/document/cms-clia-laboratory-quick-start-guide-remediated.pdf</a></li> <li>Facilities may also register to be a testing site through CDPH testing resources: <a href="https://testing.covid19.ca.gov/testing-type/">https://testing.covid19.ca.gov/testing-type/</a></li> </ul>	
	<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</p>	

	<p>testing while awaiting results, implementing cohorts based on COVID status and appropriate infection control practices as reviewed in <u>guidance in outbreak closure for new admissions and communal dining and group activities</u></p> <ul style="list-style-type: none"> <li>● <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx</a></li> </ul> <p><b><i>Communal activities and dining may occur in the following manner:</i></b></p> <ul style="list-style-type: none"> <li>● 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.</li> <li>● 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.</li> </ul>	
<p><b>Admissions and Visitation</b></p>		
	<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"> <li>● New admissions should meet the following conditions:                     <ul style="list-style-type: none"> <li>▪ Residents that are up-to-date with vaccine can be placed in GREEN zone</li> <li>▪ Unvaccinated/Non-Boosted residents can be placed in YELLOW zone</li> </ul> </li> <li>● 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)</li> </ul>	

	<p>becomes positive after previously testing negative during quarantine) and they test negative on day 7</p> <ul style="list-style-type: none"> <li>• Depending on the type of facility, each new admission may need to be reviewed with PH.</li> </ul> <p><i>* <b>Note:</b> Any privileges granted in one outbreak cannot be carried over into a subsequent outbreak</i></p>	
	<ul style="list-style-type: none"> <li>• 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</li> </ul>	
	<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:</p> <p><a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx</a></p>	
<p><b>Management and Cohorting of Residents</b></p>		
	<p>Ensure residents are cohorted in the appropriate zone:</p> <p><b>Red Zone: COVID positive residents</b></p>	

	<p><b>Yellow Zone:</b> 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><b>Green Zone:</b> 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><b>In SNFs where ≥90% of residents and ≥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:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Residents up-to-date on their vaccines (completed their primary series and not eligible for their first booster or eligible for the 1<sup>st</sup> 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.</li> </ul>	

	<ul style="list-style-type: none"> <li>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.</li> </ul>	
	<p><b>In SNFs with &lt;90% of residents and &lt;90% of HCP up-to-date vaccine or the facility or Public Health determines that contact tracing is not feasible</b>, serial retesting of all residents and HCP who test negative upon the prior round of testing (<b>regardless of their vaccination status</b>) 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, <b>regardless of their vaccination status</b>:</p> <ul style="list-style-type: none"> <li>Positive result, for the duration of the resident's isolation period ("red" area); <b>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.</b></li> <li>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.</li> <li>Negative result without known exposure within the last 10 days and recovered residents who have completed their isolation period ("green" area).</li> </ul>	

	Review guidance around cohorting residents based on exposure, results, and clearance	
	<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"> <li>● If COVID positive with another infection requiring TBP, resident may <b>NOT</b> share a room with others</li> <li>● 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"> <li>○ 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)</li> </ul> </li> </ul>	
<b>Management of Residents – Red Zone</b>		
	Isolate all symptomatic or confirmed positive residents in the Red Zone	
	Standard Precautions should always be observed as well as any TBP as indicated, in addition to the following	
	<p>For residents who are COVID positive (Red Zone cohort):</p> <ul style="list-style-type: none"> <li>● If resident has, or is suspected of having, another infection requiring Transmission-Based Precautions, resident must be placed in a private room</li> <li>● Doors should be closed as much as possible</li> </ul>	

	<ul style="list-style-type: none"> <li>● Restrict the movement of all residents as appropriate for zone</li> </ul>	
	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>Staff must wear appropriate PPE when entering COVID positive resident room:</p> <ul style="list-style-type: none"> <li>● Gown, gloves, N95 respirator, face shield for each resident</li> <li>● Staff must change gloves and perform hand hygiene between residents and during care of resident as indicated</li> <li>● 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</li> <li>● Gowns should be changed with each resident per conventional use to decrease chance of spread of other infections</li> </ul>	
	<p>Plastic barriers are now discouraged</p> <ul style="list-style-type: none"> <li>● Barriers could potentially impede airflow and worsen the air exchange and ventilation which could contribute to transmission.</li> <li>● Other mechanisms, like signage, to demarcate your zones are recommended.</li> <li>● If a barrier is used, consult with your engineer to ensure barriers do not impede ventilation in the building.</li> </ul>	
<b>Management of Residents – Yellow Zone</b>		
	Residents that have been exposed to COVID, have an unknown exposure and are negative, have refused COVID testing, or have been admitted from another	

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	<p>facility should be placed in the Yellow Zone. <b>Residents up to date on vaccine are no longer are placed in yellow zone if asymptomatic.</b></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"> <li>• Single occupancy rooms should be <b>prioritized</b> for the 7-day observation period of <b>exposed new admissions or re-admissions from the hospital, and exposed asymptomatic individuals</b> who tested negative and are still in the incubation period from that exposure</li> <li>• Residents should be <b>isolated</b> in their room, and place in a single room</li> </ul> <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"> <li>• Note PPE must be changed between these residents as noted below</li> <li>• Doors should be closed as much as possible</li> <li>• Restrict the movement of all residents as appropriate for zone. If residents need to leave their room, they should wear a mask</li> </ul>	
	<p>Staff must wear appropriate PPE when entering the room of a Yellow Zone resident:</p> <ul style="list-style-type: none"> <li>• Gown, gloves, N95 respirator, face shield for each resident</li> <li>• Staff must change gloves and perform hand hygiene between residents and during care of resident as indicated</li> </ul>	

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	<ul style="list-style-type: none"> <li>● 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</li> <li>● Staff must change gown and gloves, and perform hand hygiene between each resident</li> </ul>	
	<p>Residents may be allowed to move from the yellow zone if they have had 2 negative tests <b>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.</b></p> <ul style="list-style-type: none"> <li>● <b>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.</b></li> <li>● Note must consider quarantine based on other Infections present</li> </ul>	
<p><b>Management of Residents – Green Zone</b></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"> <li>● Staff should wear a facemask when entering a resident's room</li> <li>● Eye protection should also be worn for any resident care or if staff are within 6 feet of the resident</li> </ul>	
	<p>Staff must wear appropriate PPE when entering the room of a Green Zone resident:</p>	

	<ul style="list-style-type: none"> <li>● 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.)</li> <li>● 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"> <li>○ Doors should be closed when performing aerosol generating procedures</li> </ul> </li> <li>● Staff must change gloves and perform hand hygiene between residents and during care of resident as indicated</li> <li>● 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</li> </ul> <p>Staff must change gown and gloves, and perform hand hygiene between each resident</p>	
	<ul style="list-style-type: none"> <li>● 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</li> </ul>	
<b>Resident Movement, Discharges or Transfers</b>		
	<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"> <li>● The facility should complete: <ul style="list-style-type: none"> <li>○ <b>Interfacility Transfer Communication Form – Comprehensive (PDF)</b></li> <li>○ <b>Interfacility Transfer Communication Form – Abbreviated (PDF)</b></li> </ul> </li> </ul> <p><i>* Note: See Health Officer Order for details for all our updated health orders and guidance: <a href="https://www.coronavirus.cchealth.org/health-orders">https://www.coronavirus.cchealth.org/health-orders</a></i></p>	
	<ul style="list-style-type: none"> <li>● 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</li> <li>● 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</li> </ul>	

	<ul style="list-style-type: none"> <li>● 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</li> <li>● Transfer location should be gathered with contact information, name of facility, and address if applicable</li> <li>● 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</li> </ul> <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><b>Monitoring of Residents</b></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"> <li>● Recommend for COVID positive and symptomatic residents vitals taken every 4 hours including pulse oximetry</li> <li>● For all other resident, including custodial residents, recommended every 6-8 hours vitals</li> </ul>	

	<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"> <li>● If residents never develop symptoms, they are considered cleared after 10 days from the test date</li> <li>○ 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</li> </ul>	
	<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"> <li>● Ask who is the medical director for facility and note this</li> <li>○ Ask how often they are seeing the residents</li> </ul>	
<b>Staffing Plan – Management of Staff</b>		
!	<p>Symptomatic staff may not work</p> <ul style="list-style-type: none"> <li>● They should isolate at home until they meet criteria below to be removed from home isolation</li> </ul> <p>*See AFL 21-08.8 below: <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx</a></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"> <li>• Must wear mask when around others/co-workers</li> </ul> <p><b>Staff are considered cleared of their infection 10 days after test date</b></p> <p><b>During critical staffing crisis, staff may return to work provided the following is met:</b></p> <ul style="list-style-type: none"> <li>• Staff up to date with vaccination- &lt;5 Days with most recent diagnostic test result to prioritize staff placement</li> </ul>										

	<ul style="list-style-type: none"> <li>• Unvaccinated/non- up to date on vaccination staff- 5 Days with most recent diagnostic test result to prioritize staff placement</li> <li>• Staff must wear N95 as source control</li> <li>• Have a separate breakroom and restroom</li> <li>• Does not mingle with other co-workers</li> </ul> <p><b>Use above table to clear staff who are asymptomatic or have mild symptoms.</b></p> <ul style="list-style-type: none"> <li>• Facilities should refer to the <a href="#">CDC guidance</a> for HCP with severe to critical illness or are moderately to severely immunocompromised</li> </ul>							
!	<p>Exposed staff (Quarantine):</p> <p>See AFL 21-08.8 below:</p> <p><a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx</a></p> <table border="1" data-bbox="205 1092 1220 1346"> <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 1346">Boosted, OR Vaccinated but not booster-eligible</td> <td data-bbox="543 1170 884 1346">No work restriction with negative diagnostic test upon identification and at 5-7 days</td> <td data-bbox="884 1170 1220 1346">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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		<p>Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose</p>	<p>7 days with diagnostic test upon identification and negative diagnostic test within 48 hours prior to return</p>	<p>No work restriction with diagnostic test upon identification and at 5-7 days</p>	
	<p>!</p>	<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"> <li>● Staff should not move between cohorts but if needed staff may work with different cohorts on different shifts <ul style="list-style-type: none"> <li>○ 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</li> <li>○ If needed, staff may work with both Green and Yellow Zone Cohorts</li> </ul> </li> <li>● Staff working in the Red Zone with COVID positive residents may <b>not</b> move to either the Yellow or Green Zone during their shift</li> </ul> <p><i>* <b>Note:</b> 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>			
	<p>!</p>	<p>Red Zone should have dedicated Red Zone staff</p>			

	<ul style="list-style-type: none"> <li>● A separate entrance</li> <li>● A dedicated bathroom and breakroom</li> </ul> <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>							
!	Red Zone staff should not co-mingle with other facility staff as much as possible							
<b>Staffing Plan – Work Restrictions</b>								
!	<p>Symptomatic staff may not work</p> <ul style="list-style-type: none"> <li>● They should isolate at home until they meet criteria below to be removed from home isolation</li> </ul> <p>*See AFL 21-08.7 below: <a href="https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-08.aspx">https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-08.aspx</a></p> <table border="1" data-bbox="205 1019 1215 1310"> <thead> <tr> <th data-bbox="205 1019 541 1094">Vaccination Status</th> <th data-bbox="541 1019 879 1094">Routine</th> <th data-bbox="879 1019 1215 1094">Critical Staffing Shortage</th> </tr> </thead> <tbody> <tr> <td data-bbox="205 1094 541 1310">Boosted, OR Vaccinated but not booster-eligible</td> <td data-bbox="541 1094 879 1310">5 Days with negative diagnostic test same day or within 24 hours prior to return OR 10 days without a viral test</td> <td data-bbox="879 1094 1215 1310">&lt;5 Days with most recent diagnostic test result to prioritize staff placement</td> </tr> </tbody> </table>	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	
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		<p>Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose</p>	<p>7 Days with negative diagnostic test same day or within 24 hours prior to return OR 10 days without a viral test</p>	<p>5 Days with most recent diagnostic test result to prioritize staff placement</p>	
		<p>Staff who are COVID positive, and cleared before day 10 with a negative antigen test:</p> <ul style="list-style-type: none"> <li>• Must wear mask at all times while in the facility</li> </ul> <p><b>Staff are considered cleared of their infection 10 days after test date</b></p> <p><b>During critical staffing crisis, staff may return to work provided the following is met:</b></p> <ul style="list-style-type: none"> <li>• Staff up-to-date with vaccine - &lt;5 Days with most recent diagnostic test result to prioritize staff placement</li> <li>• Unvaccinated/non-boosted staff- 5 Days with most recent diagnostic test result to prioritize staff placement</li> <li>• Staff must wear N95 as source control</li> <li>• Have a separate breakroom and restroom</li> <li>• Does not mingle with other co-workers</li> </ul> <p><b>Use above table to clear staff who are asymptomatic or have mild symptoms.</b></p>			

	<p>Facilities should refer to the <a href="#">CDC guidance</a> for HCP with severe to critical illness or are moderately to severely immunocompromised</p>										
	<p>Exposed staff: See AFL 21-08.7 below: <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx</a></p> <table border="1" data-bbox="205 787 1218 1274"> <thead> <tr> <th data-bbox="205 787 541 865">Vaccination Status</th> <th data-bbox="541 787 882 865">Routine</th> <th data-bbox="882 787 1218 865">Critical Staffing Shortage</th> </tr> </thead> <tbody> <tr> <td data-bbox="205 865 541 1044">Boosted, OR Vaccinated but not booster-eligible</td> <td data-bbox="541 865 882 1044">No work restriction with negative diagnostic test upon identification and at 5-7 days</td> <td data-bbox="882 865 1218 1044">No work restriction with diagnostic test upon identification and at 5-7 days</td> </tr> <tr> <td data-bbox="205 1044 541 1274">Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose</td> <td data-bbox="541 1044 882 1274">7 days with diagnostic test upon identification and negative diagnostic test within 48 hours prior to return</td> <td data-bbox="882 1044 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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Staffing Plan – Severe Staffing Shortages		
	!	<p>Ensure there is adequate staffing for the facility</p> <ul style="list-style-type: none"> <li>● Facility should have a plan for severe staffing shortages</li> <li>● If staffing support is needed, facility should submit staffing request link below</li> </ul> <p><a href="https://cchealth.org/covid19/clf/pdf/Supplemental-Staffing-Request-Form.pdf">https://cchealth.org/covid19/clf/pdf/Supplemental-Staffing-Request-Form.pdf</a></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><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a></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"> <li>● If in need of supplies and unable to obtain through usual sources, facility should request supplies through their corporate structure</li> </ul>
		<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"> <li>● 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)</li> <li>● Masks and N95 respirators should be stored in a breathable container (e.g., paper bag), followed by hand hygiene</li> </ul> <p>Face shield should be wiped with a disinfectant (inside to outside) and stored properly</p>	
<p><b>Personal Protective Equipment (PPE) – Extended or Re-Use During Severe Shortage</b></p>		
	<p>More information on PPE can be found at CDC website: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</a> and information regarding PPE extended use can be found <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a></p>	
	<p>CalOSHA no longer recommends reuse of N95s: <a href="#">Interim Guidance for Health Care Facilities updated 8/6/2020</a></p> <ul style="list-style-type: none"> <li>● Extended use of N95 respirators is recommended as a conservation strategy</li> </ul> <p><i>* <b>Note:</b> N95 respirators should not be reused, per CalOSHA, unless in crisis supply:</i> <a href="https://www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf">https://www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf</a></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"> <li>● Each staff member is given 3 N95 respirators or facemasks</li> <li>● Staff will wear respirator/facemask #1 on day 1, respirator/facemask #2 on day 2 and respirator/facemask #3 on day 3</li> <li>● There should be 72 hours between the use of each respirator or facemask</li> <li>● After day 3, staff can start over again with respirator/facemask #1 on day 4 and so on</li> <li>● Respirators/facemasks are stored in a labeled paper lunch bag or another breathable container like a paper carton or tray between use</li> <li>● A new bag must be used each day</li> <li>● Each respirator/facemask can be worn up to 5 uses</li> </ul>	
	<p><b>Gowns are not to be re-used</b></p> <ul style="list-style-type: none"> <li>● 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</li> <li>● <b>When moving between COVID positive residents in the SAME room. Must be doffed prior to leaving room.</b></li> </ul>	
	<p><b>Gloves are never to be reused</b></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"> <li>● Education includes proper donning and doffing of PPE to prevent self-contamination</li> </ul>	
	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"> <li>Refer to EPA website for a list of approved disinfectants:  <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19</a> or <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19</a>)</li> </ul>	
	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	
<b>Community Level Control Measures Instituted by Facility or Outbreak Team</b>		
	<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	