COVID-19 Long-Term Care and 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 or caregiving staff, and environmental services or cleaning staff. These steps should be initiated with a resident or staff at your facility with suspected or confirmed 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, myalgias, 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, such as flu and norovirus, that present with similar symptoms in your facility. Many of the control measures in place for COVID-19 will aid in control of the spread in your facilities, but they require a similar response to aid in control in a facility. 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 PUI with appropriate 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 for 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 will be monitoring and following your facility to aid in control and prevention of COVID-19 transmission, and is also available for technical assistance and testing.

Key

□ ! Start and complete this activity first
□ Complete this activity after all ! actions are completed
Facility Administration

Key
□ ! Start and complete this activity first
□ Complete this activity after all ! actions are completed

Communication with Appropriate Entities
□ ! Immediately report confirmed cases in staff or residents to:
   1) Your licensing body and other appropriate regulatory bodies;
   2) Contra Costa Public Health Department at 925-313-6740.
   3) Staff, the medical director, if applicable, and facility infection control lead or designee.
      o If concern for other respiratory illness outbreak or flu outbreak in addition to COVID-19 cases, ensure communicated as well. If only has concern for flu or other respiratory illness with negative COVID-19 results, please see other outbreak guidance for non-COVID outbreak guidance.

Restrict Visitation, New Admissions, and if appropriate follow up with exposed or symptomatic staff

□ ! If you have a total of two positive staff members or one positive resident, do not admit new patients/resident to your facility until further notice. Small board and care facilities should hold admissions until further notice after any positive staff or residents. Admission of new patients to the facility may be considered only after initial assessment and investigation is completed with Public Health Case Investigation Nurse. An outbreak support team visit may also occur prior to considerations for new admissions. Please also review outbreak closure for new admissions and communal dinning and group activities for more information on communal dinning and group activities during an outbreak, as well as potential opening for admissions during an outbreak, but considerations for admissions will need to be discussed with Contra Costa Public Health Department. If you only have two staff members who are positive, then admissions may continue as you continue your follow up after COVID-19 cases in your facility. If at anytime you have more cases of COVID-19 in staff or cases in residents’ admissions will need to be held until further notice.

□ ! Follow guidance for visitation as noted in guidance for visitation during an outbreak. Post signage at the front entrance restricting visitors and non-essential staff, as appropriate. Ensure symptom checks and temperature checks of all staff entering the facility.

□ Ensure noting other facilities staff have worked at in last 14 days. If staff are COVID positive and have worked in other facilities during this timeframe inform public health of the staff member and the other facility/facilities they have worked.
☐! Send home any symptomatic Staff and refer them for testing, regardless of vaccination status. Staff may not come back to work until testing is done, results reviewed by public health, and further guidance has been reviewed with public health.

☐For staff exposed to COVID-19 case, regardless of vaccination status, if there are current staffing needs for the facility to continue operations, exposed staff may continue to work at the facility but should be instructed they may not work at any other facilities and should otherwise quarantine at home. As much as possible, exposed staff should only work with yellow cohort (exposed residents who remain negative), red cohort (positive residents), or recently cleared residents. Staff should continue on testing plan, and be monitored closely for symptoms and retested as instructed. If there is not current staffing needs, staff who are exposed to someone with COVID/a close contact to a COVID positive person, should quarantine at home for 10 days from last exposure and monitor for symptoms, but should remain off of work for the full 14 day quarantine period and continue to do other preventive measures such as use of a face mask/face covering and social distancing.

- Fully vaccinated asymptomatic staff (2 or more weeks after completing their COVID-19 vaccine series) may return to work after an exposure to COVID-19, but testing should continue after the exposure and with weekly outbreak testing, in addition to staff screening testing outside of an outbreak. Staff who return to work should still be instructed to monitor their symptoms closely and immediately isolate if they develop any symptoms who return to work.

Please also review instructions for healthcare worker and frontline workers with close contacts to COVID-19 case found on: https://www.coronavirus.cchealth.org/for-covid-19-patients for further guidance for exposed staff.

☐! Residents should be placed in cohort based on their exposure and COVID test results, regardless of vaccination status, and cohort residents who are COVID positive (red zone), exposed or unknown exposure and negative (yellow zone), or negative residents who clearly have no known exposure (green zone). Have a physical barrier between cohorts, as much as possible but if unable to have a barrier between green and yellow zone then can keep open. Continue to have a barrier between the red zone and other zones. Fully vaccinated residents who have exposures or unknown exposures should continue to be cohorted in the yellow cohort with appropriate PPE for residents with exposure or unknown exposures. For facilities, such as assisted living, where residents have their own rooms and cohorting may not be possible, residents may remain in their room but are still considered green, yellow, or red residents and appropriate PPE should be used based on resident status. Note: Cohorting should be based on COVID status, considerations for other infectious disease should be used when determining if residents are appropriate to cohort within the same room (ie) COVID positive residents or green zone residents.

- Symptomatic residents should be isolated in a private room as much a possible. Roommates of symptomatic patients should not be roomed with other patients/residents to make an isolation
room and should be quarantined as appropriate for illness. If no isolation rooms/available, keep symptomatic resident in room with curtain drawn and 6 feet between roommates.

- For flu and other illness: Prioritize cohorting of residents and HCP by COVID-19 status over influenza status, and avoid moving residents with suspected or confirmed influenza between COVID-19 cohorts; for example, do not move a resident with suspected or confirmed influenza from a yellow (exposed or observation) to a green (unexposed or recovered) area.
  - Residents with suspected or confirmed influenza may be cohorting together within the same COVID-19 zone, but residents with COVID-19 and flu, or another co-infection, should not share rooms with residents the red zone only infected with COVID-19.
  - Residents with Norovirus or other GI illness should not share toilets with other residents. Bedside commode should be designated to resident if not in a private room if having GI illness.

- As much as possible, staff should be assigned to care for only green, yellow, or red cohort and not move between these cohorts. If unable due to staffing, as much as possible staff should not move between yellow and green cohorts during their shift but if needed staff working in green and yellow cohorts can move between these cohorts. Staff should not move between red cohort and other cohorts during their shift.

Ensure the facility has adequate supplies of Personal Protective Equipment (PPE)
- Assess current facility inventory of PPE and continue to assess daily, and ensure more then one staff can do this.
  - Facemasks
  - Respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested healthcare personnel).
  - Obtain FIT testing for staff, as possible, and have staff who are FIT tested work with COVID+ residents or exposed and negative residents.
  - If staff not FIT tested and using N95 should ensure doing seal check: [https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf) with each use.
  - Note: CalOSHA no longer recommends reuse of N95s: Interim Guidance for Health Care Facilities updated 8/6/2020 and extended use of N95 is still recommended as a conservation strategy. Inventory and supply should be monitored to ensure adequate supply without reuse. If your facility is low on N95 then supplies should be obtained through normal channels and resource request,
  - Gowns
  - Gloves
  - Eye protection (i.e., face shield or goggles)

- Make necessary PPE available in areas where patient/resident care is provided. Put a trash can near the exit inside the patient/resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room.
Develop plan for where staff will Don and Doff PPE. Have signs with directions on Don/Doffing posted outside of rooms, having a buddy whenever possible to ensure correct technique.

Develop “buddy” system for staff when they need assistance while in room, or need supplies brought to them (may need to consider increasing staff to have extra hands/“runners”)

**Enforce and Revise Facility Policies for Staff**

- Reinforce sick leave policies. Regardless of vaccination status, remind all staff not to report to work when ill.

- Restrict staff movement between the different cohorts, as much as possible but if needed staff may move between yellow and green cohorts.
- Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have staff demonstrate competency with putting on and removing PPE.

- Implement universal use of facemasks for all staff and any visitors while in the facility.

- Designate separate breakrooms and bathrooms for staff working with different cohorts of patients/residents (green, yellow, red), when possible. If not possible, green and yellow cohorts may use same breakrooms and bathrooms with proper cleaning and infection control protocols in place. Staff working with red zone residents/cohort should have a separate breakroom and bathroom designated.

- If an ambulance or other transport is called to the facility, notify them that the facility is currently experiencing an outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to patient/resident contact. All patients/residents should be considered potentially exposed to COVID-19 during an outbreak and transport staff should wear appropriate PPE even if the resident has not tested positive yet. Make sure if going to medical facility or requiring ambulance complete: Interfacility Transfer Communication Form - Comprehensive (PDF) or Interfacility Transfer Communication Form - Abbreviated (PDF) ensure patient status is communicated appropriately.

- Do not transfer patients/residents to other wards or facilities unless medically indicated. Any potential transfer should be discussed with public health. If transfer is medically indicated, inform the receiving facility verbally and in writing, if appropriate, that the resident is coming from a facility that is experiencing a COVID-19 outbreak and if negative will need to quarantine and monitored for any signs of infection. Residents/patients should be tested prior to transfer for planning and if negative will still need to be quarantined at the receiving facility with appropriate PPE, regardless of vaccination status. Also, discuss with facility that testing prior to release from quarantine should be done per the health officer order for transfers to facilities and due to potential exposure. If patient/resident being
transferred is COVID positive they will need isolation and clearance based precautions per their COVID status.

□ Do not discharge residents/patients given potential exposure. It is recommended that all residents with potential exposure stay in place. If there are any planned or needed resident discharge, the resident may be allowed to be discharged home to quarantine after discussion and with informed consent signed by resident and family. Residents/patients may not be discharged to other congregate living facilities given potential exposure in facility. All discharges should be discussed with public health prior to discharge for further guidance regarding the potential.

Enforce and Revise Facility Policies for Patients/Residents

□ Restrict all patients/residents in the red and yellow zones to their rooms with the door closed to the extent possible.

□ After a positive resident or two total positive staff members, all group activities and communal dining should be closed while determining the extent of the outbreak by case investigation/contact tracing, undergoing mass testing while awaiting results, implementing cohorts based on COVID status and appropriate infection control practices as reviewed in guidance in outbreak closure for new admissions and communal dining and group activities. For facilities with only two positive staff members, group activities and communal dining may continue for green residents (unexposed residents), but appropriate contact tracing and cohorting of exposed residents should take place to ensure less exposures throughout the facility. Note: Fully vaccinated residents should still be placed in the yellow cohort with appropriate transmission based precautions after an exposure

- Communal dining may continue if assistance is required as part of the Resident care plan. Residents requiring assistance with feeding should maintain a 6 foot distance from other residents during supervised meals and staff should perform hand hygiene when moving from one resident to another.

□ Use private rooms for isolation patients/residents who test positive for COVID-19 (red zone cohort) or have symptoms of COVID-19 whenever possible. If private rooms are not available, consider other placement options, such as grouping (cohorting) COVID positive patients/residents together ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between residents. Note: If resident is co-infected with COVID-19 and another illness they should not be coholed in the same room with a patient who only has COVID-19.

□ Use private rooms for isolation patients/residents who test negative for COVID-19 and are exposed and asymptomatic (Yellow Zone cohort). Residents of congregate facilities should remain in quarantine for the full 14 day quarantine period. Note: Single occupancy rooms should be prioritized for the 14 day observation period of new admissions or re-admissions from the hospital, and exposed asymptomatic individuals who test negative and are still considered exposed (yellow zone). If private rooms are unavailable may consider other placement options, such as grouping (cohorting) COVID negative and
exposed patients/residents with the same exposure together ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between residents taking into considerations other illnesses the resident/patient may have.

- If patients/residents must leave their room, patients/residents should wear a facemask or use tissues to cover coughs and sneezes, perform hand hygiene (wash hands with soap and water or use an alcohol-based hand rub), limit their movement within the facility, and perform social distancing (stay at least 6 feet from others). All Patients/Residents should also wear facemask during resident/patient care and when staff is within 6 feet of the resident for source control.

- Residents/patients who had mild or moderate symptoms are considered cleared of COVID infection after 10 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. If residents never develop symptoms they are considered cleared after 10 days from the test date.

  - Residents/patients who had severe disease requiring hospitalizations in the intensive care unit and some with severe immunocompromising conditions are considered cleared of COVID infection after 20 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. Facilities should follow up with the residents treating provider to review appropriate isolation based on their conditions or if have they have a condition causing severe immunosuppression.

**Testing and Planning**

- Test symptomatic residents for COVID, flu, and other disease as appropriate for the season. If concerning symptoms for norovirus also consider testing residents for this.
  - If positive for Flu or Norovirus only please review other outbreak guidance for further information on needed infection control measures and follow up.
  - If resident is symptomatic and negative for COVID-19 or flu considering sending specimen for full respiratory panel.

- Begin reviewing testing plan and [Health officer order for requirement for testing residents and staff at residential facilities](#). Plan for weekly testing as noted in the Health officer order for all staff and residents, with public health support as needed. **Note:** You may be asked to produce lab results to the public health department if using a contracted lab that is not currently reporting results to public health.
  - COVID-19 response testing may be focused, in discussion with local public health, if thorough and accurate contact tracing of cases can take place. The infectious period of the case is considered to be 48 hours prior to symptom onset or 10 days prior to test date if no symptoms at test date. If the case is asymptomatic and had testing within the 10 days, contact tracing may begin after the date of the last negative test.
    - Residents and staff who tested positive within 3 months, do not need to be re-tested, but if positive test result > 3 months ago will need to be included in testing plan.
• Plan for testing until there are 2 serial testing with all negative PCR results. If need further public health support, public health will request resident face sheets to aid in testing.

□ Ensure family and residents aware of testing plan and consent for testing obtained by facility from families, as appropriate, and/or residents.

□ Begin gathering information for a Staff Line & Resident Line List Template to aid in testing support from public health, and public health follow up. Public health will follow up with you with a shared line list to aid in this.

• **Note:** Public health and hospital partners maybe in touch to schedule an on-site visit to review map and infection control practices for COVID-19 in light of possible exposure in facility/outbreak follow up.

□ Gather a map of facility to share with public health for planning. Note on map current location of exposed residents, where positive staff worked, if applicable, and current location of positive and negative residents. If have plans for new wings given exposure, also note plans as appropriate/able.

### Visitor Policies

□ **! Follow visitation guidance for facilities while in outbreak**, and restrict all visitation to COVID positive residents (red zone residents) and COVID negative but exposed resident (yellow zone residents) except for certain compassionate care situations, such as end of life situations and other compassionate care situations that is always allowed as noted in ALF 20.22. Additionally, in-room visitations for other yellow zone Residents maybe allowed during an outbreak in certain circumstance after consultation with Public Health and with appropriate PP (full PPE). **Note:** Family caregivers who are part of care team of the resident are not considered visitors but an essential part of the resident’s care and should not be excluded from caring for the resident.

□ **Non-essential personnel, (e.g., barbers, podiatry, etc)** who comply with the same screening testing and universal facemask use required of the facility staff may enter the facility and provide services to residents in appropriate spaces (outdoors, if feasible, or indoors in a well-ventilated area where at least 6-ft distancing can be maintained between residents) to continue services for green zone residents only.

□ All visitors that must enter the facility should sign-in, including: name of visitor, resident that was visited, date of visit and time. Visitors should be limited to 2 persons, and must wear appropriate PPE (e.g. gloves, gown and facemask unless times of PPE shortages, then prioritize a facemask).

### Return to Work Criteria

□ Staff with confirmed or suspected COVID-19 may return to work after 10 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. For staff who did not have symptoms, they return to work 10 days after their test date. No repeat testing is needed and staff can return to work after they meet the criteria stated above. Staff should continue to wear a mask at all times while in the facility as noted above.
Staff who had severe disease requiring hospitalizations in the intensive care unit and some with severe immunocompromised are considered cleared of COVID infection after 20 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. If staff had severe disease or a condition that may cause severe immunosuppression, they should follow up their provider to review the appropriate isolation timeframe.

**Note**: Per current health officer order, all staff and visitors must wear a mask while in the facility.

**Communicate with Residents, Family, and their Provider, as appropriate**

- Inform patients/residents, family members, and visitors of confirmed or suspect case.
  - If concern for other respiratory illness outbreak or flu outbreak in addition to COVID-19 cases, ensure communicated as well. If only has concern for flu or other respiratory illness please see non-COVID outbreak guidance for appropriate illness.

- Ensure patients/residents results/COVID status have been discussed with residents and family, as appropriate.

- Educate patients/residents and their families, including information about COVID-19 and actions the facility is taking to protect them and their loved ones, including visitor restrictions and how they can protect themselves.

- Ensure medical director or residents/staff providers, as applicable, are involved in care and follow up of residents. Have providers and medical directors review and update POLST form with families and residents.
Facility Nursing/Care Giving

Key
□! Start and complete this activity first
□ Complete this activity after all ! actions are completed

Isolation Precautions and Practice Social Distancing
□! Residents should be placed in cohort based on their exposure and COVID test results, regardless of vaccination status, and cohort residents who are COVID positive (red zone), exposed or unknown exposure and negative (yellow zone), or negative residents who clearly have no known exposure (green zone). Have a physical barrier between cohorts, as much as possible but if unable to have a barrier between green and yellow zone then can keep open. Continue to have a barrier between the red zone and other zones. Fully vaccinated residents who have exposures or unknown exposures should continue to be cohorted in the yellow cohort with appropriate PPE for residents with exposure or unknown exposures. For facilities, such as assisted living, where residents have their own rooms and cohorting may not be possible, residents may remain in their room but are still considered green, yellow, or red residents and appropriate PPE should be used based on resident status. Note: Cohorting should be based on COVID status, considerations for other infectious disease should be used when determining if residents are appropriate to cohort within the same room (ie) COVID positive residents or green zone residents.

- Symptomatic residents should be isolated in a private room as much a possible. Roommates of symptomatic patients should not be roomed with other patients/residents to make an isolation room and should be quarantined as appropriate for illness. If no isolation rooms/available, keep symptomatic resident in room with curtain drawn and 6 feet between roommates.
- For flu and other illness: Prioritize cohorting of residents and HCP by COVID-19 status over influenza status, and avoid moving residents with suspected or confirmed influenza between COVID-19 cohorts; for example, do not move a resident with suspected or confirmed influenza from a yellow (exposed or observation) to a green (unexposed or recovered) area.
  - Residents with suspected or confirmed influenza may be cohorted together within the same COVID-19 zone, but residents with COVID-19 and flu, or another co-infection, should not share rooms with residents the red zone only infected with COVID-19.
  - Residents with Norovirus or other GI illness should not share toilets with other residents. Bedside commode should be designated to resident if not in a private room if having GI illness.
- As much as possible, staff should be assigned to care for only green, yellow, or red cohort and not move between these cohorts. If unable due to staffing, as much as possible staff should not move between yellow and green cohorts during their shift but if needed staff working in green and yellow cohorts can move between these cohorts. Staff should not move between red cohort and other cohorts during their shift.
When there are cases of COVID-19 in your facility, staff should follow standard, contact and droplet precautions with the addition of eye protection (faceshield but if unable to obtain may use goggles) for the care of all residents, regardless of symptoms or COVID status whenever possible. This means using a disposable or washable gown, gloves, a facemask and eye protection while caring for patients and per the resident/patient cohort/status. Other infectious disease and PPE standards for the infectious disease should also be considered for green zone residents.

Implement universal use of facemasks for all healthcare personnel and staff while in the facility when an outbreak within the facility has been identified. All patients should also wear mask (if tolerated) as source control when not in room, for any patient care, and when staff are within 6 feet.

Note: In times of shortages of Personal Protective Equipment (PPE), the following would be permitted for yellow and red zone cohorts:

- Extended use of gowns maybe implemented for COVID positive patients/residents only cohoerted in the red zone residents if in crisis supply for gowns. For COVID negative residents/patients, gowns may not be used for more than one resident/patient and must be changed between COVID negative patient/residents. If continued limited supply of gowns, gowns maybe preserved and used only during aerosol generating procedures; care activities where splashes and sprays are anticipated; and during high-contact resident care activities such as help with bathing or toileting. The same gown may not be used for more than one resident.

- Extend the use of respirators, facemasks, and eye protection. The same respirator, facemask, and eye protection may be used during the care of more than one resident with the same COVID status (ie) facemask and eye protection can only be used with positive patients or negative patients. The respirator or facemask should be discarded when: damp, damaged or hard to breathe through, if used during aerosol-generating procedure, if contaminated with blood or other body fluids. Reuse of N95s are not recommended per CalOshA and should not be implemented unless in true crisis supply.

- Eye protection must be replaced (can be reused after cleaning and disinfection) when damaged or hard to see through, if used during aerosol generating procedure, if contaminated with blood or other body fluid.

- Gloves must be removed and disposed of after each patient, and proper hand hygiene must be performed.

Note: Per current health officer order, all staff and visitors must wear a mask while in the facility.

Restrict staff movement between the different cohorts, as much as possible but if needed staff may move between yellow and green cohorts.

If an ambulance or other transport is called to the facility, notify them that the facility is currently experiencing an outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to patient/resident contact. All patients/residents should be considered potentially exposed to COVID-19 during an outbreak and transport staff should wear appropriate PPE even if the resident has not tested positive yet. Make sure if going to medical facility or requiring ambulance complete: Interfacility Transfer Communication Form - Comprehensive (PDF) or Interfacility Transfer Communication Form - Abbreviated (PDF) ensure patient status is communicated appropriately.
Restrict all patients/residents to their rooms with the door closed to the extent possible, in the red and yellow cohorts.

Use private rooms for isolation patients/residents who test positive for COVID-19 (red zone cohort) or have symptoms of COVID-19 whenever possible. If private rooms are not available, consider other placement options, such as grouping (cohorting) COVID positive patients/residents together ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between residents. Note: If resident is co-infected with COVID-19 and another illness they should not be cohorted in the same room with a patient who only has COVID-19.

Use private rooms for isolation of patients/residents who test negative for COVID-19 (yellow zone cohort) and are exposed and asymptomatic. Regardless of vaccination status, residents of congregate facilities should remain in quarantine for the full 14 day quarantine period. Note: Single occupancy rooms should be prioritized for the 14 day observation period of new admissions or re-admissions from the hospital, and exposed asymptomatic individuals who test negative and are still considered exposed. If private rooms are unavailable may consider other placement options, such as grouping (cohorting) COVID negative and exposed patients/residents who had same exposure together ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between residents taking into consideration if resident has another illness requiring isolation. Note PPE must be changed between these residents as noted above. Note PPE must be changed between these residents as noted above. PPE for the red zone cohort should be implemented as noted above.

- Staff should be assigned to care for only positive patients/residents (red zone), and as much as possible only negative and exposed patients/residents (yellow zone) OR negative patients/residents with clearly no exposure (green zone). Staff should not move between red zone and other zones, but if needed may move between the yellow or green zones.

- Residents should be placed in cohort based on their exposure and COVID test results, regardless of vaccination status. For residents who are COVID positive (red zone cohort), symptomatic awaiting results, and exposed and negative (yellow zone cohort):
  - Staff should wear full PPE: N95, facesheild, gloves, and gown when entering a patient/resident room and for all patient care. Note: Faceshields should also be worn for any patient care or if staff are within 6 feet of the resident/patient.
  - If resident awaiting results for COVID-19 and flu, or have co-infection with COVID-19 and flu, or other respiratory/viral illness, then PPE should be used according to their COVID-19 red or yellow cohort status.
    - If residents have COVID-19 and Norovirus hand hygiene must be with soap and water NOT hand sanitizer.
- For residents that are COVID negative with clearly no known exposures (green zone cohort):
  - Staff should wear a surgical mask when entering patient/residents room.
  - Faceshields should also be worn for any patient care or if staff are within 6 feet of the resident/patient.
• Full PPE: gown, gloves, surgical mask, and face shield should be used when performing resident care with resident care activities with body fluids or chance of risk of splash and spray (high contact activity such as bathing, dressing, toileting, etc.). Staff should wear a N95, instead of a surgical mask, and use gown, gloves, and face shield when doing aerosol generating procedures such as breathing treatment, and if possible switch breathing treatments to MDI. Doors should be closed when doing aerosol generating procedures. Other standard precautions for residents should continue in the green zone.

• Face shields should be worn for any patient care or if staff are within 6 feet of the resident/patient. Other standard precautions for residents should continue in the green zone.
  
  o Hand hygiene and gloves should be utilized when performing any activities requiring contact with the patient or equipment in a patient care area, such as attending to a bed alarm or administering IV medications.
    ▪ If residents Norovirus hand hygiene must be with soap and water NOT hand sanitizer.
  
  o If residents in green has another illness PPE and patient movement should be guided based on this illness, **for flu:**
    ▪ When influenza only is confirmed, and the resident is not on COVID-19 transmission-based precautions (not in red or yellow areas):
      • PPE: Use Droplet precautions (surgical mask) plus face shield; HCP may continue to wear N95 respirators plus face shield per extended use when caring for residents with influenza. Use an N95 or higher respirator plus face shield for aerosol generating procedures. Add gloves and gown per Standard precautions when contact with blood or body fluids is anticipated. Add Enhanced Standard precautions for high contact activities with residents at risk for MDRO
      ▪ Perform hand hygiene and ensure facemask and face shield are in place upon entry into the room. Don and doff PPE appropriately. If taking care of multiple residents in a room staff should change PPE and do hand hygiene between residents.
      ▪ Place facemask on resident and have resident perform hand hygiene and don clean clothes if he/she needs to leave room for medical reasons
      ▪ Continue Droplet Precautions for 7 days after the resident’s illness onset or 24 hours after the resolution of fever or respiratory signs, whichever is longer.
      ▪ Room placement: If there are single-bed rooms are available, these can be used for residents with confirmed influenza. If single rooms are unavailable, residents with laboratory-confirmed influenza may remain in their room with spatial separation of at least 6 feet and privacy curtain between residents. Maintain residents on Droplet Precautions in their rooms and restrict from activities in common areas including meals.
      ▪ Plan workflow from asymptomatic to symptomatic residents, always observing hand hygiene and other infection control precautions (such as using gowns and gloves) between resident contacts.
      ▪ Restrict HCP movement from areas of sick residents to well residents, as feasible.
- For other flu and COVID considerations please see: Face shields should be worn for any patient care or if staff are within 6 feet of the resident/patient. Other standard precautions for residents should continue in the green zone.
- For other flu and COVID considerations please see CDPH guidance for FLU and COVID.

- For Residents who have recently cleared infection:
  - Residents can be placed in the green zone ideally cohorted together.
  - If recovered COVID patients need to share a room with other patients, they may with curtains drawn and 6 feet apart, ideally with another recovering COVID patient.
    - PPE should be based on zone placed (green, yellow, red) as noted above. If in the red zone may not extend use of PPE to recently cleared patients), but if green zone should follow enhanced standard precautions as other green zone patients.
  - Hand hygiene and gloves should be utilized when performing any activities requiring contact with the patient or equipment in a patient care area, such as attending to a bed alarm or administering IV medications.
    - If residents have Norovirus hand hygiene must be with soap and water NOT hand sanitizer.

- All patients/should also wear mask (if tolerated) as source control in room in their room for patient care when staff are within 6 feet of patient.

- If patients/residents must leave their room, patients/residents should wear a facemask or use tissues to cover coughs and sneezes, perform hand hygiene (wash hands with soap and water or use an alcohol-based hand rub), limit their movement within the facility, and perform social distancing (stay at least 6 feet from others).

**Monitor Staff and residents for symptoms of COVID-19**
- Active monitoring of all patients/residents should occur at least twice daily, and includes close clinical monitoring of residents who are positive for COVID-19 with more frequent clinical checks. Checks for COVID positive residents should be every 6-4 hours with full vitals given potential fast decline, and for all other patients consider clinical checks with vitals every 6-8 hours. Elderly patients and those with underlying medical conditions can have atypical, subtle, or unusual symptoms. The symptoms to watch out for are: fever, chills, cough, shortness of breath, sore throat, runny nose, weakness or fatigue, headache, muscle pain, dizziness, or a change in mental status (confusion).
- Residents/patients who had mild or moderate symptoms are considered cleared of COVID infection after 10 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. If residents never develop symptoms they are considered cleared after 10 days from the test date.
  - Residents/patients who had severe disease requiring hospitalizations in the intensive care unit and some with severe immunocompromising conditions are considered cleared of COVID infection after 20 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. Facilities should follow up with the residents treating provider to
review appropriate isolation based on their conditions or if have they have a condition causing severe immunosuppression.

☐ Residents with Co-infection with the flu should receive appropriate treatment, and, as appropriate, other residents should be given appropriate prophylaxis, irrelevant of their COVID status or their flu vaccination status. Residents with flu should be treated with the recommended antiviral medication (www.cdc.gov/flu/professionals/antivirals/links.htm) as soon after symptom onset as possible, but ideally within 48 hours of onset, for maximum benefit, and non-ill residents should be given antiviral chemoprophylaxis (www.cdc.gov/flu/professionals/antivirals/links.htm) as recommended.

☐ Ensure medical director or residents/staff providers, as applicable, are involved in care and follow up of residents. Have providers and medical directors review and update POLST form with families and residents.

☐ Send updated line listings of residents and staff who have symptoms and/or have a positive test for COVID-19 to your Contra Costa Public Health Department contact no later than 10:00 a.m. daily. Also, discuss any symptomatic residents or staff, any new hospitalization, and any deaths at the facility during phone check-in with public health.

☐ All staff and essential visitors should be screened for fever, respiratory illness (cough, shortness of breath, sore throat, fatigue or unusual weakness, body aches), headaches, nausea, vomiting, diarrhea and/or recent exposures to sick individuals prior to entering the facility.

- Public Health can provide a template daily employee temperature log for your use.
- Any staff member with a positive screen using criteria above, should immediately put on a facemask and sent home. They should be excluded from work until cleared by public health.

☐ Staff with confirmed or suspected COVID-19 may return to work after 10 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. For staff who did not have symptoms, they return to work 10 days after their test date. No repeat testing is needed and staff can return to work after they meet the criteria stated above. Staff should continue to wear a mask at all times while in the facility as noted above.

- Staff who had severe disease requiring hospitalizations in the intensive care unit and some with severe immunocompromised are considered cleared of COVID infection after 20 days have passed since symptom onset, and, at least 24 hours have passed since fever resolves without the use of fever-reducing medication and symptoms are improving, whichever period is longer. If staff had severe disease or a condition that may cause severe immunosuppression, they should follow up their provider to review the appropriate isolation timeframe.

☐ Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have staff demonstrate competency with putting on and removing PPE. Use “buddy” system for staff whenever possible to ensure correct technique and for when they need assistance while in room, or need supplies brought to them.
Facility Environmental Services

Key
□! Start and complete this activity first
□ Complete this activity after all ! actions are completed

Environmental Cleaning
□! Increase cleaning frequency of hard non-porous, high touch surfaces, including bathrooms, and breakrooms.

□ Use an EPA-registered, hospital-grade disinfectant for routine cleaning and to frequently clean high-touch surfaces and shared patient/resident care equipment. Refer to the EPA website for a complete list of approved disinfectants with an emerging viral pathogen claim: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.

□ Make sure environmental services staff members are:
  □ Following label instructions on use of cleaners and disinfectants.
  □ If GI illness present, like norovirus, staff using 1:10 bleach to clean hard surfaces and bathrooms.
  □ Following cleaning and disinfection policies and procedures (e.g. clean dirty surfaces, then disinfect; change gloves and perform hand hygiene between rooms and between resident areas within the same room).

□ Ensure that all non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use (e.g. pulse ox, blood pressure cuffs, patient lifts) prior to use on additional residents.

Hand Hygiene & Personal Protective Equipment (PPE)
□! Ensure adequate hand hygiene supplies:
  □ Put alcohol-based hand sanitizer with 60–95% alcohol in every patient/resident room (ideally both inside and outside of the room) and other patient/resident care and common areas (nurses station, front entrance, etc)
  □ Make sure that sinks are well-stocked with soap and paper towels for handwashing.
    □ For Norovirus or other GI illness, hand hygiene must be with soap and water so ensure adequate supplies if co-infection with a GI illness or other concerns.

□ Ensure adequate supplies for respiratory hygiene and cough etiquette
  □ Make tissues and facemasks available for all staff and patients/residents who must be outside of their rooms.
  □ Consider designating staff to steward those supplies and encourage appropriate use by patients/residents, visitors and staff.
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

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Contact Name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Classification*:</td>
<td>CDPH License Number:</td>
</tr>
<tr>
<td>Phone #1:</td>
<td>Phone #2:</td>
</tr>
<tr>
<td>Fax:</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>Facility Street Address:</td>
<td>Facility Zip Code:</td>
</tr>
<tr>
<td>Facility City:</td>
<td></td>
</tr>
</tbody>
</table>

* 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 maybe 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
Checklist- starts on the next page
## Focus Area: Notifications

**Report suspected outbreak to all of the following parties:**

1. Contra Costa Public Health - Communicable Disease Programs (Staff are available 24/7 - 365)
   - Business Hours (8AM-5PM M-F):
     - Phone #: (925) 313-6740
   - After Hours & Holidays:
     - 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)
   - L&C East Bay Office
     - (866) 247-9100
     - [https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ContactUs.aspx](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.
   - 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](https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Interfacility%20Transfer%20Form%20061417.pdf)

8. Patients, family members and visitors

## Focus Area: Outbreak Assessment

**Initiate enhanced surveillance**

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 and (2) staff and fax to Contra Costa Public Health
   - 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.
   - 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
   Compile and update daily two line lists of symptomatic persons (patients and staff)
   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
   Implement facility-wide control measures

   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.
      - 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. Implement environmental cleaning measures
**Environmental Cleaning**

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.
   - **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. Patient Management (SYMPTOMATIC)**

*For a *lab-confirmed* case or *clinically compatible* case:*

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.
   - 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
   - **Standard Precautions**: hand hygiene, use of gloves, gown, mask, eye protection – if patients are unable to contain their respiratory secretions. **AND**
   - **Droplet Precautions**: 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.
   - Equipment includes, but is not limited to the following:
     - ✔ BP Cuffs  ✔Commodes  ✔Stethoscopes
     - ✔Wheelchairs
     - ✔Thermometers  ✔Therapy Equipment

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**v.3.12.2021**
6. **Movement** of symptomatic patients:
   - 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.

7. **Hand hygiene**: Wash hands using soap and water or apply hand sanitizer.

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).

<table>
<thead>
<tr>
<th>G. Patient Management (ASYMPTOMATIC)</th>
<th><strong>For patients with exposure to lab-confirmed influenza with NO symptoms:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Place the asymptomatic patient with exposure in <strong>Standard and Droplet</strong> precautions for <strong>5 days</strong>.</td>
<td></td>
</tr>
<tr>
<td>2. Give antiviral chemoprophylaxis dosage for 2 weeks minimum or 1 week after last identified influenza case – whichever is longer. <strong>Influenza Antiviral Medications: Summary for Clinicians (CDC)</strong> <a href="https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm">https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm</a></td>
<td></td>
</tr>
<tr>
<td>3. Lab testing is <strong>NOT</strong> recommended, unless symptoms of influenza occur.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Staff and Volunteer Management</th>
<th><strong>Monitor staff absenteeism due to respiratory symptoms.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exclude <strong>all</strong> symptomatic staff from work <strong>until 24 hours after fever is resolved</strong> without the use of fever reducing medicine (acetaminophen, ibuprofen and/or aspirin products).</td>
<td></td>
</tr>
<tr>
<td>2. Consider antiviral chemoprophylaxis for unvaccinated health care personnel. <strong>SPECIAL SITUATION</strong>: 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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Antiviral Drugs (Treatment and Chemoprophylaxis)</th>
<th><strong>Initiate treatment and chemoprophylaxis ASAP</strong>, when influenza has been lab-confirmed in at least one patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Antiviral treatment</strong> should be started as soon as possible for all symptomatic patients with suspected or confirmed influenza.</td>
<td></td>
</tr>
<tr>
<td>Influenza Antiviral Medications: Summary for Clinicians (CDC) <a href="https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm">https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm</a></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td>• The initiation of treatment should <strong>NOT</strong> be delayed until laboratory testing results are available.</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Antiviral chemoprophylaxis</strong> should be given to <strong>ALL asymptomatic</strong> patients, regardless of influenza vaccination status.</td>
<td></td>
</tr>
<tr>
<td><strong>J. Vaccine</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Annually</strong>, 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.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Cal/OSHA Aerosol Transmissible Diseases Standard (8 CCR 5199) states for staff “vaccination will be offered free of charge.” <a href="https://www.dir.ca.gov/title8/5199.html">https://www.dir.ca.gov/title8/5199.html</a></td>
<td></td>
</tr>
<tr>
<td>1. All licensed health care facilities, in Contra Costa County, must require their health care workers (HCWs) receive an annual influenza vaccination or, if they decline, they must wear a mask during the influenza season (November 1st - April 30th) as stated in the Contra Costa County Health Officer Order.</td>
<td></td>
</tr>
<tr>
<td>2. Offer catch-up influenza vaccine to asymptomatic patients and staff who previously declined it.</td>
<td></td>
</tr>
</tbody>
</table>
**Preliminary Report**

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

Facility Name:

<table>
<thead>
<tr>
<th>Facility Baseline Metrics (Preliminary Report)</th>
<th>Count Indicators</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Census</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccinated Patients - Baseline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Total number vaccinated against influenza ≥ 14 days before outbreak began)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff Census</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccinated Staff – Baseline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Total number vaccinated against influenza ≥ 14 days before outbreak began)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff with Documented Influenza Vaccination Declination</td>
<td></td>
</tr>
<tr>
<td><strong>Date Indicators</strong></td>
<td><strong>Date</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date facility temporarily closed to new admissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date facility temporarily closed to new visitors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date facility temporarily closed group dining</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date facility temporarily postponed group activities</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Outbreak Resolution Metrics (Final Report)</th>
<th>Count Indicators</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients prescribed antiviral TREATMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients prescribed antiviral CHEMOPROPHYLAXIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients covered by an influenza antiviral standing order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff prescribed antiviral CHEMOPROPHYLAXIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients given catch-up influenza vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff given catch-up influenza vaccine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Indicators</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date facility re-opened to new admissions</td>
<td></td>
</tr>
<tr>
<td>Date facility re-opened to all visitors</td>
<td></td>
</tr>
<tr>
<td>Date facility group dining re-opened</td>
<td></td>
</tr>
<tr>
<td>Date normal group activities restarted</td>
<td></td>
</tr>
</tbody>
</table>

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)
6) Mandatory Vaccination or Masking Order – Contra Costa County (2018-2019)
APPENDIX B: Acute Gastroenteritis Outbreak Management Checklist for Healthcare Facilities

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Telephone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

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/HAIandIC.aspx](https://www.cdph.ca.gov/pubsforms/Guidelines/Pages/HAIandIC.aspx)

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Outbreak Intervention</th>
<th>□ Preliminary Report</th>
<th>□ Final Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication</td>
<td></td>
<td>Date Initiated</td>
<td>Date Completed</td>
</tr>
<tr>
<td>a. Notify facility Administration and/or Medical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Notify facility Infection Control</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| c. Report Outbreak of Acute Gastrointestinal (GI) illness to Contra Costa Public Health @ 925-313-6740.  
  - *Outbreak definition:* 2 or more cases (residents and/or staff) with GI symptoms in a 48 hr. period in your facility.  
  - *GI symptoms* = 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](http://www.cdph.ca.gov/programs/LnC/Pages/LnCContact.aspx)) |  |  |  |
| e. Do not transfer patients out of your facility unless a higher level of care 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). |  |  |  |
| 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](http://cchealth.org/norovirus) |  |  |  |
| h. Designate a restroom where visitors can wash their hands. |  |  |  |
| 2. Infection Control |  |  |  |
| a. Confine symptomatic residents to their isolation room until 2 days (48 hours) at minimum after symptoms cease. |  |  |  |
### Focus Area: Outbreak Intervention

<table>
<thead>
<tr>
<th>N/A</th>
<th>Date Initiated</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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](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:***
   - BP Cuffs
   - Commodes
   - Stethoscopes
   - Wheelchairs
   - Thermometers
   - Therapy Equipment

### 3. 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.

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.

### 4. 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.

### 5. 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.
## Focus Area

### Outbreak Intervention

| 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. | N/A | Date Initiated | Date Completed |

### 6. Environmental Cleaning & Laundry

**NOTE: Norovirus can survive in a dried state on surfaces at room temperature for up to 21-28 days**


| a. | Clean and disinfect vomit and fecal spillages promptly. Employees need to wear proper PPE (i.e. isolation gown, gloves and mask). |
| 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/](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. |

### 7. 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. |

### 8. 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. |

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

**Preliminary Report:** ___________________________ **Date:** _______________
Final Report: ___________________________________ Date: ________________
(Signature of Facility Representative)