

Suspected or Lab-Confirmed COVID-19 Case
Management Checklist for Residential Care Facilities for the Elderly
(Assisted Living Facilities)

Facility Information

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

* Assisted Living Facility, Residential Care for Children, Board and Care, Adult Residential Facility, Adult Residential Facility for Persons with Special Needs, Residential Care for the Chronically Ill, Residential Care for the Elderly, etc.

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

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

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

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

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

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

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

Checklist

Focus Area	Implementation	Recommendation / Intervention
A. Notifications	<i>Report <u>lab-confirmed</u> or <u>suspect</u> COVID-19 case to all the following parties:</i>	
		1. Contra Costa Public Health - Communicable Disease Programs (Staff are available 24/7 - 365) <u>Business Hours</u> (8AM-5PM Mon-Fri): Phone #: (925) 313-6740 <u>After Hours & Holidays:</u> Phone #: (925) 646-2441 (via Sheriff's Dispatch) - Ask Dispatch for the Health Officer On-Call
		2. Facility Administrator
		3. Facility Infection Control Department or Designee
		4. Staff
		5. Department of Social Services, Community Care Licensing Division: <ul style="list-style-type: none"> OAKLAND ADULT & SENIOR CARE REGIONAL OFFICE 1515 Clay Street, Suite 310, MS 29-21 Oakland, CA 94612 Telephone: (510) 286-4201 FAX: (510) 286-4204 E-mail: CCLASCOaklandRO@dss.ca.gov https://www.cdss.ca.gov/Portals/9/CCLD/ASCPhoneListing.pdf?ver=2019-05-16-162121-833
		6. If it is necessary to send a resident to another residential facility or to a healthcare facility, notify the transport agency (i.e. Ambulance Company) <u>and</u> the receiving facility that the resident has symptoms for COVID-19 or has tested positive for COVID-19.
		7. Patients, family members <u>and</u> visitors
B. Outbreak Assessment	<i>Initiate enhanced surveillance</i>	
		1. Conduct rounds and identify residents: <ul style="list-style-type: none"> A. With symptoms of COVID-19: fever and/or cough, shortness of breath <ul style="list-style-type: none"> i. <u>Note: Other symptoms in the elderly can include confusion, general weakness, chills.</u> B. Diagnosed with COVID-19 by healthcare provider or awaiting test results from healthcare provider
		2. Screen staff for symptoms of COVID-19

		<p>3. Compile initial line list(s) of symptomatic: (1) residents <u>and</u> (2) staff and fax to Contra Costa Public Health:</p> <ul style="list-style-type: none"> Fax #: (925) 313-6465 A template line list is posted at: http://cchealth.org/flu/pdf/AcuteRespiratoryIllnessOutbreak-FacilityLineList.xlsx
	<p><i>Compile and update daily <u>two separate line lists of symptomatic persons</u> (one for residents and one for staff)</i></p> <p>NOTE: Daily updates to the line lists should only include additions of newly symptomatic persons.</p>	
		1. Update resident line list.
		2. Update staff line list.
		3. Fax the TWO updated line lists to Contra Costa Public Health Fax #: (925)313-6465
C. Infection Control	<i>Implement facility-wide control measures</i>	
		1. Cancel all group activities until at least 14 days after exposure to the last identified case.
		<p>2. Cancel all community dining until 14 days after exposure to the last identified case. Shift dining service to meal delivery in resident rooms.</p> <p>A. <u>Note:</u> Per Health Officer Order dated 3/16/2020, all community dining should be canceled in all facilities, this includes facilities without suspected or confirmed cases.</p>
		<p>3. Immediately restrict all visitors, except certain compassionate care situations.</p> <p>A. Decisions about visitation for compassionate care situations should be made on a case by case basis. If compassionate care visitation is allowed, it should include careful screening of the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility. Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. Visitors should be reminded to frequently wash their hands.</p>

		<p>4. Increase the accessibility of hand washing stations, hand sanitizers, surgical masks and boxes of tissues in the facility.</p> <ul style="list-style-type: none"> A. Alcohol-based hand sanitizer with 60-95% alcohol should be placed in every resident room. B. Surgical masks should be available for residents with symptoms (coughing or sneezing) and staff (staff members with symptoms should be sent home). Mask should be placed on residents with symptoms when they are interacting with staff for any of their daily need. Residents should be isolated at all other times and should not wear a mask when they are alone in their room. Staff should also wear a surgical mask when assisting residents who have symptoms. Residents without symptoms do not need masks.
		<p>5. Educate and assist all residents in social distancing (staying 6 feet apart as much as possible), frequent hand washing and use of hand sanitizer (e.g. before meals, after wiping nose or mouth with a tissue, after touching the face, and after toileting).</p>
		<p>6. Have the same staff take care of or interact with residents that have symptoms or test positive for COVID-19 so they do not spread the virus to other residents.</p> <ul style="list-style-type: none"> A. If staff have to interact with all residents, have them take care of residents who are <u>not sick</u> first, then move on to residents who are sick. B. Wash hands thoroughly between interactions.
		<p>7. When interacting with sick residents or when cleaning, staff should wear a facemask and gloves (this is also known as personal protective equipment or PPE):</p> <ul style="list-style-type: none"> A. If available, disposable gowns should also be worn. If a disposable gown is not available, staff could consider using a washable protective layer over their clothing that can be immediately removed after interacting with a sick resident or cleaning. B. Order for removal of personal protective equipment: <ul style="list-style-type: none"> i. First remove the gown or protective layer of clothing, ii. If used, then remove and disposable gloves, iii. Immediately clean hands with soap and water or alcohol-based hand sanitizer, iv. Remove and dispose of facemask, v. Immediately clean hands again with soap and water or alcohol-based hand sanitizer.

		<p>8. Laundry should be washed thoroughly:</p> <ul style="list-style-type: none"> A. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them. B. Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing gloves. C. Read and follow directions on labels of laundry or clothing items and detergent. In general, use a normal laundry detergent according to washing machine instructions and dry items thoroughly using the warmest temperatures recommended on the clothing label.
D. Environmental Cleaning	<p><i>Implement environmental cleaning measures</i></p> <p><u>NOTE:</u> It is not certain how long the virus that causes COVID-19 survives on surfaces. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days.</p>	
		<p>1. Increase cleaning frequency of hard non-porous, high touch surfaces 2-3 times per day with an EPA-approved disinfectant (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)</p> <ul style="list-style-type: none"> • <u>High touch surfaces</u> include, but not limited to: doorknobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons and faucets.
E. Resident Management (SYMPTOMATIC)	<p><i>For a <u>lab-confirmed</u> or <u>suspected</u> COVID-19 case:</i></p>	
		<p>1. Place symptomatic residents in a private room with the door shut.</p> <ul style="list-style-type: none"> D. If private rooms are not available, residents with confirmed COVID-19 infection can be placed together in the same room. Place a barrier, such as a curtain or partition, between residents in the same room so that they can be kept at least 6 feet apart from each other.
		<p>2. Symptomatic residents should be kept isolated for whichever period is longest:</p> <ul style="list-style-type: none"> A. At least 7 days after symptoms began <u>OR</u> B. 72 hours after fever has gone away (without using a fever-reducing medication like Tylenol or ibuprofen) <u>AND</u> symptoms like cough, body aches or sore throat have improved.

		3. Prohibit all non-essential visitors to sick residents. If possible, residents who live in the same unit should stay in another room or be separated from the sick resident(s) as much as possible. A. If possible, residents with confirmed or suspected COVID-19 should use a separate bathroom from other residents. If a separate bathroom is not available, the bathroom and all high touch surfaces should be cleaned frequently as noted above.
		4. Furniture and equipment should not be moved between rooms or rearranged.
		5. Movement of symptomatic residents: <ul style="list-style-type: none"> • Confine activities to resident room • Place a face mask on residents if they need to leave their room for transport to another facility or any reason (MD appointment, behavior problems).
		6. Hand hygiene: Wash hands using soap and water or apply hand sanitizer (residents and staff).
		7. Re-admission: Hospitalized residents diagnosed with COVID-19 may be re-admitted back to the facility and placed in isolation, as described above (see, F #1-6)
F. Resident Management (ASYMPTOMATIC)	<i>For patients with exposure to lab-confirmed COVID-19 with NO symptoms:</i>	
		1. Asymptomatic residents with exposure should remain in their room for 14 days after exposure to positive patient.
		2. Lab testing is <u>NOT</u> recommended, unless symptoms of COVID-19 occur.
G. Staff and Volunteer Management	<i>Monitor staff symptoms and/or absenteeism due to respiratory symptoms</i>	
		1. Actively monitor staff for symptoms. 2. Refer all symptomatic staff for testing for COVID-19. 3. All symptomatic staff, regardless of test results, should be excluded from work and instructed to: <ul style="list-style-type: none"> • <u>Stay at home for at least 7 days</u> after symptoms began, <u>OR</u> • <u>If they still have cough and fever at 7 days, continue to stay at home until 3 days (72 hours) after:</u> <ul style="list-style-type: none"> ○ Fever has gone away (without using a fever-reducing medication like Tylenol or ibuprofen) <u>AND</u> symptoms like cough, body aches, sore throat, have improved.
H. Influenza Vaccine	<i>Annually, vaccinate all residents and staff with influenza vaccine before influenza season.</i>	

		<p>1. All Assisted Living Facilities, in Contra Costa County, must require that their staff 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 (<i>Note: Due to COVID-19 activity, the masking order for the 2019-2020 flu season ends on April 1, 2020</i>).</p> <ul style="list-style-type: none">• Contra Costa Flu Vaccination or Masking Order https://cchealth.org/flu/pdf/Memo-Flu-Vaccination-or-Masking-order-for-Assisted-Living-Facilities.pdf
		<p>2. Offer catch-up influenza vaccination to asymptomatic patients and staff who previously declined it.</p>

Preliminary Report

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

Facility Name: _____

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

Signature: _____ Date: _____

(Facility Administrator)

Final Report

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

Facility Name: _____

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

Signature: _____ Date: _____

(Facility Administrator)

Resources

Educational & Training Materials:

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

Guidance Documents:

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