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Know your resources before you begin your investigation:

CCPH:
- Tools in the Coronavirus folder
- Kohezion Database
- Facility exposure tracking sheet

WA DOH:
- WA DOH COVID-19 Infection Notifiable Condition Investigation Guidance
- WA DOH COVID-19 Outbreak Definition for Healthcare Settings
- Contingency Strategies for PPE use during COVID-19 Pandemic

CDC:
- CDC Resources for State, Local, Territorial, and Tribal Health Departments

Environmental Protection Agency (EPA):
- List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

Definitions:
- **Case classifications**: refer to WA DOH COVID-19 Infection Notifiable Condition Investigation Guidance
  - **Confirmed Case**
    - Meets confirmatory laboratory evidence.
  - **Probable Case**
    - Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for SARS-CoV-2. (refer to the above WA DOH document for clinical criteria)
    - Meets presumptive laboratory evidence. (Antigen Positive)
    - Meets vital records criteria with no confirmatory laboratory testing performed for SARS-CoV-2.
  - **Suspect Case**
    - Meets supportive laboratory evidence with no prior history of being a confirmed or probably case.

- **Close contact**: within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

- **COVID-19-like illness (CLI) symptoms**: (per DOH COVID-19 Guidance)
  - Fever, cough, shortness of breath, chills, rigors, myalgia, headache, sore throat, altered or lost sense of smell and/or taste.
  - Severe disease: pneumonia, respiratory failure (ARDS) fever or chills, accompanied by cough, shortness of breath, or difficulty breathing.
  - At least 25% of cases are estimated to be asymptomatic.

- **Exposure period**: For COVID-19, the exposure period is considered 14 days prior to symptom onset (note this could change as we learn more).

- **Incubation period**: For COVID-19, the incubation period is estimated to be 5 days (ranges from 2-14 days) following exposure.
Isolation: separates sick people with a contagious disease from people who are not sick.

Quarantine: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. (CDC: https://www.cdc.gov/quarantine/).


Identifying Facility Outbreaks:

All facility investigations will be assigned by Program Manager I or Program Coordinator who will ensure facility investigations are performed in a timely manner.

- Facility outbreaks are identified through ongoing review of the exposure tracking sheet for investigation by the Program Coordinator and/or Program Managers.
  - **Healthcare Facilities:**
    - Program Manager: Judy Toth-West RN
    - Program Coordinator: Sarah Tapani RN
  - **Non-Healthcare Facilities and Schools:**
    - Program Manager: Judy Toth-West RN
    - Program Coordinator: Stephanie Verbout RN

- Identified exposures in Healthcare facilities, Business’ and School/daycares will be identified through the following mechanisms:
  - Noted on the CCPH Facilities report in CREST
  - Through direct communication from community partners (LTCF/Corrections/Hospitals/Schools)
  - Via the COVID inbox

- COVID investigation team will maintain an exposure tracking sheet (in Teams) to guide identification of facility outbreaks. *This is updated by the team member that receives the information.*

- COVID team leadership will perform ongoing monitoring and review of the exposure tracking sheet to identify outbreaks.

- Identified outbreaks will be investigated based on Health Officer determined criteria (Appendix B).

- For questions about appropriate facility follow-up, consult with the COVID-19 Program Managers.

- **Facility Investigations and level of priority are outlined in Appendix B.**

- **Based on low level of risk we will not investigate the following:**
  - Non-healthcare facilities (other than large processing plants)
    - Retail, Supermarkets, Painting/plumbing companies, Automobile dealership, Food establishments.
    - Business- Software company, Bank, Realty, Malls, Shopping centers, Salons [personal services] (hair/nails)
  - Outpatient clinics (Chiro, Dental)
  - Adult Family Homes- provide information, guidance for access to PPE
Based on facility investigation being performed provide the facility specific email template.

- Healthcare Facility email templates
- LTCF email templates
- Non-Healthcare Business email templates
- School/Daycare email templates

**Determine Investigation Actions**

**Assigned facility case investigator is responsible for:**

- Communication with the affected facility.
- Reporting status updates during daily huddles.
- Overseeing investigation related data entry, communicating COVID outbreak tracking sheet changes to the PC to be updated (in Teams), and completing DOH outbreak reporting requirements.
- Facilitation of communication between CCPH facility investigation and PHI case/contact investigation teams related to specific facility outbreak investigations.

**Get organized:**

- Familiarize yourself with the facility specific resources.
- Create and save a folder for this facility under the appropriate Outbreak folder by copying the Template Facility Outbreak folder and saving using the Name of the facility. All facility related investigation records should be filed here.
- Utilize the facility specific investigation planning tool to plan, track and document outcomes of your investigation.
- Utilize the centralized facility call log to document all calls related to the facility investigation. This step is designed to help follow-up by another investigator in the event back-up support is needed.

**Prior to Facility Notification:**

- Review outbreak folders on the H:drive to identify if there has been a previous outbreak.
- Determine period of communicability to help establish a timeframe of concern for the facility investigation.
- Identify the facility point of contact to inform of the investigation.
  - Refer to the Facility Points of Contact document for the appropriate person to be notified for local healthcare or county partners.
  - **LTCF:** Facility Administrator, Director of Nursing, Infection Preventionist
  - **Schools,** verbally notify the superintendent or facility director (childcare) first.
  - Food establishments consult with the food safety team if unable to find contact information.
  - Businesses, site manager, human resources, etc.

**Investigation Priorities and Actions**
Facility Exposures

⚠️ We DO NOT investigate or reach out to facilities that have identified exposures.

**Actions:**
- Team member documents known exposures on the Facility Exposure Tracking Sheet.
- The Program Managers and Program Coordinators monitor this tracking sheet to identify potential outbreaks.

Facility-based outbreak investigations will be prioritized in the following order:

### High Risk Facility
- SNF, ALF
- Hospital
- First Responders—Fire, EMS
- Law Enforcement
- Inpatient Behavioral Health: Only investigated if directed to by Program Manager
- Food packing facilities—*Investigation determined by situation*
- Large manufacturing facilities—*where social distancing cannot be practiced*
- Congregate Setting:
  - Corrections facilities
  - Schools that are congregate setting—School for Blind/School for Deaf
  - Homeless shelters—*Investigation determined by situation*

**Investigation Actions:**
- **Conduct facility notification** with the identified facility point of contact.
  - Confirm dates the case(s) were present at the facility and evaluate if the dates coincide with the confirmed case’s contagious period.
  - Send the facility specific email template to the facility POC.
  - Outline employee return to work accountability with the facility POC. Employee return to work clearance is primarily the responsibility of the facility. CCPH can provide guidance and recommendations to ensure a safe work environment.

- **Identify close contacts:**
  - For SNF/ALF, the facility will manage notification and quarantine (28 days from last exposure) of residents. CCPH will manage notification and isolation/quarantine for identified staff.
  - Clark County Medical Program Director (MPD) manages notification, isolation and quarantine of EMS providers.
  - All other facilities identified as requiring an investigation will follow their organizations internal processes for contract tracing, notification and monitoring of all staff. If the facility being investigated is a hospital, the hospital will also perform this for patients admitted to their facility that are identified as exposed.
  - Work with the facility point of contact to evaluate and determine all areas the case was within the facility (i.e. a day in the life of X employee).
Conduct a risk assessment of the facility, facility operations, physical layout, shared employee spaces and workflows, screening process before entering the facility, use of PPE and environmental controls in place to limit exposures, etc.

- What kind of work/task(s) do the employees perform? How might the work/tasks being performed create opportunities for close contact (i.e. obvious physical distancing challenges).
- Shared spaces that doesn’t accommodate 6 ft. between individuals or items (i.e. breakrooms, restrooms, cafeterias, designated smoking areas, shared timeclock, water fountains).
- Are there unusual practices that are necessary for the work to be performed (ride sharing, heavy lift teams)?
- Inquire regarding PPE practices specific to the work environment (ex. masking, gloves, hand hygiene, access to disinfectants).
- Based on work environment were appropriate infection control precautions correctly and consistently implemented?
- Consider obtaining a map of the facility layout to help guide development of a general sense of facility layout, how work is performed and areas for risk of exposure.

Initiate surveillance:

- Healthcare Facility: require 28 days since last exposure with no new confirmed or probable cases.
  - Recommend isolation for confirmed cases and quarantine for identified close contacts.
  - Provide initial email template that includes the line list template. Outline expectations regarding line list instructions:
    ▪ Utilize the line list template provided by CCPH
    ▪ Include COVID-19 confirmed positive individuals and identified close contacts.
    ▪ Only send when new individuals are added
    ▪ All line lists must be saved to the facility specific investigation folder

- Business (non-healthcare):
  - Recommend isolation for confirmed cases and quarantine for identified close contacts.
  - Provide initial email template that includes the line list template. Outline expectations regarding line list instructions:
    ▪ Utilize the line list template provided by CCPH
    ▪ Include COVID-19 confirmed positive individuals and identified close contacts.
    ▪ Only send when new individuals are added
    ▪ All line lists must be saved to the facility specific investigation folder

- Corrections (Jail):
  - Recommend isolation for confirmed cases and quarantine for identified close contacts.
  - Provide initial email template that includes the line list template. Outline expectations regarding line list instructions:
    ▪ Utilize the line list template provided by CCPH
    ▪ Include COVID-19 confirmed positive individuals and identified close contacts.
    ▪ Only send when new individuals are added
    ▪ All line lists must be saved to the facility specific investigation folder
Create Outbreak folder:
- Create a facility specific outbreak folder on the H:drive in the COVID outbreak folder by copying the appropriate outbreak folder template and naming the facility.

Complete Data Entry:
- Use the investigation planning tool to plan, track and document outcomes of your investigation.
- Use the Facility Outbreak call log to document all calls related to the facility investigation.
- Complete all required fields in the Outbreak module in Kohezion.

End of Surveillance Monitoring Period:
- Healthcare Facilities require 28 days since last exposure with no new confirmed or probable cases.
- Corrections, Jail and City of Vancouver require additional steps. These facilities must be investigated with direct oversight by the non-healthcare facility Program Coordinator.
- For all other outbreak settings, we provide guidance based in the facility type and level of risk identified.
  - Complete a follow up call with facility POC at the end of surveillance period (28 days since last case with no new laboratory confirmed cases) and validate that there are no additional COVID positive cases associated with the facility.
  - Complete any final data entry in the Kohezion Outbreak module and the facility specific outbreak folder.
  - Employee return to work clearance is primarily the responsibility of the facility. CCPH can provide guidance and recommendations to ensure a safe work environment.
  - If the facility POC requests information regarding employee return to work status the investigator can review CREST, SARA Alert and/or WDRS for detailed information.

Outbreak Reporting:
- Complete preliminary DOH outbreak report: See APPENDIX C.
  - The reporting goal is 24 hours from time outbreak is detected.
- Complete any final data entry in the Kohezion Outbreak module and the facility specific outbreak folder.
- Complete the final outbreak report once 28 days has passed since last reported laboratory confirmed case associated with the outbreak. See APPENDIX C.

Moderate Risk Facility
- K-12 Schools- Schools are investigated in partnership with School leadership.
  - Schools follow the WAC 246-110-420
    - Only CCPH declares a school outbreak based on DOH criteria and HO determination

Investigation Actions:
- Conduct School notification with the Superintendent.
  - Send the Schools/Daycares email templates
• Confirm dates the case(s) were present at the facility and evaluate if the dates coincide with the confirmed case’s contagious period.
• Notify School that DOH will be contacting them to complete a COVID survey with them.

☐ **Identify close contacts:**
  • Work with the facility point of contact to evaluate and determine all areas the case was within the facility (i.e. a day in the life of X employee).
  • Schools are responsible to identify close contacts in the classrooms and perform notification to parents.
    o Facility investigator will need to provide guidance and support to the schools for this action.
  • Letter templates for schools to utilize are located on the CCPH Website.

☐ **Conduct Notification to DOH for Schools Survey**
  • Notify DOH non-healthcare congregate settings outbreak investigation team when there is a K-12 school outbreak by email or phone.

☐ **Create Outbreak folder:**
  • Create a facility specific outbreak folder on the H:drive in the COVID outbreak folder by copying the appropriate outbreak folder template and naming the facility (facility name-MM-YYYY).

☐ **Complete Data Entry:**
  • Use the investigation planning tool to plan, track and document outcomes of your investigation.
  • Use the Facility Outbreak call log to document all calls related to the facility investigation.
  • Complete all required fields in the Outbreak module in Kohezion.

☐ **Outbreak Reporting:**
  • Complete preliminary DOH outbreak report: See APPENDIX C.
    o The reporting goal is 24 hours from time outbreak is detected.
  • Complete any final data entry in the Kohezion Outbreak module and the facility specific outbreak folder.
  • Complete the final outbreak report once 28 days has passed since last reported laboratory confirmed case associated with the outbreak. See APPENDIX C.

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**Low Risk Facility:**

☐ Adult Family Home
☐ Certified Community Residential Services Facility
☐ Outpatient Healthcare Settings (Ambulatory, Dental, Chiro, Dialysis)
☐ Office settings, retail stores, personal services (Spas, salons, nail shops, gyms)
☐ Childcare/Daycare

**Investigation Actions:**
- For Office settings, retail stores, personal services exposure notification will only be performed if resources permit and at the direction of a PM.

- Conduct facility exposure notification with the identified facility point of contact.
  - Send the facility specific email template to the facility POC.

- Complete Data Entry:
  - Complete all required fields in the Outbreak module in Kohezion

- Outbreak Reporting:
  - Complete the final outbreak report once 28 days has passed since last reported laboratory confirmed case associated with the outbreak. See APPENDIX C.
### APPENDIX A: Defining Close Contacts for CCPH

#### Non-Healthcare Business/Facility

<table>
<thead>
<tr>
<th>Confirmed COVID Infectious Employee</th>
<th>Potentially exposed Co-worker</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>KN95, healthcare grade mask and protective eye wear/face shield</td>
<td>KN95, healthcare grade mask and protective eye wear/face shield</td>
<td>Little to No risk = Not Exposed</td>
</tr>
<tr>
<td>KN95, healthcare grade mask and protective eye wear/face shield</td>
<td>Healthcare grade mask</td>
<td>Limited Risk = Not Exposed</td>
</tr>
<tr>
<td>Surgical mask</td>
<td>Cloth mask</td>
<td>Limited to Moderate Risk = Exposed</td>
</tr>
<tr>
<td>Cloth mask</td>
<td>Cloth mask</td>
<td>Moderate Risk = Exposed</td>
</tr>
<tr>
<td>Cloth mask</td>
<td>No mask</td>
<td>Moderate to High Risk = Exposed</td>
</tr>
<tr>
<td>No mask</td>
<td>Cloth mask</td>
<td>High Risk = Exposed</td>
</tr>
<tr>
<td>No mask</td>
<td>No mask</td>
<td>Extremely High Risk = Exposed</td>
</tr>
</tbody>
</table>

#### Schools

<table>
<thead>
<tr>
<th>Confirmed COVID Infectious Individual (staff or student)</th>
<th>Potentially Exposed individual (Staff or student)</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>KN95, healthcare grade mask and protective eye wear/face shield</td>
<td>KN95, healthcare grade mask and protective eye wear/face shield</td>
<td>Little to No risk = Not Exposed</td>
</tr>
<tr>
<td>KN95, healthcare grade mask and protective eye wear/face shield</td>
<td>Healthcare grade mask, cloth mask, no mask</td>
<td>Limited Risk = Not Exposed</td>
</tr>
<tr>
<td>Cloth mask, no mask</td>
<td>KN95, healthcare grade mask and protective eye wear/face shield</td>
<td>Limited Risk = Not Exposed</td>
</tr>
<tr>
<td>Cloth mask</td>
<td>Healthcare grade mask, cloth mask, no mask</td>
<td>Moderate Risk = Exposed</td>
</tr>
<tr>
<td>No mask</td>
<td>Cloth mask</td>
<td>High Risk = Exposed</td>
</tr>
<tr>
<td>No mask</td>
<td>No mask</td>
<td>Extremely High Risk = Exposed</td>
</tr>
</tbody>
</table>

#### Healthcare Facility

<table>
<thead>
<tr>
<th>Confirmed COVID Infectious Caregiver</th>
<th>Potentially exposed Caregiver/Co-worker, Resident or Patient</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95, Surgical mask and protective eye wear or face shield</td>
<td>N95, Surgical mask and protective eye wear or face shield</td>
<td>Little to No risk = Not Exposed</td>
</tr>
<tr>
<td>N95, Surgical mask and protective eye wear or face shield</td>
<td>Surgical mask, Cloth mask, no mask</td>
<td>Limited Risk = Not Exposed</td>
</tr>
<tr>
<td>Cloth mask</td>
<td>Surgical mask, Cloth mask, no mask</td>
<td>Moderate Risk = Exposed</td>
</tr>
<tr>
<td>No mask</td>
<td>Cloth mask</td>
<td>High Risk = Exposed</td>
</tr>
<tr>
<td>No mask</td>
<td>No mask</td>
<td>Extremely High Risk = Exposed</td>
</tr>
</tbody>
</table>
## APPENDIX B: Investigation Priorities Table

<table>
<thead>
<tr>
<th>Healthcare</th>
<th>Threshold for investigation</th>
<th>Investigation Actions</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Long Term Care**                             | ▪ ≥1 long term care facilities and agencies-acquired COVID-19 infection in a resident  
▪ > 2 COVID-19 infection in HCWs who were on-site in the long-term care facility or agency at any time during their infectious period OR during their exposure period and has no other known or more likely exposure source.  
**Please note:**  
▪ Any sudden increase in acute respiratory illness over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) in a long-term care facility should be reported to local public health as a respiratory outbreak, even before testing is completed. | ▪ Investigator performs facility notification.  
▪ Work with facility to identify close contacts and follow facility investigation protocols.  
▪ Initiate facility surveillance and for 28 days from last onsite exposure.  
▪ Provide facility recommendations via initial LTCF email template.  
▪ Complete and submit WA DOH outbreak form if applicable. | HIGH |
| **Adult Family Home or Certified Community Residential Services Facility** | | Investigator performs facility notification.  
▪ Provide facility recommendations via facility specific exposure notification email template.  
▪ Complete and submit WA DOH outbreak form if applicable. | LOW |
| **Hospital**                                    | ▪ ≥2 cases of COVID-19 infection in a patient 7 or more days after admission for a non COVID condition, with epi-linkage.  
▪ ≥3 cases of COVID-19 infection in HCW with epi-linkage AND no other more likely sources of exposure (who do not share a household, and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing) for at least 2 of the cases.  
▪ A combination of ≥3 cases of COVID-19 infection in HCW and patients with epi-linkage. | ▪ Partner with hospital IP to determine level of risk.  
▪ Hospital will perform contact tracing/identify close contacts for staff and patients in the facility.  
▪ Hospital will provide enhanced screening and monitoring of essential HCW presenting to work (with approval of CCPH).  
▪ Hospital will actively monitor exposed patients while they are inpatient.  
▪ CCPH will perform active monitoring for close contacts of identified cases outside of the facility.  
▪ Complete and submit WA DOH outbreak form if applicable. | HIGH |
<table>
<thead>
<tr>
<th>First Responders</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 2 or more cases of laboratory positive COVID-19 (PCR or antigen test), AND</td>
</tr>
<tr>
<td>▪ At least 2 cases have symptom onsets within 14 days of each other, AND</td>
</tr>
<tr>
<td>▪ <em>Plausible epi-linkage in the workplace</em> (e.g., case-patients work on the same shift or in the same building, or benefit from employee sponsored transportation or housing), AND</td>
</tr>
<tr>
<td>▪ No other known epi-linkage outside of the workplace (e.g., case-patients do not share a household, and there is no epi-linkage suggesting transmission is more likely to have occurred during private carpooling or social interactions outside of the workplace).</td>
</tr>
<tr>
<td>If <em>exposure only</em> (i.e. no established facility-based transmission) no action needed.</td>
</tr>
<tr>
<td>▪ TBD Based on partnership with Clark Co. MPD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Healthcare setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Ambulatory, Dialysis, Chiro, Dental).</td>
</tr>
<tr>
<td>No formal investigation</td>
</tr>
<tr>
<td>If <em>exposure only</em> (i.e. no established facility-based transmission) no action needed.</td>
</tr>
<tr>
<td>Investigator performs facility notification.</td>
</tr>
<tr>
<td>Provide facility specific recommendations via facility specific exposure notification email template.</td>
</tr>
<tr>
<td>Complete and submit WA DOH outbreak form if applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Limited investigation if team has available resources and PMII directs an investigation to be initiated.</em></td>
</tr>
<tr>
<td>▪ &gt; 2 or more cases of laboratory positive COVID-19 (PCR or antigen test), AND</td>
</tr>
<tr>
<td>▪ At least 2 cases have symptom onsets within 14 days of each other, AND</td>
</tr>
<tr>
<td>▪ <em>There is no plausible epidemiological evidence of transmission in a shared location other than the congregate setting</em></td>
</tr>
<tr>
<td>If <em>exposure only</em> (i.e. no established facility-based transmission) no action needed.</td>
</tr>
<tr>
<td>Investigator performs facility notification.</td>
</tr>
<tr>
<td>Provide facility specific recommendations via facility specific exposure notification email template.</td>
</tr>
<tr>
<td>Complete and submit WA DOH outbreak form if applicable.</td>
</tr>
<tr>
<td>Business</td>
</tr>
<tr>
<td>-------------------------------</td>
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<tr>
<td>Congregate settings:</td>
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<tr>
<td>Low Priority settings:</td>
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<tr>
<td>Schools/Daycare</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td><strong>K-12 schools</strong> Daycares embedded in the school/on the same campus</td>
</tr>
<tr>
<td><strong>Schools for Blind &amp; Deaf</strong> (congregate setting)</td>
</tr>
<tr>
<td><strong>Childcare/Daycare</strong></td>
</tr>
</tbody>
</table>
APPENDIX C: WDRS Event for COVID-19 Outbreak Reporting

Please NOTE: WDRS refers to all facility outbreaks as “cluster”.

❑ To create an outbreak event in WDRS, a user with “outbreak manager permissions” will click the icon.

❑ Outbreak cluster name: use the following format: “2020 LHJ_name COVID-19 facility_name
  • facility_unique_id: facility unique id is only needed for facilities with multiple locations: add city, street name, or facility number
  • cluster_number: number of cluster: only needed if the same facility has repeated clusters
  • Example: 2020 Clark COVID-19 Kings Way Christian Schools 2

❑ Complete the “COVID-19 Outbreak” question package.
  1. Do not use the “Outbreak/Exposure Information” question package.

❑ Investigation status should be closed.

❑ Critical fields include: Investigation status, accountable county, site name and address, facility type and subtype, and date of first case symptom onset.

❑ Provide information about outbreak cases by linking case events to the outbreak event in WDRS.

❑ Document WDRS event ID in the applicable facility outbreak investigation in Kohezion.

Individuals that are part of a local outbreak and reside out of jurisdiction.

❑ Please note that it is optional; you are not required to create the WDRS event. However, it is recommended for CCPH data tracking purposes.
  1. Create the WDRS event. Entering the case’s name, date of birth, address (if you have it – just the city/state is also ok).
  2. Assign the accountable county as “DOH-OCDE”
  3. Do not enter any lab information.
     o Steps 2 and 3 keep the event from getting counted in the Washington State case counts.

Creating a Task in WDRS

❑ If a duplicate outbreak has been created, resolve by requesting a correct in WDRS. See page 13 of the Dispatcher toolkit.

APPENDIX D: Process for Reporting Individuals with Recent Travel

CDC’s Division of Global Migration and Quarantine (DGMQ) guidance: In accordance with the CSTE Protocol and Data Collection Guidance for Health Department Notification to CDC Quarantine Stations of Infectious Persons with Recent Travel health jurisdictions are to report COVID-19 cases with recent travel to the CDC Department of Global Migration and Quarantine (DGMQ) in Seattle.

LHJs should report travel by infectious individuals with COVID-19 directly to CDC DGMQ.

Criteria for reporting: Confirmed COVID-19 cases only who: traveled during their infectious period AND traveled recently (within the last 14 days).

❑ To report via email:
  • Complete the information in the form at the end of the CSTE/CDC Protocol and guidance for notification to CDC Quarantine stations.
• Complete one form per case.
• Save it under the following naming convention: COVID Spreadsheet_[YOUR LHJ]_WDRS CASE ID.
• Send it to DGMQ through a secure email.

☐ To report VIA fax (or phone):
  • If you don’t have secure email, you can fax the form to DGMQ directly: Fax: (206) 553-0855.

If you have questions or any issues with sending the form to DGMQ, you can call the Seattle quarantine station at (206) 553 4519.

APPENDIX E: Lab Workflow

☐ Facility labs to Dispatcher Team:
  • Move all labs to the folder I:\NEW_FAX\1 Labs from Facility Team
  • Name the labs: Facility Name - Investigator Name lab date
  • Notify the Dispatcher D1 (noted on the schedule in TEAMS) that labs have been placed in the folder

☐ Facility lab results with missing demographics (excel)
  • OA Role
    ☐ Excel Document
      ▪ Retrieve the lab from the I:drive Facility Faxes folder
      ▪ Insert 2 new columns highlight the new columns yellow and title them:
        o IF STAFF: phone number and
        o IF STAFF: address (city, state)
      ▪ Make a copy of each facility sheet and place the sheet in the investigation folder
    ☐ Other types of labs (usually PDF but not excel)
    ☐ Alert the RN investigator that the labs are in the facility folder

  • RN Role
    ☐ Review the positive lab document
    ☐ Determine if the positive cases are residents or staff
    ☐ If they are staff update the needed demographic information by:
      ▪ adding it to the excel document or
      ▪ create a word document with Name, address, phone number
    ☐ When complete move the positive lab document(s) to I:\NEW_FAX\1 Labs from Facility Team
    ☐ Alert the Dispatcher OA that the document has been placed in the I drive folder

APPENDIX F: Point of Care Testing

☐ All Facilities that perform on-site Point of Care testing MUST report all COVID-19 positive test results per WAC 246-110-010 utilizing the Clark County Public Health COVID-19 POC Test Report Form.
APPENDIX G: Investigation Exempt Cases

❑ All cases who are exempt from investigation such as residents, inpatients, and inmates should be identified and prevented from entering the Crest workflow as soon as possible.

Process (not in Crest yet):
  • Navigate to the case’s WDRS record
  • In the Essential Variables Wizard enter the investigation start date (this will stop the import into Crest).

Process (in Crest/not interviewed):
  • Follow the process as above.
  • Navigate to the case’s record in Crest
  • Assign the case to yourself

WDRS Data Entry
  • All cases who are not interviewed in Crest (i.e. residents of LTCF and inmates) must have the Essential Variables completed in WDRS.

Process:
  • Navigate to the case’s WDRS record
  • Choose the “Essential Variables” Wizard
  • Fill out as much information as you are able. At a minimum the investigation start date, LHJ notification date, case classification, and if the case is outbreak related.
  
  ▶️ **DO NOT enter close contact information.**

APPENDIX H: Outbreak Related Death Workflow

❑ Staff member receiving notification:
  • Send a secure email to relevant LHD contacts
  • Subject line *Potential COVID-Outbreak related death*
  • Include in the body of the email (if available):
    o WDRS #
    o Case Name
    o DOB
    o date of death
    o reporting facility/person
    o Dispatcher team or Program Manager will update WDRS with death date and change of status from “Alive to Dead” (investigator will need to request this in the body of the email).

Inclusion of Death on Final Outbreak

❑ Inclusion of deaths associated with the facility outbreak for the final DOH outbreak report requires confirmation from a Team Lead or Program Manager.

❑ Refer to WA DOH Covid-Related death criteria.

Process:
Facility investigator will send the WDRS ID # that needs to be verified to the Team Lead or Program Manager.

Team Lead or Program Manager will review confirmed COVID-19 deaths in Kohezion by searching in the “All Confirmed Deaths for Reporting” Kohezion report for the provided WDRS ID#.

Team Lead or Program Manager will provide verification information the facility investigator if the associated death meets criteria for reporting as part of the DOH outbreak.

APPENDIX I: Repeat positive tests-reinfection

Resources
CCPH:
- COVID-19 repeat testing tracking sheet

WA DOH:
- WA DOH COVID-19 Infection Notifiable Condition Investigation Guidance

Guidance
Utilize WA DOH guidance to determine action steps:
- Repeat positive tests may be due to long term or intermittent shedding, which may be non-infectious RNA, or to reinfection.
- A molecular amplification detection test for SARS-CoV-2 RNA that is a repeat positive within 3 months of the initial report should not be counted as a new case for surveillance purposes.
- CDC has not established a definition for SARS-CoV-2 reinfection but currently supports evidence that reinfection does not occur with 90 days.
  - Initial criteria support doing investigations for persons:
    - With detection of SARS-CoV-2 RNA* ≥90 days after the first detection of SARS-CoV-2 RNA, whether or not symptoms were present AND
    - Either initial specimen sequence and current specimen or paired respiratory specimens (one from each infection episode) are available.
      *If detected by RT-PCR, only include if Ct value <33 or if Ct value unavailable
    - With COVID-19−like symptoms and detection of SARS-CoV-2 RNA* 45–89 days since first SARS-CoV-2 infection AND
    - Consistent symptoms and no obvious alternate etiology for symptoms or had close contact with a laboratory-confirmed COVID-19 case AND
    - Paired respiratory specimens (one from each infection episode) are available
      *If detected by RT-PCR, only include if Ct value <33 or if Ct value unavailable
  - After 90 days, assume a person with a positive test is infectious and initiate isolation.
  - If a symptomatic person has a suspected reinfection occurring 45-89 days from the initial infection and they work or live in a high-risk setting, such as a long-term care facility, isolate the person.
  - Results of repeat testing should also be interpreted in consultation with CCPH Health Officer with consideration of cycle threshold values (if available) and clinical presentations.
  - The determination of whether a patient with a subsequently positive test is contagious to others should be made on a case-by-case basis, in consultation with Health Officer, after review of available information (e.g., medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms).
Follow WA DOH guidance for shipping necessary laboratory specimens.

**CCPH staff Action Steps**

- CCHP identifies or is notified of individual with repeat COVID-19 positive test.
- Assigned staff member will contact laboratory that performed specimen processing to identify if both specimens are available and if Cycle threshold (Ct) was performed.
- Assigned RN initiates interview, completes documentation on COVID-19 repeat testing tracking sheet and completes WDRS short form.
- Assigned RN uploads completed short form into WDRS
- Assigned RN monitors individual until end of isolation and documents any identified concerns.
- Assigned RN closes case and ensures all required documentation is complete.
APPENDIX J: COVID/Influenza Workflow

Refer to the following resources for guidance:
- WA DOH Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities during the 2020-2021 Influenza Season

Reporting and Responding to Acute Respiratory Illness in Long-term Care

A resident in a LTCF exhibits acute respiratory symptoms

Management:
- Do not wait for test results to come back before reporting and initiating precautions
- Implement and follow infection prevention guidance and practices
- Test symptomatic residents/staff for both COVID-19 and Influenza
- Report to CCPH symptomatic residents/staff via line list secured fax: (564) 397-8080

Resident(s) test positive for:

- COVID-19 only
  - Management: follow COVID-19 guidance
  - Reporting: Report COVID positives using the COVID-19 test form. Report symptomatic residents/staff via line list
  - Surveillance period: typically 14 days after last symptom onset date

- Influenza only
  - Management: follow ILI guidance
  - Reporting: Report flu positives and symptomatic residents/staff each day throughout the surveillance period via line list
  - Surveillance period: typically 7 days after last symptom onset date

- Influenza & COVID-19
  - Management: follow COVID-19 guidance
  - Reporting: Report COVID positives using the COVID-19 test form. Report symptomatic residents/staff via line list
  - Surveillance period: typically 14 days after last symptom onset date
APPENDIX K: Facility Specific Resources

This is the approved list of reference material for investigators to utilize for facility investigations.

Non-Healthcare Business

WA DOH:
- [Workplace and Employer Resources & Recommendations](#)

CDC:
- Guidance for [Resuming Business Toolkit](#)
- Guidance for Worker Safety and Support: [Health and Safety Steps for Specific Occupations](#)
- Interim [Guidance for Businesses and Employers Responding to Coronavirus Disease 2019](#)

Department of Labor and Industry (LNI):
- [Which Mask for Which Task?](#)
- OSHA [Guidance on Preparing Workplaces for COVID-19](#)
- [Coronavirus (COVID-19) Prevention: General Requirements and Prevention Ideas for Workplaces](#)

Retirement Communities and Independent Living

CDC:
- [Guidance and Strategies to Prevent the Spread of COVID-19](#)

K-12 Schools

CCPH:
- [COVID-19 Information for School Health Personnel](#)
- [COVID-19 School Report Form](#)

WA DOH:
- Guidance for [K-12 Schools 2020-2021 Guidance](#)

CDC:
- CDC's Considerations: [Operating schools during COVID-19](#)

Recreational Guidance

CDC:
- [Guidance for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19](#)

WA DOH:
- [Guidance and Reopening of Water Recreation Facilities in Phases](#)

Washington Inter-scholastic Activities Association (WIAA)
- [WIAA Website](#)
- [Healthy Washington Sport and Activity Guidelines](#)
### Long Term Care Facilities

#### CCPH:
- LTCF COVID Regulatory Resources Toolkit

#### WA DOH and DSHS:
- WA DOH LHJ COVID-19 Resources
- WA DOH Guidance for Long-Term Care Facilities
- Risk Assessment Dashboard
- SNF Lookup
- ALF/Memory Care
- AFH
- Safe Start Washington

#### LTCF Practice Tools:
- Infection Prevention and Control Assessment Tool for Long-term Care Facilities
- WA DOH link to schedule an ICAR visit at your healthcare facility: Infection Control Assessment and Response (ICAR)
- Nursing Home Infection Prevention Assessment Tool for COVID-19

#### Skilled Nursing Facilities (SNF):
- DSHS latest guidance regarding COVID-19. This is the link to provider letters and additional resources: Information for Nursing Home Professionals.

#### Assisted Living Facility (ALF):
- DSHS latest guidance regarding COVID-19 specific for ALF. This is the link to provider letters and additional resources: Information for Assisted Living Facility Professionals.

#### Adult Family Home (AFH):
- Adult Family Council: COVID-19 Updates & Best Resources
- DSHS latest guidance regarding COVID-19 specific for AFH. This is the link to provider letters and additional resources: Information for Adult Family Home Providers.

#### Certified Community Residential Services:
- DSHS latest guidance regarding COVID-19. This is the link to provider letters and additional resources: Information for Certified Community Residential Services and Supports Providers.

#### CDC:
- Guidance for Nursing Homes and Long-Term Care Facilities
- Guidance for Assisted Living Facilities

### Behavioral Health

#### WA DOH:
- WA DOH COVID-19 Behavioral Health Facility Guidance
- WA DOH Behavioral Health Resources and Guidance
- DSHS Mental Health and Addiction Services
Correctional Facilities

WA DOH:
- Juvenile and Behavior Rehabilitation Facilities (PDF)
- Recommendations for Jails and Detention Facilities with Onsite Medical (PDF)
- Recommendations for Smaller Jails and Detention Facilities Without Onsite Medical (PDF)

CDC:
- CDC Guidance for Correctional and Detention Facilities
- CDC FAQ's for Correctional and Detention Facilities
- CDC Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities

Dental Facilities

WA DOH:
- Dental Quality Assurance Commission
- Dental Practice RCW and WAC

CDC:
- CDC Guidance for Dental Clinics

Occupational Health and Safety Administration (OSHA):
- OSHA Guidance for Dentistry Workers and Employers

American Dental Association:
- ADA Coronavirus (COVID-19) Center for Dentists

Ambulatory Care Facilities

CDC:
- CDC Guide To Infection Prevention For Outpatient Settings: Minimum Expectations For Safe Care Complete Guide and Checklist
- Infection Prevention and Control Assessment Tool for Outpatient Settings

Dialysis Facilities

CDC:
- Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities
- CDC Dialysis Safety Website
- Infection Prevention and Control Assessment Tool for Hemodialysis Facilities