COVID19 Investigation Management Checklist for Long Term Care Facilities

I.	Initial Outbreak Response: Active Phase	
Onset of 1st confirmed COVID19 case (resident or staff) through 14 days after last onset. Onset is defined as onset of symptoms OR a positive test if asymptomatic.		
1.	**General Interview Flow**	**Notes**
What's the people situation? • How many positive cases? (Include name/DOB for all cases) • Symptomatic? Symptom onset? • Is the positive person/s fully vaccinated? • Any idea how they could have been exposed? (Could also ask if anyone in facility has had known contact with someone with COVID19) • What unit does the case live/work in? What level of care is this? • Is anyone else at the facility sick right now – staff or residents? Any change from baseline for staff/residents? • How many residents do you currently have in your facility? (current census) • How many staff do you employ (current census including non-clinical staff and contractors)? • Do any staff live on site? *What's the facility situation?* • Are there different levels of care (IL, AL, SNF) under the same roof/same address? • Are staff shared between levels of care? • Do residents have roommates? • Any common areas where staff/residents can spread COVID19 to one another? • Are there other locations/sister facilities? Are staff shared between these facilities? • Do employees have more than one job – work at other facilities? Which ones? • Employee exposure/s outside of work? • Employees in close contact outside of work: carpooling, breakrooms, live together? *Assessment of tools to control/prevent COVID19 (things to keep in mind as you listen to the story)* • PPE (knowledge of what to use, amount/supply, vendor to supply PPE) • Testing (supplies, type of testing and how often do they test, need for testing) • Vaccine uptake and access • Safe staffing (do they need crisis support) • Infection Control/Prevention (knowledge as well as resources)		
2.	**Communication: Internal Partners**	**Notes**
It is recommended that they notify the Medical Director		
It is recommended to meet with key staff to coordinate infection control measures		
Facilities should notify residents, their families and facility staff of outbreak. Provide information on COVID19 symptoms and prevention. • Consider printing and posting one of these fact sheets from the CDC. • Consider posting any of these graphics to help educate your community, including visitors.		
3.	**Communication: External Partners**	**Notes**
Facilities must notify Public Health if: severe respiratory infection, clusters *(≥3 residents and/or HCP)* of respiratory infection, or individuals with known or suspected COVID19 are identified. They must report suspected or confirmed outbreaks to Public Health within 24 hours. • Fastest method is by reporting ███████████ • They can also call the King County COVID19 Call Center (PICC) ███████████ (daily, 8am-7pm). Current outbreak definition: • SL, AL, SNF, AFH: 1 positive resident OR 2 positive staff who onset within 14 days and have an epi-link • IL: 2 positive cases in a facility who onset within 14 days and have an epi-link		

	Notes
Report resident COVID19-related deaths to Public Health Seattle and King County (either by above REDCap link, phone call to the investigator or phone call to PICC)	
Report outbreaks to licensor (*SNF, AL, AFH, SL only*) • ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮	
Facility communicates information about known or suspected COVID19 patients to appropriate personnel *(e.g., transport personnel, receiving facility)* before transferring them to healthcare facilities.	

4. Control Measures	Notes

Keep COVID19 from spreading outside your facility

Visitors:
- During the active phase, it is recommended to restrict all visitors **except** for compassionate care situations *(e.g., end of life or psychosocial need).*
- Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility.
- Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.
- Allowed visitors are reminded to frequently perform hand hygiene.
- Facility has sent a communication *(e.g., letter, email)* to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end-of-life situations, and that alternative methods for visitation *(e.g., video conferencing)* will be facilitated by the facility.
- Facility has provided alternative methods for visitation *(e.g., video conferencing, window visits, outdoor visits)* for residents.
- Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.

NOTE: Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in- room visitation while adhering to the core principles of COVID19 infection prevention.

Volunteers, HCP and other Staff:
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services *(e.g., barber, podiatry, etc.)*.
- Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill.
- Cancel all field trips outside of the facility.
- Have residents who **must** regularly leave the facility for medically necessary purposes *(e.g., residents receiving hemodialysis)* wear a facemask whenever they leave their room, including for procedures outside of the facility.

Identify exposures

Current definition of close contact: Someone who has been within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (*for example, three individual 5-minute exposures for a total of 15 minutes in one day*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.

- If you identify a COVID19 infection in your facility take steps to identify potentially exposed family members and other visitors and notify them of the exposure and of the importance of quarantine (see DOH document on What to Do if You Were Potentially Exposed to COVID19).
- All staff should be considered exposed in Washington given ongoing community transmission and be self-monitoring for symptoms and excluded from work immediately if symptoms develop. (**Note**: Asymptomatic HCP who are fully vaccinated do not need to quarantine if exposed at work).
- Residents who have been exposed need to quarantine regardless of vaccination status.

• Known close contacts should be reported to PHSKC on the weekly line list for contact tracing follow-up.	
Identify infections early Actively screen all residents 3x daily and staff at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic. • **Long-term care residents with COVID19 may not show typical symptoms such as fever or respiratory symptoms.** • Atypical symptoms may include: New or worsening malaise. New dizziness. Diarrhea. Sore throat. • Identification of these symptoms should prompt isolation and further evaluation for COVID19 if it is circulating in the community. *Any staff that develop symptoms should be excluded from work immediately and seek medical evaluation and/or COVID 19 testing. If results are COVID 19 negative the facility should follow their illness policy for return to work guidance.*	
Prevent the Spread Within Your Facility Cancel all group activities and communal dining. Consider serving meals in resident rooms. • Enforce social distancing among residents. • Enforce universal face mask use by all HCP *(source control)* upon entering the building. • If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas. (**NOTE**: if all HCP in a break room/dining area are fully vaccinated, they can choose to have close contact and remove masks) Have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist. • This approach is recommended to account for residents who are infected but not manifesting symptoms. **Recent experience suggests that a substantial proportion of long-term care residents with COVID19 do not demonstrate symptoms.** • When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility. • HCP should wear N95 masks when working with COVID19 positive or quarantined residents. If the HCP is not fit-tested for N95 masks, they should wear a surgical mask. Public health recommends a **Symptom-Based Strategy** for HCP return to work (see CDC guidance). Exclude positive staff from work for at least 24 hours after resolution of fever without the use of fever-reducing medications AND at least 10 days since symptoms first appeared AND symptoms have improved (if immune competent). For immunocompromised HCP or HCP with severe to critical illness, it is recommended to extend the isolation from 10 to 20 days from symptom onset.	
Assess the Supply of PPE and Manage PPE Supply Using the CDC burn rate calculator, facility should estimate how long their current supply will last. Review the Optimizing PPE Supplies guidance from CDC for strategies to extend your current supply safely. (For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities.)	
Identify and Manage Severe Illness **Outbreak Testing**: Implement full facility testing (all staff and all residents, regardless of vaccination status or symptoms) to determine extent of spread within the facility. Public Health recommends full facility testing immediately upon learning of a positive community member and then every 3-7 days until 14 days have passed without a new positive result. Continue daily symptom monitoring of residents, staff & visitors	

	Notes
• Maintain an illness/testing line-list for both staff and residents • Maintain a visitor log and store for 30 days.	
Staff Symptom Screening: Facility screens all HCP *(including consultant personnel)* at the beginning of their shift for fever and respiratory symptoms *(actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat)* • If they are ill, they are instructed to put on a facemask and return home and seek medical evaluation. **Residents Symptom Screening:** Facility performs appropriate monitoring of ill residents *(including documentation of pulse oximetry)* at least 3 times daily to quickly identify residents who require transfer to a higher level of care.	
Vaccinate Offer COVID19 vaccine to all unvaccinated staff and residents, including new admissions. Provide staff and residents with COVID19 Vaccine Fact Sheets. If the facility is unable to acquire vaccine doses, please contact the PHSKC In-Home Vaccination Team.	
5. Infection Control	**Notes**
Residents with suspected respiratory infection are immediately placed in appropriate *Transmission-Based Precautions*.	
Cohort ill residents and dedicate HCW's Establish a COVID19 care unit, ideally physically separated from other rooms or units (consider separate floor, wing, or cluster of rooms) Assign dedicated HCW's to work only on the COVID19 care unit (including housekeeping) • These staff should have separate restroom, break room, and work area from rest of staff • To the extent possible, restrict access of ancillary personnel (i.e., dietary) to the unit (for example, consider having them visit at end of day).	
Consider halting new admissions to facility All new or returning residents should be quarantined if unvaccinated or fully vaccinated with an exposure as per COVID19 pandemic response recommendations. Public Health -Seattle & King County recommends a facility to consider holding new admissions during an active outbreak of COVID19. A facility could consider taking new admissions if the following criteria are met: • Completed at least 1 round of full facility testing (including all staff and residents). • Staffing is adequate for patient safety. • Sufficient supply of personal protective equipment (PPE) to maintain staff and resident protection. • Adequate access to testing supplies. • Have a cohorting plan with infection control measures in place. **Note**: if the new admission would move into an unaffected unit and the facility has all other measures in place, admissions can occur. PH wants to emphasize a safe environment for the resident and ensure the resident/family are aware of the current outbreak to help them make an informed decision.	
All residents should stay in their rooms as much as possible If there are COVID19 cases in the facility, residents are restricted *(to the extent possible)* to their rooms except for medically necessary purposes. If residents leave their room, they should wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing.	
Hygiene and Infection Control Strategies Hand hygiene supplies are available in all resident care areas. • Alcohol-based hand sanitizer (ABHS) with 60-95% alcohol is available in every resident room and other resident care and common areas.	

• Sinks are stocked with soap and paper towels. • If there are shortages of ABHS, hand hygiene using soap and water is still expected. Reinforce importance of hand hygiene, distancing, universal masking (including during breaks), environmental cleaning, proper level of PPE use by HCP working with COVID positive and quarantined residents	
Increase environmental cleaning • Clean and disinfect shared equipment (blood pressure monitor) after each use and high touch areas (light switch, door handle, handrail, etc.) frequently. • Use an EPA registered disinfectant and follow manufacturer's instructions including contact times	
Offer Infection Control consultation with ▇▇▇▇▇▇ PH has an infection Preventionist that can meet with you (in-person or virtually) to review your infection control practices with the goal to enhance your internal infection control program. This resource is provided free of charge and is non-regulatory.	
6. Education	**Notes**
Provide staff training • Signs and symptoms of COVID19 in elderly • Hand hygiene and respiratory hygiene • Contact & Droplet precautions (donning/doffing PPE) • Cleaning and disinfecting environmental surfaces and resident care equipment • Any changes to usual policies/procedure in response to PPE or staffing shortages • Sick leave policies and importance of not reporting to or remaining at work when ill	
Educate residents, their families, and visitors • COVID19 symptoms and how it is transmitted • Importance of immediately informing HCP if they feel feverish or ill • Hand hygiene, respiratory hygiene, social distancing, proper mask use • Actions the facility is taking to keep them safe • COVID19 vaccine information • Provide COVID19 fact sheets and/or display in the facility	
7. Plan	**Notes**
PPE Plan	
What PPE to wear HCP's wear the following PPE when caring for residents with COVID19 or suspected COVID19: • Gloves • Isolation gown • Facemask* • Eye protection (e.g. goggles or face shield) *If COVID19 is suspected or diagnosed, an N-95 or higher-level respirator is required, if available, and the facility has a respiratory protection program with fit-tested HCP; surgical masks are an acceptable alternative. Please consult with L&I if there are further questions/concerns. Investigators can reference this N-95 Quick Guide for more resources.	
Sourcing PPE **Tier 1/Conventional PPE sourcing**: Commercial vendors and conservation strategies. Able to maintain at least a 30 day supply. **Tier 2/Contingency PPE sourcing:** [Non-urgent] Facility has a 7-14 day supply. Public Health can provide some PPE. Order is for 14 days' supply and will be delivered to facility in ~2 weeks. Fill out ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇ • Remind facility to request UNITS needed, not boxes • Can be used when facility is in non-outbreak mode **Tier 3/Crisis PPE sourcing:** [urgent] Facility has less than a 7-day supply and is experiencing a surge in cases. PHSKC can provide emergency PPE for facilities in outbreak. Must be able to pick up supplies from warehouse in SODO ▇▇▇▇▇ ▇▇▇▇▇▇▇▇▇▇▇▇▇▇▇). *When requesting*	

emergency PPE for facility, also ask them to make non-urgent request as soon as they get emergency supply*

- Process: complete spreadsheet, email to ██████████████
- Friday afternoons: can get care packages to hold over weekend. Different pick up location
- Under special circumstances warehouse may be able to deliver, ask Michelle and indicate urgency + inability of facility to pick up

DOH PPE Prioritization Guidelines and information is found here.

Testing Plan	

Outbreak testing

Continue repeat viral testing of all previously negative residents in addition to testing of HCP, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result.

If positive case does not trigger outbreak definition (i.e., one positive HCW only who worked while contagious): Recommend one round of full facility testing, and, if negative, again about 5-7 days after exposure. If second round of testing is negative can resume proactive testing schedule.

Reporting

Facilities administering point-of-care (POC) testing for COVID19 must report **positive** results to the DOH. Per DOH guidance, facilities should hold non-positive results if they cannot report them electronically through a method such as ELR. POC testing includes all rapid testing for COVID19, which provide results within minutes of the test being administered and are not routed through a laboratory.

Use this form or spreadsheet template for reporting POC results directly to WA DOH.
Submit the form via fax to ██████████████████
- The spreadsheet template can be sent to DOH via ██████ email, or using a DOH secure FTP account (you will need to request a new secure FTP account if interested in using this reporting option)

LTCF that wish to report POC COVID19 test results into the NHSN application can find more information here.

Accessing Testing resources through PHSKC

MAT/Gates Venture
Request testing via this link ████████████████ Should plan to submit new request to REDCap for each week of testing required during outbreak; however, sometimes MAT automatically schedules directly with facilities. If unsure, reach out to ████████████████████
- Results usually available 24 hrs from submission (typically submit to lab at end of day)
- Facilities get QR code to check results
- Email ████████████████████ to request repeat testing within same incubation period

SCAN
SCAN is a research study that offers free at-home, self-collected COVID-19 testing. Participants can enroll online using the priority code and a test kit will be dropped off at their house within ~24 hours and picked up the same or next day. To enroll, participants must:
- Consent
- Have a phone number (email address not required)
- Fill out their shipping info
- Fill out information on their symptoms, exposure history, health habits, and demographics
- Self-collect a nose swab in a kit dropped at their home by a courier
- Register their kit (we send them a follow-up link to do this)
- Kit will be picked up by a courier and tested at our lab

Results are available on our online results portal within 2-3 days and any participants with a positive or inconclusive result will receive a call from the SCAN team to let them know their results and answer any questions they may have. Participants with negative results will not be called. (Investigators can review this protocol for using SCAN testing with LTCF.)	
Line List Plan	
• Facilities will get a weekly reminder on Thursdays to submit a line list of positive or symptomatic individuals, including exposures. • They need to complete the spreadsheet attached and send it in weekly until the outbreak is in passive phase. • This allows us to get a sense of the size of the outbreak and who is at facility. The exposure line list allows contract tracing to offer supports to exposed individuals. Investigators will need to review the line lists to ensure that no one new is positive and to remain aware of any facility deaths.	
Crisis Staffing Support Plan	
If the facility is struggling to maintain safe staffing levels due to staff needing to quarantine or isolate, they can request help from DSHS. Investigators should elevate this situation to the leads. (DSHS letter providing Information about strike teams for crisis staffing)	
Plan for reporting cases/deaths	
Facility should be made aware of the various means for reporting new cases and/or COVID19 deaths to PHSKC. • Fastest method is by reporting ██████████████ • You can also call the King County COVID-19 Call Center (PICC) at ████████ (daily, 8am-7pm).	
Vaccine Breakthrough Plan	
Protocol for how and when the investigator should request sequencing. Investigators should report all details to ███████████████████████████ and cc the leads.	
Persistent Positive versus Repeat Positive Plan	
If concern for a repeat positive, the investigator should elevate to the leads and consult this protocol for next steps.	

II.　　During the Outbreak: Passive Phase	
Day 15-28 with no additional COVID19 cases reported	
1.　Communication	**Notes**
Facility can **stop** sending weekly line list to PHSKC.	
Facility should continue to report new positive cases of COVID19 in residents or staff to the investigator via direct communication.	
Facility should reach out to the investigator if they have staffing needs, PPE supply shortages or need for testing supplies.	
2.　Control Measures	**Notes**
Vaccinate Offer COVID19 vaccine to all unvaccinated staff and residents, including new admissions. Provide staff and residents with COVID19 Vaccine Fact Sheets. If the facility is unable to acquire vaccine doses, please contact the PHSKC In-Home Vaccination Team.	
Continue screening visitors, staff and residents as in the Active Phase.	
Continue to Identify Exposures as in the Active Phase. If someone tests positive for COVID19, the facility will return to Active Phase monitoring.	
Offsite Visits Providers must use the Risk Assessment Template to assess each resident for any COVID-19 exposure after returning from offsite visits to determine if the resident is low or high risk. Automatic quarantine **should not** be the standard practice upon returning from a trip into the	

	Notes
community. Decisions about precautions taken with a resident as a result of the assessment must be documented in the resident's care plan.	
Proactive Testing • Weekly proactive testing of all staff is required for SNFs (per CMS). PH recommends proactive testing for other facility types to identify COVID19 early and improve outcomes. • Can be achieved with antigen testing or PCR with a lab partner. PHSKC can provide BinaxNOW cards (see updated workflow here) which are delivered to facilities on designated days (Tuesday and Thursday). • To order BINAXNow Kits, the investigator can click here and enter pertinent information on the ordering spreadsheet. ○ Facility must have CLIA waiver in order to use BinaxNOW tests. (**Note**: facilities are authorized to begin testing as soon as the application for a CLIA waver is submitted)	

3. Infection Control	**Notes**
Continue all infection control measures. Community transmission is still occurring.	
Continue environmental cleaning of high touch areas.	
Check stock of PPE and testing supplies weekly to ensure they are prepared for potential new cases.	
Offer Proactive Infection Control consult with Julie Cook if they did not accept during the active phase.	

4. Plan	**Notes**
May resume new admissions with focus on safety **Note**: if the new admission would move into an unaffected unit and the facility has all other measures in place, admissions can occur. PH wants to emphasize a safe environment for the resident and ensure the resident/family are aware of the current outbreak to help them make an informed decision.	
Group activities and communal dining may resume If all residents and staff in the dining area are fully vaccinated, they may choose to remove their masks and have close contact; however, if even one unvaccinated person is present, masks are to be used and social distancing maintained for the unvaccinated individuals . The facility may choose to cohort based on vaccination status: The facility/home may host separate activities/dining based on vaccination status	

III. Outbreak Conclusion: Inactive Phase	
29 days or greater from last onset date with no additional reported COVID19 positive cases (resident or staff)	

1. Communication	**Notes**
Investigator to request final line list from facility Need to check the box in the REDCap Interview form to denote when the final line list has been received and reviewed.	
Facility should consider conducting a post-outbreak debrief/review. Discuss recommendations for improved management of future outbreaks with key staff.	
Facilities must notify Public Health if: severe respiratory infection, clusters *(≥3 residents and/or HCP)* of respiratory infection, or individuals with known or suspected COVID19 are identified. They must report suspected or confirmed outbreaks and COVID19-related deaths to Public Health within 24 hours. • Fastest method is by reporting ▮▮▮▮▮▮▮▮ • They can also call the King County COVID19 Call Center at ▮▮▮▮▮▮ (daily, 8am-7pm).	

2. Prevention and Preparation	**Notes**
Conduct active daily surveillance for COVID-like illness	

• All residents, staff and visitors should be screened at least daily and staff at the start of each shift. • Keep illness logs for staff and residents. • Maintain a visitor log and hold for 30 days.	
COVID19 Vaccine Offer COVID19 vaccine to all unvaccinated staff and residents, including new admissions. Provide staff and residents with COVID19 Vaccine Fact Sheets. If the facility is unable to acquire vaccine doses, please contact the PHSKC In-Home Vaccination Team.	
Testing • Order/stock COVID19 specimen collection supplies for future testing • Develop a testing plan • Obtain pre-approved orders if needed • Ensure staff understands how to collect the specimen Collect specimen as soon as possible from illness onset or as soon as you suspect someone may be infected with COVID19	
PPE • Establish conventional PPE sourcing through commercial vendors • Create a habit of monitoring the burn rate for the PPE supply • Maintain a minimum of a 30 day supply of PPE	
Communicate facility illness policy to staff • Staff with COVID-like illness should not come to work. • All symptomatic staff should be tested for COVID19 and furloughed regardless of vaccination history. • If COVID19 positive, report this result to PHSKC and follow CDCs COVID Healthcare Worker Return to Work guidance.	
Offsite Visits Providers must use the Risk Assessment Template to assess each resident for any COVID19 exposure after returning from offsite visits to determine if the resident is low or high risk. Automatic quarantine should not be the standard practice upon returning from a trip into the community. Decisions about precautions taken with a resident as a result of the assessment must be documented in the resident's care plan.	
Notification Letter In preparation for a COVID19 outbreak, prepare an outbreak notification letter to distribute to staff, residents, families and visitors. Include COVID19 fact sheets and anticipated outbreak actions to be taken by your facility. Include facility contact information.	
Training and Education • Ensure that all staff are properly trained in infection control strategies • Make sure clinical staff are fit-tested for N95 masks • Make a plan for regular review of Contact & Droplet precautions (donning/doffing PPE) • Provide education to staff on cleaning and disinfecting of environmental surfaces and resident care equipment. Discuss who is responsible for these tasks (not just housekeeping) • Provide education to staff and residents on hand hygiene and respiratory precautions • Provide education to staff and residents about common and not-so-common signs and symptoms of COVID19 and how it is transmitted	