



Alameda County Public Health Department Standard Operating Procedure

COVID-19 Special Settings Outbreak Investigation Team Case Reports

Special Settings Outbreak Investigation Team (SSOIT) members routinely deliver verbal reports to Team Leads on the status of their active outbreak caseload. Additionally, investigators frequently consult with other public health professionals for guidance related to complex outbreak situations in high pressure environments with incomplete information. In order to ensure clear, effective communication, SSOIT investigators should use a structured framework for reporting on their cases according to the following protocol.

Background

Consistent use of a structured communication framework aims to:

- Facilitate clarity and accuracy in clinical communication
- Increase efficiency
- Organize clinical thinking
- Create a more collaborative environment
- Ensure professionalism

Protocol

When consulting with another team member, medical consultant, or public health professional, the SSOIT investigator should:

1. Clearly identify the facility or encampment
 - Name and # of CalConnect exposure event
 - Type of outbreak setting
 - Location – city
 - Demographic features including bed count/census, number of employees, or total number in the setting population
2. Outbreak description
 - Date reported
 - Last known exposure
 - Total number of suspected/confirmed cases to date (specify residents or staff if applicable)
3. Work completed, i.e., summary of:
 - Intake
 - Initial findings and recommendations
 - Status of work exclusions, isolation & quarantine
 - Testing plan and progress
4. Problems, questions, planning:
Explain the **SITUATION**
 - What is the main question that you would like answered?



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- What is the problem that needs to be solved?
- Information should include the urgency of the situation.

Review the **BACKGROUND** including:

- Pertinent details of how the case evolved

5. Provide an **ASSESSMENT**

- Your conclusions based on a summary of relevant findings.

6. Offer **RECOMMENDATIONS** (if you have any)

- Offer options that might address the problem or answer the questions at hand

This may include:

- a) pros/cons or risks/benefits of each option
 - b) a preferred approach with rationale.
- Ask your team or consultant for their opinion or recommendations

Documents, & Related Information

PHN SBAR Guide May 2020 attached

References

Institute for Health Improvement. SBAR Toolkit.

<http://www.ihl.org/resources/Pages/Tools/sbartoolkit.aspx>



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ITEM	DEFINITION	EXAMPLE
<p>Case summary</p>	<p>Report as outlined above</p>	<p>Workplace OB, Acme, Inc is a manufacturer located in San Leandro. EE #4362. 65 employees. Case reported 10/10/20. Last exposure 10/19. OB threshold met 10/14. Total of 5 confirmed (+), now with an additional employee reporting sx 10/19</p> <p>Intake completed on 10/14. All confirmed/suspected cases are work excluded, currently isolating. Recommended identifying other possible close contacts, reinforcing universal masking, social distancing, staggering and cleaning between breaks. Reviewed cleaning/disinfecting protocols, sick/absentee policies, performing proper notifications.</p>
<p>Situation</p>	<p>One sentence description of problem or need</p>	<p>The index originally reported no close workplace contacts and no other work exclusions were initially issued. I am concerned that both the index and her supervisor have not been truthful about possible close contacts.</p>



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Background	Details and information that underlie your assessment – The Data	Receptionist went home sick on 10/10, tested +, reported to her supervisor on 10/11. Since then 2 of her colleagues developed sx, tested (+) last worked 10/17. Another suspect case reported 10/19. All work in the same department, same area of the worksite. During interview, supervisor flatly denied CC and has voiced urgent need to continue staffing and operations at all costs.
Assessment	Your interpretation of The Data – your position/stance	The workplace has continued to have ongoing transmission despite recommendations. If there are close workplace contacts or breaches in masking/distancing/hygiene, contacts may be continuing to work and contributing to ongoing exposures in the department.
Recommendation	Specific method for solving the problem/addressing the need	I think that the cases should be re-interviewed about their contacts and behaviors at work and that an alternate POC should be interviewed to get a more accurate picture of possible contacts and implementation of PH measures. Is there anything else you would recommend?



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Why does SBAR work?

- When you use this method, both you and the other person are on the same page to think through a problem.
- You are proactively giving the listener data that they would be requesting anyway if they were going to try to solve the problem. Please say that again
- You save them time by researching options
- You keep them from having guess by giving them a recommendation.
- Doctors already know how to use this method. They use a similar method known as SOAP when they speak doctor to doctor about patient care issues.