



LTCF & BH Cluster Investigation Process

11/16/2020

Background:

COVID-19 cases associated with congregate settings such as long term care facilities and behavioral health facilities need a tailored investigation process to reduce the spread of COVID-19 within and outside of the facility.

Process:

1. Notification of a new potential cluster
 - a. A new cluster can come in from a variety of ways:
 - i. The facility calls the call center and call center transfers the call to a LTCF & BH Cluster Team Investigator
 - ii. The LTCF & BH Cluster Branch Leader receives an email/fax/phone call from facility
 - iii. The Clusters and Cases Branch Leader reports a cluster from Texas Health Trace (THT)
 - iv. Long-term Care Facility Strike Team (LTCF ST) works with facilities routinely and reports COVID situations
 - v. Behavioral Health Support Team (BHST) works with behavioral and mental health facilities routinely and reports COVID situations
 - b. LTCF & BH Cluster Branch Leader determines if the new information meets WCCHD's cluster definitions using the follow threshold, based on facility type:

Facility	Cluster Threshold
Nursing Home	≥3 *
Assisted Living	≥3 *
Memory Care	≥3 *
Independent Living	≥5
Behavioral Center	≥5
Group Home	≥5

*See Appendix 1. These facility clusters will be investigated using different methodology

- i. If the facility is a nursing home, assisted living, or memory care facility, skip to Appendix 1 for cluster management information
 - c. Cluster Team Lead reviews initial notification (email, voicemail, fax, report from THT, report from EHS) and assign the new cluster to an Epi Cluster Investigator via Teams or email
2. Initial phone call for information

- a. Epi Cluster Investigator Saves As/Saves a Copy a new version of Outbreak Management Template (independent living cluster) or Behavioral Management Template (behavioral health cluster) under the facility folder or under a new folder in the _LTCF & BH Management folder
 - b. Epi Cluster Investigator initiates contact with the facility and establishes him/herself as the point-of-contact (POC)
 - i. Use the Cisco Jabber program on your computer to call (avoid using your cell phone)
 - c. Epi Cluster Investigator collects the initial information about the nature of the cluster
 - d. Epi Cluster Investigator provides infection control guidance
 - i. Retirement communities and apartment complexes should follow similar guidance to worksites in regard to cafeterias, social distancing, and disinfecting
 - e. If cluster threshold is met, Epi Cluster Investigator adds the facility to the bottom of the COVID19 Clusters sheet
 - f. If there is a positive resident at a facility, send an email to appropriate contact to ensure a PSAP alert is placed on the facility address
3. Initial email to Cluster Team Leads
 - a. If the cluster is at any other type of facility/Non-LTCF
 - i. Epi Cluster Investigator sends an email to the Cluster Team Leads with the following information:
 1. Facility Name and Address
 2. Facility Contact names, positions, and phone number/email
 3. # Confirmed cases reported
 4. # Suspect (symptomatic) persons reported
 5. Facility census of staff/residents
 6. Key details: (onset dates, result dates, estimate of number exposed, etc.)
 4. Next steps for testing decisions, infection control, etc.
 - a. Cluster Team Leads forwards email to Cluster Investigation Branch Leaders with their recommendations for next steps
 - b. Cluster Investigation Branch Leaders discuss next steps with Cluster Team Leads, with discussion via email, phone, or teams
 - c. Cluster Team Leads report back to Epi Cluster Investigator with next recommended steps
 - d. Epi Cluster Investigator communicates decisions with facility
 - e. If testing is recommended, Epi Cluster Investigator contacts facility for full roster of all staff and residents/students
 5. Daily communications with facility
 - a. Establish a method of communication with the POC at the facility (email, phone) and contact them in the morning for best results (COVID19 Clusters report goes out at 3pm daily, so plenty of time to hear back and update report)
 - b. Questions to ask facility
 - i. New positive staff and/or residents/students?
 - ii. New symptomatic staff and/or residents/students?

- iii. New hospitalizations?
 - 1. If a new hospitalization is reported, collect the hospitalized person's name, DOB, and hospital location and contact the Infection Preventionist (IP) at the facility for updated situation (and ask if the person was COVID-tested and results)
 - iv. COVID-related deaths?
 - 1. If a death is reported at your facility, notify your Cluster Lead who will follow the Death Investigation and Notification Process
 - v. Behavioral health sites
 - 1. Questions listed above plus
 - a. System capacity?
 - b. Number of Involuntary patients?
 - c. New discharges?
 - d. Where discharged?
 - vi. Other considerations
 - 1. If your facility mentions staff needs, ask them what their contingency plan is for more staff (will be required to know before WCCHD can get involved)
 - 2. If your facility mentions a shortage of PPE and their orders are delayed or back-ordered, send them a link to PPE Request form with the [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#)
 - c. For each facility, write down daily communication summaries in the "Log" tab
 - d. Update the COVID19 Clusters form as you receive information
 - i. Even if you don't get a response that day, still update the "Notes" field in COVID19 Clusters with "[current date]: no updates"
 - ii. To ease updates each day, it can help to add a "Pivots" tab to the cluster's outbreak spreadsheet for tracking case status by resident/staff, number of those tested, etc.
 - iii. To learn how to create a pivot table from an Excel sheet, follow this tutorial: [Pivot Tables](#)
6. Movements of and Investigations for Symptomatic and Positive Staff and Residents
- a. Epi Cluster Investigator reports all positive cases (staff and residents/students) to the [Cluster Investigation LL for THT](#) spreadsheet for a Surveillance/Epi Team Lead's next steps
 - b. WCCHD is not providing a letter of release from isolation for positive cases, regardless of worksite
 - i. During interview, cases are given education about recovery criteria but not followed up with to determine exact date of recovery
 - ii. If a case needs a return to work letter, he/she needs to obtain that from his/her physician or other healthcare provider
 - iii. Employees and employers need to discuss return to work criteria between each other

		Staff/Employees	Residents
COVID+ Confirmed	Symptomatic	Isolate at home and meet CDC's Discontinuation of Isolation for Persons with COVID criteria to return to work	Isolate in their room or in a COVID+ wing until they meet CDC's Discontinuation of Isolation for Persons with COVID (then, ideally, they quarantine for 14 days in a step-down unit before returning to regular unit; if no step-down unit, quarantine in room for 14 days)
	Asymptomatic	Can work in a COVID+ wing <u>only</u> in full PPE at all times if an essential worker	Isolate in their room or in a COVID+ wing until they meet CDC's Discontinuation of Isolation for Persons with COVID (then, ideally, they quarantine for 14 days in a step-down unit before returning to regular unit; if no step-down unit, quarantine in room for 14 days)
COVID- /probable test/ not tested	Symptomatic	Isolate at home and meet CDC's Discontinuation of Isolation for Persons with COVID criteria to return to work	Isolate in their room or in a COVID+ wing until they meet CDC's Discontinuation of Isolation for Persons with COVID (then, ideally, they quarantine for 14 days in a step-down unit before returning to regular unit; if no step-down unit, quarantine in room for 14 days)
	Asymptomatic	Remain at work, following the COVID19 Control Order for LTCFs	Remain at facility following CDC best practices for infection control (see Section 2.d)

7. Closing out a facility

- a. Two incubation cycles (14 days x2 = 28 days) since the last EXPOSURE at facility
 - i. Usually, this is someone's last day worked (LDW) at the facility
 - ii. Keep track of LDW for all in the Outbreak's Line List field
- b. Encourage employers to work with employees on return to work dates, as we are not offering any letters for this
- c. Note** the incubation cycles (28 days) starts all over if a new onset date or exposure is reported at the facility
- d. Once a facility is officially closed
 - i. Change the Status (column A) on the [COVID19 Clusters](#) to Closed
 1. This step cancels the PSAP alert on this address
 - ii. Update the "Notes" column with the current date and "Closing today"

1. The outbreak will remain on the [COVID19 Clusters](#) sheet and report for one day to ensure stakeholders know it closed
2. For the next report, the Cluster Branch Lead will re-filter for only “Open” clusters, hiding this cluster from view for subsequent reports
- iii. Ensure all line list data and complete, summarize data from line list into pivot tables, and refresh one last time
- iv. In the [Outbreaks](#) page, click on the three vertical dots on the outbreak folder and rename your cluster with “ – CLOSED” on the end of the title
- v. Move the entire folder to the “_Closed Outbreaks” folder by clicking on the three vertical dots, move to, and follow until in the “_Closed Outbreaks” folder

8. Helpful tips

- a. Bookmark every single link in blue above – you will reference **all the time**
- b. Review guidance documentation before calling a facility
- c. Contact your other teammates and Cluster Team Leads before advancing your questions to Cluster Investigation Branch Leads
 - i. Familiarize yourself with WCCHD’s [Org Chart](#) to know the current structure and where you fit in with your team and the overall response
- d. You may be able to check-out a second monitor if working from home – contact your Cluster Team Lead and they will request up the chain
- e. Temps are not given keys to the building; therefore, please check with your Cluster Team Lead about working in the office the day before your shift to ensure a WCCHD Operations employee will be with you in the building. If your lead is working from home, please do the same
- f. Working remotely is done best with good communication
 - i. Have Teams up at all times
 - ii. Answer emails promptly
 - iii. Share your cell number with your Cluster Team Leads
- g. Ask your Cluster Team Lead to add you to the appropriate chats so you’re up-to-date on discussions
- h. You can use Teams to contact other Team members for troubleshooting through screen share, call multiple team members at once (instead of through cell phones or Jabber), and attend meetings
- i. When in doubt, contact your Cluster Team Lead for help

Appendix 1. Long Term Care Facility (LTCF) Management in Williamson County

1. Purpose
 - a. Long-term care facilities (nursing homes, assisted living, and memory care) in Williamson County will be routinely and continuously monitored throughout the COVID-19 response regardless of any positive COVID-19 cases in the facility. The main goals of this communication are to foster a good relationship with facilities and provide the most up to date public health guidance.
2. Scope
 - a. The LTCF Subject Matter Expert (SME) Group in conjunction with LTCF ST (Strike Team) will establish regular communication with all LTCFs
 - b. LTCF SME Group is assigned 5-11 (varies depending on team lead status) facilities to follow throughout the response.
3. Communication:

	Non-outbreak LTCFs/No infection control issues or concerns	LTCFs with 1-2 cases/LTCFs with infection control issues or concerns	LTCFs that meet outbreak threshold (=>3 cases)
Team Responsible	LTCF ST	LTCF SME Group or LTCF ST	LTCF SME Group POC (until cleared by WCCHD ≥14 days since last case onset)
Communication Frequency & Role	1x/month, via Survey Monkey	1x/week, via telephone or email	Daily, via telephone or email
Tasks/Information Provided	PPE counts, compliance scores, any new symptomatic or cases, updated contact info & updated census	<u>Either team</u> : Infection control assessments and public health recommendations in alignment with current CDC, HHSC, DSHS, the WCCHD Control Order, and WCCHD admission & re-admission guidelines; <u>LTCF ST</u> : Assistance with targeted or mass testing when needed	Monitoring and providing infection control assessments and public health recommendations in alignment with CDC, HHSC, DSHS, the WCCHD Control Order, and WCCHD admission & re-admission guidelines; the cluster information added to the daily cluster report

4. Data Management: Two Spreadsheets to Update per Facility
 - a. Facility-level data: use the general [LTCF Management 8.9.2020 “Master” spreadsheet](#)
 - i. Examples: pulling how many facilities are at cluster threshold, ensure facilities have been contacted per the appropriate frequency or identify which ones need to be contacted, get general idea on census numbers, POC information for facility
 - ii. This log has 3 tabs:

1. Instructions
 2. A combined cluster monitoring report with an overview of each facility census, contact information and assignments
 3. Pivots for reports
 - iii. All team members from the LTCF SME Group and LTCF ST groups will update this spreadsheet regularly to document their communication and ensure we are meeting the current frequency needed for each facility
 - iv. The LTCF Management 8.9.2020 spreadsheet can be found in this folder:
[WCCHD EEP > 2019 n-CoV Response > Outbreaks > _LTCF & BH Management.](#)
 - b. Communications Log: use for facility specific data such as communication and cases over time in each facility (named "[XXX Facility Name Comm Log](#)")
 - i. Each facility has their own specific communication log.
 - ii. Each will be updated by both the LTCF SME group and LTCF SF groups on their respective tabs.
 1. This log has 4 total tabs:
 - a. LTCF SME communication tab – for daily/weekly communication if facility needs it at any point
 - b. LTCF ST communication tab – for monthly communication for regular check-ins via survey monkey
 - c. Positive cases – line list for positive cases ONLY (no full line lists). These cases will be transferred to THT
 - d. Important dates for facility – when the facility has infection control assessments or testing
 2. The individual communication logs can be found by this pathway:
[WCCHD EEP > 2019 n-CoV Response > Outbreaks > _LTCF & BH Management > Folder with Facility Name > "Facility Name Comm Log"](#)
5. Movements of and Investigations for Positive Staff and Residents
 - a. Epi Cluster Investigator reports all positive cases (staff and residents) regularly to the [Cluster Investigation LL for THT](#) spreadsheet for a Data Team Lead's entry into THT
 - i. Inform the Case Assigner group chat in Teams or send there instead
6. Guidance
 - a. LTCF SME Group and LTCF SF will continue to provide guidance in alignment with the most up to date CDC, HHSC and DSHS regardless of which communication category the facility currently is placed in (ex: monthly vs daily communication).
 - b. The most up to date guidance can be found in the _LTCF & BH Management folder in the [_LTCF & BH Guidance subfolder.](#)
7. Testing
 - a. Testing recommendations follow HHSC guidance regardless of facility meeting cluster threshold or not.
 - i. Ex: One case at nursing home = mass testing per HHSC Guidance, BUT facility does NOT meet cluster threshold status and does not need to be added to cluster report or contacted daily until it meets cluster threshold.
 - ii. LTCF Strike Team activated using [LTCF Strike Team Activation Process](#)
 - iii. If needed, STAR request can be sent for additional help

8. Admissions and Re-admissions
 - a. Per the current [Control Order](#) , In the event of a positive COVID-19 case at a facility, the facility must check with their POC at WCCHD to confirm new or returning residents:
 - i. New admissions:
 1. Consider whether the facility has finished mass testing and if they are able to isolate the new resident in their own room
 2. Isolate and monitor the resident for 14 days – consider testing before admission or upon admission and utilize full PPE
 - ii. Re-admissions
 1. Isolate the resident for 14 days and monitor for symptoms
 2. Utilize full PPE when interacting with resident during
9. Clearing Facilities with => 3 Cases
 - a. Facilities that are classified as “cluster” status or =>3 cases will be cleared for admissions again per the [“Guidance of Readmission to Long Term Care & Group Living Facilities”](#) document.
 - b. Cleared facilities can be removed from the cluster report and their frequency of communication can be dialed back from daily to weekly or monthly depending on the situation.