When a potential healthcare facility outbreak is first assigned, OI should prepare for initial contact by searching for the associated Exposure Event (EE) in CalConnect. If there has been an EE created then:

- Review background information from the EE
- Create a preliminary line list using [this protocol](#). Include:
  - Symptom onset
  - Test date
  - Dates worked while infectious
  - Last day worked
  - Job title/duties

For instructions on how to download, modify, and manage Master and Facility Line Lists, see [Line List Guidance for SSOIT](#).

If an exposure event has not yet been created in CalConnect then create one based on the specific location and timeframe.

Review the information provided by your Team Lead at the time of case assignment in preparation for initial contact. Information at minimum should include data on all positive cases with test dates.

Contact POC. If there is no contact listed on the EE or in your case assignment, start with the facility Infection Control Practitioner (ICP). Facility ICP contact information is listed in SSOIT Sharepoint site under Resources Folder → Important Contacts Folder → [Master Hospital List](#).

IP should direct you to a designated POC (ICP +/- or Employee Health). In many GACH there will be an Infection Control & Prevention multidisciplinary team.

**It is extremely important that your main POC should be on-site, have first-hand knowledge of facility operations, and is able to:**
- Communicate regularly
- Provide informed and accurate information
- Make decisions
- Receive and implement our recommendations

In HCF there are often two key POCs:
- HR rep and/or site manager is responsible for case investigation/contact tracing to identify employee exposures
- Infection preventionist (IP) identifies possible patient exposures

If you are having a difficult time connecting with the right person, consult with your team lead.

Determine if the POC is aware of the case(s).

If POC is NOT aware, notify her/him that there has been a COVID-19 case reported at the location. It is acceptable to reveal the identity of the cases as long as you confirm the following per HIPAA 45 CFR 512(j):

(A) Disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;

(B) You are disclosing to a person or persons reasonably able to prevent or lessen the threat PHD has broad authority to investigate and “shall take measures as may be necessary to prevent the spread” of COVID-19” per WIC 120175.

Complete [SSOIT Outbreak Intake Form](#) to the extent possible. This may be limited initially if POC is unaware of case(s).
Confirm that OUTBREAK DEFINITION is met:

**CDPH Acute Care Hospital Outbreak Definition (AFL 20-75):**

- ≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage;
- ≥2 cases of confirmed COVID-19 in HCP with epi-linkage 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 in counties with <4 daily new cases per 100k population or <5% test positivity based on the county positivity rate reported in the past week or
- ≥3 cases of confirmed COVID-19 in HCP with epi-linkage 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 in counties with ≥4 daily new cases per 100k population or ≥5% test positivity based on the county positivity rate reported in the past week.

**CSTE Outbreak Definitions for Outpatient Healthcare Settings:**

≥3 cases of confirmed COVID-19 in patients or HCP* with epi-linkage†‡ AND no other more likely sources of exposure for at least 2 of the cases.

CSTE definition applies to all of the following:

- Dialysis Facilities
- Emergency Departments
- Urgent Care and Primary Care Clinics
- Elevated Exposure Risk Ambulatory Specialty Clinics (e.g., dental clinic, ENT, ophtho, oncology)
- Other Ambulatory Specialty Clinics (e.g., endoscopy, ambulatory surgery, pain clinics, antibiotic infusion centers, etc.)

*Healthcare Personnel (HCP), defined by Center for Disease Control and Prevention (CDC), include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). See “Determining if a worker qualifies as an HCP” section below.

†Epi-linkage among HCP is defined as having the potential to have been within 6ft for 15 minutes or longer while working in the facility during the 14 days prior to prior to the onset of symptoms ; for example, worked on the same shift or proximity.
‡ Epi-linkage among patients is defined as overlap on the same unit or ward or having the potential to have been cared for by common HCP within a 14-day time period of each other.

Case Definitions:

- **Confirmed COVID-19:**
  - Positive SARS CoV2 PCR test in a person with or without COVID-19 symptoms.

- **Probable COVID-19:**
  - Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
  - Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence.
  - Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.

- **Suspected COVID-19:**
  - At least one of the following symptoms: new or worsening cough, shortness of breath or difficulty breathing; OR at least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new or worsening congestion & runny nose, new olfactory and taste disorder(s), nausea, vomiting or diarrhea.

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**Determining if a worker qualifies as an HCP**
- For the purposes of COVID-19 outbreak investigation, ACPHD considers employees to be HCPs if they have potential occupational exposure to infectious diseases that spread by inhalable particles and droplets and are covered by CCR Title 8 §5199 Aerosol Transmissible Diseases standard. HCFs may employ staff who are not covered under the ATD standard as well (clerical workers working in an office setting with no such occupational exposures).

Reporting implications: Cal OSHA ETS reporting requirements exclude employees who are covered under ATD standard but the HCF must still comply with those reporting requirements for other employees (not covered under ATD). See CalOSHA ETS FAQ. The only AB 685 requirements that do not pertain to HCFs, are the reporting requirements. All other aspects of the law do apply to HCF. See AB 685 FAQ.

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If the situation does NOT currently meet outbreak definition:
- Request that any current and future cases be reported to VEOCI

For Acute Care Hospitals, send email with links to the following resources:
- ACPHD COVID-19 Disease Reporting
- AFL 20-75 for CDPH reporting requirements and instructions
- AFL 20-88 for general testing guidance
- AFL 20-91 for Crisis Care Continuum Guidelines
- CDC: HCF Managing Operations During THE COVID-19 Pandemic
- HOO or ACPHD guidance for Definitions for HCP (pending)
# Alameda County Public Health Department
COVID-19 Outbreak Management Checklist for Healthcare Facilities

- Assembly Bill 685 Infection Prevention Requirements
- ACPHD Patient Exposure Algorithm

For Outpatient Facilities send email with links to the following:
- ACPHD COVID-19 Disease Reporting
- CDC link as above OP info close to the end of the webpage
- AB 685 as above
- CSTE Definitions

☐ Contact CI/CT to flag cases for priority and/or enhanced investigation. Email Andrew.Jasper@acgov.org to request specific follow-up or assignment to a specific investigator.

If the situation DOES meet outbreak threshold, proceed as follows:

For GACH/ACF: Confirm that outbreak has been reported to CDPH Licensing & Certification: [https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx#SanFrancisco](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx#SanFrancisco)
Phone: (510) 620-3900 Toll Free: (866) 247-9100
Fax: (510) 620-3924 or (510) 620-5820
Email: CDPH-LNC-EASTBAY@cdph.ca.gov

☐ Record date that that outbreak was reported to CDPH L&C on Intake Form.

Complete intake summary form. Elicit information about the cases and the facility including:
- Worksite location(s) where cases worked or received care (units, departments, floors, shifts, wings, building)
- Facility layout
- # of staff (including registry/contracted, students, residents, volunteers)
- Job duties, types of staff interactions, and shifts of employee cases
- Patient contacts
- If outbreak cases include patients (≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage)
  - Admission date
  - Reason for admission
  - Room numbers and roommates (inpatient)
  - Tracking of patient movement throughout the facility
  - Date(s) of service

Obtain results of contact tracing completed by facility POCs. This includes close patient and staff contacts.

☐ Determine criteria used to identify close contacts/possible exposures of both HCP and patients.

| ☐ Use “ACPHD Patient Exposure Algorithm” to identify patient exposures. You may share this document with your facility POC. |
| ☐ Refer to the Infection Control section of this CDC FAQ for further guidance on contact tracing related to a COVID-19 (+) HCP |
| ☐ Based on this information, determine the level of exposure throughout the facility to patients and staff. |
| ☐ Confirm that POC has provided instructions for isolation by sending Health Officer Isolation and Quarantine Orders to all cases. |
| ☐ Direct POC to notify all close contacts of potential exposure and to provide instructions for quarantine by sending Health Officer Quarantine Orders to all close contacts. |
| ☐ Confirm that contacts with high risk exposures (household, community) are quarantined EVEN IF ASYMPTOMATIC. Consult with Team Lead if POC is unclear or if HCP is noncompliant with ACPHD recommendations for quarantining close community contacts. |
| ☐ Confirm that the facility has a protocol/process for notification of exposed patients and staff. Consider having them send this written protocol to you for review. |
| ☐ Confirm that HCF is aware of CMS COVID-19 reporting requirements |
| ☐ Review CDC Infection Control Protocols and Practices: |
| ☐ Symptom monitoring protocol |
| ☐ Sick policies |
| ☐ Basic and enhanced prevention practices |
| ☐ Break room protocols |
| ☐ COVID-19 specific infection prevention and control protocols |
| ☐ COVID-19 Mitigation Testing Plan |
| ☐ For behavioral health facilities review and send FAQ on Infection Mitigation in Behavioral Health Facilities |
| ☐ For ACF’s: Review results of IP “walk-through.” Walk through should occur during the affected shifts and across all potentially affected units. Obtain: |
| ☐ Summary of assessment and findings |
| ☐ Recommendations |
| ☐ Measures implemented/actions taken |
| If IP has not conducted a walk-through, advise them to do so for all affected units and during all affected shifts. |
| ☐ Confirm that HCP are Fit tested to the model of N95 being used by the facility/unit. If HCP have not been appropriately Fit tested, review possible exposures of HCP who may have been exposed to aerosol generating procedures (AGPs). Please see additional resources below if the HCF is a dental clinic/office. |
| ☐ Determine Fit testing capacity. Refer POC to Fit testing resources through CDPH and Fit testing vendors. See ACPHD’s Fit Testing Resource |
| Send a follow-up SECURE email that includes: |
| ☐ ACPHD OI’s role |
| ☐ Expectations for communication |
| ☐ Summary of current situation |
**Alameda County Public Health Department**

**COVID-19 Outbreak Management Checklist for Healthcare Facilities**

| □ | Areas of concern |
| □ | Recommendations |
| □ | Send facility line list template with instructions for completion and sharing |
| □ | Request that the POC send the following SECURELY to OI and COVIDOB@acgov.org: |
| | o Floor plan/site map |
| | o COVID-19 Infection Control protocols |
| | o Cleaning and sanitizing protocols |
| | o Consider requesting: audit schedule and results |
| □ | Next steps with timeframe |

**POC should be instructed to report additional cases and contacts using the facility line list template.** Provide brief instructions and direct the POC to use separate tabs to enter case and contact data. POC should send via encrypted email to OI + COVIDOB@acgov.org.

**Follow the Draft SSOIT CalConnect workflow for your CC entries and documentation.**

If an existing surveillance exposure event (SEE) includes cases/clusters that are not related by location or time, OI should create a new exposure event (EE). This would include:

- o Cases in a discrete/totally separate building or floor
- o Cases that are separated by more than 30 days from the last known (+) at that location

**For confirmed cases with laboratory evidence of (+) test:**

- o Link cases to Exposure Event
- o If not yet in CalConnect, contact Data Entry Staff (DES): COVIDreport@acgov.org and cc: Karen.Pon@acgov.org to request entry into CalREDIE and export to CalConnect.

**For cases with no laboratory evidence of (+) test, follow Hearsay Case Protocol.** Cases will be entered by DES into CalConnect. Ownership is then retained by DES rather than enter the CICT queue. Follow the Draft SSOIT CalConnect workflow.

**If there are ≤ 5 cases/contacts: you may:**

- o Enter the information into CalConnect yourself so that CI/CT interviews can proceed.
- o Cases/contacts will enter the Unassigned queue as the default. If you require the case be assigned to contact investigator, mark case/contact as high priority and send an email w/ case/contact info: Andrew.Jasper@acgov.org. If the case has already been interviewed and you have additional questions reach out to the CI staff assigned to the case and cc the team lead that is listed for the CI.

**If there are 5-19 cases/contacts, email an SSOIT Epi to request that a Data Entry Staff (DES) assist with entry.**

**If there are 20+ cases contact an SSOIT Epi to request a batch upload of your list to CalConnect.**

**Complete documentation in Cal Connect per SSOIT Documentation Guide (pending)**
| **Enter a note for each action or communication.** If there was significant back-and-forth, summarize and record the outcome and plan/next steps. Make sure to include your name and date/time with each entry. |
| **Upload important documents including email threads that included intake form, recommendations, conveyed key decisions, or confirmed outbreak related data.** Speak with your team lead if uncertain of what should be uploaded to the system. |
| **It is particularly important to upload correspondence when a POC is unresponsive or resistant to integrating ACPHD recommendations.** |
| **Update your Master Line List as new cases/contacts are reported. This will allow you to more easily complete all key CalConnect data fields when the outbreak is resolved and you are closing the case.** |

- **Consult with Team Lead** make sure that they are aware of the need to route any cases associated with this facility found on a CalConnect surveillance report to you.

- **Consider working with TL and epi to generate a facility-specific report to identify other confirmed cases linked to this specific location.** This report would be generated frequently until outbreak is controlled.

- **Follow-up by phone in the next 1-2 days to confirm receipt of email and review contents.** Make sure to:
  - Review recommendations
  - Follow up on testing plans
  - Encourage implementation
  - Identify any new suspect/confirmed cases
  - Identify gaps and barriers
  - Answer questions and review guidance

- **Follow-up on your review of the infection control policies submitted by HCF.**
  - Ask follow-up questions related to HCF infection control policies
  - Make recommendations if you have identified gaps or opportunities to strengthen/improve

**New cases: talk about each case (see list of data above and repeat here)**

**Frequency of follow-up:**

**UNCONTAINED Outbreak** EVERY 1-2 days:
- New outbreak, new cases continue to be identified
- Contact tracing efforts continue
- Recommendations are still being implemented
- Testing in process

**CONTAINED Outbreak** 2x per week:
- No recent cases reported (no new cases on mass testing or no new cases in the past 7 days)
- Initial recommendations have been implemented
- POC is in regular communication
- No red flags (noncompliance, poor communication)

**Ongoing surveillance**: no new cases
POC should be instructed to send any changes to the line list and follow-up with OI as needed.

**RED FLAGS** – Alert Team Leads in the following situations
HCF is a behavioral health setting. Any outbreak in a HCF that provides residential or acute behavioral health services has the potential to impact the whole behavioral health continuum of care. Leadership should be aware.

- Outbreak in a critical segment of the healthcare infrastructure. For example, a large ED, ICU, MedSurg unit. Outbreaks in such units can reduce the number of available beds, threaten surge capacity, and impede transitions of care.

- Evidence of ongoing transmission despite implementation of outbreak control recommendations and close guidance by SSOIT.

- Poor communication: unable to establish consistent clear communication with reliable POC.

- Noncompliance with ACPHD recommendations and SSOIT directives. POC repeatedly ignores OI instructions.
  - SSOIT Team Leads, Health Officer, Communications Officer, or other ACPHD leadership may need to be notified.
  - It may be necessary to convene a meeting with Team Leads + facility leadership

### SCREENING TESTING

| □ | Find out if the HCF is conducting routine screening testing. Ask: |
|   |   | □ Who is being tested? |
|   |   | □ How often are they tested? |
|   |   | □ Results of testing |
|   | Consider recommending expanded testing (various criteria?) Other?? |

### HCF’s Mitigation Testing Plan

Refer to AFL 20-88 for CDPH Mitigation Testing Plan requirements

- When considering whether to recommend testing of the exposed cohort, find out:
  1. How many infected employees were exposed to COVID by a clearly identified, lab-confirmed community close contact such as a household member whose symptoms preceded the employee's symptoms?
  2. How many of the infected employees independently identified other employee cases as being close contacts (e.g. eating lunch together <6 ft apart)?

### RECOMMEND SCREENING of affected cohort if:

- <1/2 of the cases can be accounted for by a clearly identified lab-confirmed community close contact.
- Employee cases are not adhering to workplace social distancing protocols; this can indicate workplace culture of non-adherence and there may be other exposures.

### Identify the potentially exposed cohort to be screened:

- Time frame: earliest to latest dates that an infectious case worked on site.
- Work groups: same location, job group, shift; plus other work groups that interact with the employee cases.
  For example: cases are nurses and CNAs. Ask if interactions with radiology, phlebotomy, ECG tech, wound team, lifting/turning team, respiratory therapy, PT/OT, etc.

- When to consider genomic sequencing
Genomic sequencing is an innovative technology and can be helpful, especially in large outbreaks. It can potentially differentiate between cases acquired through community transmission versus cases acquired in the facility. Genes of the sample are sequenced and mapped – the more closely related HCP virus samples are, the more likely that transmission occurred in the facility.

How to arrange – this may or may not be possible depending on the lab and how long they retain samples. See “Requesting Lab Specimens” folder in SharePoint for instructional protocols and scripts that explain how to arrange transfer of the sample to the ACPHL and then on to the UCSF BioHub for sequencing. Laboratory director Kristina.Hsieh@acgov.org can assist and guide the process.

Discuss with your Team Lead to decide if genomic sequencing is indicated.

**RED FLAGS** – Alert Team Lead in the following situations:

- □ HCF is a behavioral health setting. Any outbreak in a HCF that provides residential or acute behavioral health services has the potential to impact the whole behavioral health continuum of care. Leadership should be notified.
- □ Outbreak in a critical segment of the healthcare infrastructure. For example, a large ED, ICU, MedSurg unit. Outbreaks in such units can reduce the number of available beds, threaten surge capacity, and impede transitions of care.
- □ Evidence of ongoing transmission despite implementation of outbreak control recommendations and close guidance by SSOIT.
- □ Poor communication. Unable to establish consistent clear communication with reliable POC.
- □ Noncompliance with ACPHD recommendations and SSOIT directives. POC repeatedly disregards OI instructions.

Red flag situations may require:
- □ SSOIT Team Leads, Health Officer, Communications Officer, or other ACPHD leadership involvement.
- □ A joint meeting with Team Leads + facility leadership

**OUTBREAK RESOLUTION**

- □ Continue surveillance for 2 incubation periods (28 days) from last suspect/confirm case being on site while infectious.
  - If mass testing is performed it is permissible to reduce the duration of surveillance to 2 consecutive weeks of negative testing over a minimum of 14 days.
- □ Follow case closure protocol once outbreak has resolved and surveillance complete.

**RESOURCES**

ACPHD

ACPHD Master Hospital List

ACPHD Patient Exposure Algorithm
CDC

Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019

Infection control guidance for HCF


CDPH

AFLs

20-31 GACH Coronavirus Disease Daily

20-38.5 Reporting Visitor Limitation Guidance

20-46.2 Requests for Urgent Staffing Resources for COVID-19

20-75 Outbreak Investigation and Reporting Thresholds

20-79 Access to Salesforce for Resource Requests (through MHOAC)

20-88 COVID-19 Testing Recommendations for Patients and HCP at GACHs

20-91 California Crisis Care Continuum Guidelines: Implementing During the Surge of Coronavirus Disease 2019 (COVID-19) Cases

OTHERS???