Checklist of Recommendations for COVID-19 Outbreaks in Long-term Care

Write the date when each recommendation was made by the local health department and implemented by the facility. Sign the bottom of the form and write the date when it is initially sent and received.

Recommendations	Date recom-mended	Date imple-mented
SURVEILLANCE AND REPORTING		
Notify the local health department (LHD) of the outbreak immediately.		
Report new onsets of illness and new positive lab results to the LHD on a daily basis and conduct daily active surveillance (residents and staff) until the outbreak is over.		
Keep track of illnesses and positive lab results using a line list. Update the line list and share it with the LHD daily.		
Increase monitoring of residents' symptoms and vitals w/pulse oximetry to at least 3 times daily.		
Continue screening of staff for symptoms and fever every shift.		
CARE OF RESIDENTS		
Use standard, contact, and droplet precautions with eye protection (i.e., gown, gloves, face mask or N95, and face shield or goggles) for residents who: • Have an undiagnosed illness compatible with COVID-19 (PUIs) • Tested positive for COVID-19 by PCR or antigen test • Had close contact with a confirmed or suspect case, including roommates of cases and residents who were cared for by a positive staff member. • On observation due to recent admission, readmission, or exposure. • The use of all PPE may be recommended for all residents on affected units or for all residents in the facility if the outbreak is ongoing or widespread. Consult with the local health department for guidance. For positive residents, follow current CDC guidance for discontinuation of contact and droplet precautions. For those who are negative or not tested, follow guidance in Table 4. of Guidelines for Prevention and Control of Upper and Lower Acute Respiratory Illnesses (including Influenza and Pneumonia) in Healthcare Settings		
Standard precautions plus mask and eye protection may be used with other residents, unless they are on transmission based precautions for another reason.		
Place ill residents in private rooms, if possible. Also place roommates and other close contacts of ill residents in private rooms, if possible.		
Residents who are COVID positive or with respiratory illness should stay in their rooms and out of common areas. If they need to come out of their rooms, they should wear face masks, if tolerated, and use respiratory etiquette. Notify the receiving department or facility of the resident's illness in advance so that precautions can be taken.		
Aerosol-generating procedures should be avoided, when possible. If these procedures are medically necessary, proper PPE should be worn.		
As PPE supplies allow, move towards conventional and contingency capacity strategies for optimizing the supplies of PPE and away from riskier crisis capacity strategies.		
ILL STAFF		
Encourage staff to stay home while ill, even with mild symptoms. Immediately send home staff who screen positive for fever or symptoms or who develop symptoms while at work.		
Follow current CDC return to work guidance for staff with COVID-19 or COVID-19 like illness. If COVID-19 testing is negative or not done, refer to Table 3. of Guidelines for Prevention and Control of Upper and Lower Acute Respiratory Illnesses (including Influenza and Pneumonia) in Healthcare Settings		
TESTING		
1) Symptomatic residents and staff (even if symptoms are very mild):- **Test all for influenza and COVID-19 immediately**		
Rapid antigen influenza (if available)		
Influenza PCR		

Recommendations	Date recom-mended	Date imple-mented
COVID-19 rapid antigen/point-of-care test (if available)		
COVID-19 PCR test (Especially if person is symptomatic and COVID-19 rapid antigen/POC is negative or not done)		
Respiratory PCR panel test (initial test or may be done if other initial tests are negative)		
Chest X-Ray (if clinically indicated)		
Legionella and *Streptococcus pneumoniae* urine antigen tests (residents with pneumonia)		
Sputum for bacterial culture and *Legionella* PCR (residents with pneumonia)		
Other _____		
2) Residents and staff identified as close contacts of COVID-19 cases: test for COVID-19 upon identification and 5 to 7 days after exposure. Consider testing more frequently than other residents and staff during the outbreak.		
3) Universal COVID-19 testing: Residents and staff must be tested at least once per week by PCR during outbreaks, and at least one additional round of weekly testing is encouraged. The second round of weekly testing can be by POC or PCR.		
CONTACT TRACING		
For all resident and staff cases, attempt to identify close contacts through interviews and review of available records, such as assignment logs and schedules.		
Attempt to identify residents who were cared for or had close contact with staff members who test positive. Regardless of vaccination status, place these residents on contact and droplet precautions (mask or N95, eye protection, gown, gloves) and in private rooms, if possible. Test these contacts as soon as they are identified and 5 to 7 days after exposure.		
Attempt to identify residents who had close contact with positive residents (e.g., roommates, friends who spent time together, etc.), positive visitors, or other positive individuals. Regardless of vaccination status, place theseresidents on contact and droplet precautions (mask or N95, eye protection gown, gloves) and in private rooms, if possible. Test these contacts as soon as they are identified and 5 to 7 days after exposure.		
Evaluate staff exposures in the community or at work. If staffing levels allow, exclude those with close contact with a case in the community or with higher-risk exposures while at the facility if CDC criteria for work restrictions are met. Facilities may still allow these staff members towork if they meet those criteria, particularly if there is a staffing shortage. Test these staff members or encourage them to obtain testing on their own immediately and 5 to 7 days after exposure. Fully vaccinated staff do not need to be excluded unless they become symptomatic but should still be tested immediately and 5 to 7 days after exposure.		
VISITATION		
Follow all MDH, CMS, and local health department guidance on visitation. Consult with the LHD about outdoor visitation. Compassionate care visits are allowed at all times for all residents.		
Residents who are infectious or on quarantine due to exposure should not have visitors aside from compassionate care.		
At the beginning of an outbreak, all visitation must be discontinued except for compassionate care. After all residents and staff have been tested, if all positive residents and staff are on a single unit, indoor visitation may resume on unaffected units. If cases are detected on other units at any point during outbreak, indoor visitation throughout the facility must stop until the outbreak is over. Visitors must be screened for exposure, fever, and symptoms prior to entry and given instructions on hand hygiene and the use of PPE, including wearing a well-fitting mask at all times.		

Recommendations	Date recom-mended	Date imple-mented
Post signs to alert visitors and others entering the building that an outbreak is occurring and that they may be exposed to COVID-19. Discourage visitors from visiting multiple residents or traveling to more than one area of the facility.		
LIMIT EXPOSURES		
Follow LHD directions for allowing or not allowing admissions and readmissions.		
Create a COVID-19 unit or area with designated staff to care for positive residents.		
If possible, create another area for suspect cases and exposed roommates. If that is not possible, leave exposed roommates and suspect cases in their current units but in separate private rooms with their own bathrooms.		
Create a dedicated observation area (this could be a separate unit/wing if possible or dedicated rooms in one area) to house non-COVID-19-positive residents being admitted, re-admitted, or returning after an absence of 24 hours or more. This area should have private rooms with private bathrooms. Some facilities may also use this area or part of this area to house suspect cases and exposed roommates.		
If transport is required, transport personnel and the receiving facility must be notified about the concern for COVID-19. Residents can be discharged home if stable.		
Cohort staff. Staff should not float between units. Personnel should not go back and forth between different areas of the facility. Assign employees to care for the same group of patients each shift, if possible.		
Do not allow movement of residents between units. Residents should not be relocated to other units during an outbreak, unless they are moving to the COVID-19 unit or unit for suspect and exposed residents. They should not travel around the building for activities, dining, etc.		
Follow cohorting and isolation recommendations in Table 5. of Guidelines for Prevention and Control of Upper and Lower Acute Respiratory Illnesses (including Influenza and Pneumonia) in Healthcare Settings Consider both COVID-19 and influenza status during resident placement.		
Discontinue group activities and communal dining. Have in-room therapy only. Facilities may request permission from the LHD to have small group activities with masking and physical distancing in unaffected units. Ill or COVID positive residents should not participate in group activities.		
Discuss with the local health department allowing residents who are not on transmission-based precautions to walk around their own units or to go directly outside. Residents should not move between units. Facilities should consider scheduling residents to be out of their room with staff supervision to ensure social distancing. Residents should not congregate.		
Universal masking. All staff should wear a mask and eye protection at all times while they are inside of the facility. Residents should wear masks or face covers when within 6 feet of other residents or staff and when outside of their rooms, as tolerated. All visitors should wear masks.		
Create areas on each unit where staff can eat, take breaks, and do charting. These spaces should be large enough to allow for social distancing. Consider using outdoor areas and unused spaces like dining rooms and gyms. Remove extra chairs. Post occupancy limits. Avoid having staff from different units share space. Use visual cues to show a 6 foot distance in these spaces and in other areas where crowding may occur.		
EDUCATION		
All staff, residents, and resident representatives should be made aware of the outbreak.		
Remind staff and residents to use respiratory hygiene and cough etiquette**.** Visual aids such as those found on the CDC website can be used as reminders. In-services may help to remind and educate employees.		
Remind staff and residents to increase hand hygiene. Ensure that supplies for hand washing and hand sanitizer are readily available. In-services may help remind staff to be extra vigilant about hand hygiene.		

Recommendations	Date recom-mended	Date imple-mented
Remind staff to adhere to standard precautions when caring for all residents.		
Ensure staff are trained in the correct donning and doffing of PPE.		
Educate staff on the importance of maintaining safer practices while in the community, particularly if they are not fully vaccinated.		
Employ safety officers on all units and shifts to monitor and reinforce proper PPE use, infection control, and social distancing.		
ENVIRONMENTAL		
Enhanced environmental cleaning of frequently touched surfaces (e.g., hand rails, elevator buttons, light switches, handles, door knobs, desks, tables, faucets, sinks and cell phones). Environmental staff should be made aware of the outbreak so that they can concentrate on cleaning these surfaces, especially if time or resources are limited. Use a disinfectant from EPA List N, or a 1:10 bleach solution.		
Environmental services staff should wear appropriate PPE when cleaning the room of any resident for daily and terminal cleaning.		
As much as possible, dedicate medical equipment such as pulse oximetry sensors and blood pressure cuffs to each resident.		
All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies between residents.		
COMMUNICATION		
By 5:00 pm the next calendar day, inform residents, residents' representatives, and staff of the first COVID-19 case or when 3 or more residents or staff have new respiratory symptoms that occur within 72 hours. Provide updates weekly or each time a new COVID-19 case identified or when 3 additional residents or staff develop symptoms within 72 hours of each other. Follow all current directives and orders concerning notification.		
Post signs to make residents, staff, and visitors aware of the outbreak.		
Coordinate public communications with the health department.		
SUPPLIES		
The facility should have supplies of the following readily available for use. Place all supplies in multiple locations near the points of use.		
Hand sanitizer for staff, residents, and visitors		
Soap and paper towels for hand washing		
Tissues for staff, residents, and visitors		
PPE- Facemasks, N95s, gowns, gloves, and eye protection- consult with LHD if supplies are low.		

Local health department (LHD) signature:_____Date sent by LHD:_____

Facility signature:_____Date received by facility:_____