Outbreak Management Checklist for COVID-19 in Nursing Homes and other Post-Acute Care Settings

Facility Name:	
Address/City/Zip Code:	
E-number (Investigation Number):	
Telephone #:	**Fax #:**
Contact Name:	**Email:**

The following recommendations and reporting requirements are being provided to you to assist in the control of the current outbreak at your facility. Please review these basic guidelines with key staff members. **Highlight reflects content revisions.**

Outbreak Intervention	Date Instituted	Date Reinforced	Date Suspended
Communication			
Notify facility Administration.			
Notify facility Medical Director and Infectious Disease Physician (if available).			
Notify facility Infection Preventionist.			
Report any suspect or confirmed outbreak to your local health department (LHD). • Identify LHD contacts using the NJDOH – Local Public Health Directory at http://www.localhealth.nj.gov/. • Review "how to report" at http://www.nj.gov/health/cd/reporting/. • Review NJDOH *Quick Reference Reporting Requirements for Communicable Diseases and Work-related Conditions* at https://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.			
Notify staff of the presence of a COVID-19 case and/or outbreak in the facility.			
Notify patients/residents and their families, as appropriate, of the presence of a COVID-19 case and/or outbreak in the facility.			
General Facility Control Measures			
Review pandemic influenza and disaster preparedness plans to support containment and response efforts.			
Review **testing capacity** to identify SARS-CoV-2 in the facility. • Identify commercial or public health laboratories who will conduct the test(s), turnaround time, personnel who will collect the specimen(s), and appropriate specimen collection materials.			
Implement use of **universal source control measures** (e.g., cloth facial coverings) for persons (e.g., clergy, vendors, visitors) while in the facility.			
Increase accessibility of **hand hygiene** resources in the facility. • Put alcohol-based hand sanitizer with 60–95% alcohol in every patient/resident room (ideally both inside and outside of the room) and other patient/resident care and common areas (e.g., outside dining hall, in therapy gym). • Make sure that sinks are well-stocked with soap and paper towels. • Review NJDOH *Hand Hygiene in Healthcare Settings* at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#4.			

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Evaluate personal protective equipment (PPE) and report levels to https://report.covid19.nj.gov or any successor reporting mechanism required by NJDOH or NJ Office of Emergency Management until registered and entering data to the CDC National Healthcare Safety Network (NHSN) COVID-19 Module.			
Daily Reporting			
Complete line list for **patients/residents**. For more information refer to LHD for COVID-19 specific line list.			
Complete line list for **staff**. (Refer to LHD for COVID-19 specific line list).			
Note: Line list should include all confirmed (i.e., COVID-19 positive, both symptomatic and asymptomatic) and probable (i.e., symptomatic, epi linked) cases. Refer to the *COVID-19 Communicable Disease Chapter* at https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf, for definitions. NHSN Long-term Care Facility COVID-19 Module is required by NJDOH and CMS Nursing Homes. While assisted living facilities do not have the same federal requirement to report to NSHN as nursing homes, their participation is encouraged and required by the NJDOH per Executive Directive NO. 20-026.			
Complete NJDOH NoviSurvey questionnaire for outbreak updates.			
Send completed line lists and facility floor plan to LHD.			
Admissions, Transfers, and Re-Admissions			
Identify area or unit to receive new and readmissions for 14-day quarantine.			
Consider closing to new admissions if you are unable to appropriately cohort. This may not include readmissions back to the facility.			
When transferring any patient/resident, **notify** the transporting agency and receiving facility of outbreak status at the facility and the patient/residents COVID-19 status.			
Note: COVID-19 diagnostic test results should be provided (in addition to other pertinent clinical information) to the receiving facility for any transferred patients/residents upon receipt of lab results. Upon identification of a case of COVID-19 in a patient/resident who was recently admitted (within 14 days), the *admitting facility* should provide these results back to the sending facility to allow for the appropriate response and investigation. Facilities should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Refer to NJDOH *Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities* at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml for information on cohorting including management of new and re-admissions. Re-testing individuals who previously tested positive should be done in accordance with CDC and CDS guidance (e.g., >3 months after the date of onset of the prior infection).			
Infection Prevention and Control			
Educate on infection prevention practices, including control measures for COVID-19.			
Restrict visitors, in general. Refer to NJDOH *COVID-19 Temporary Operational Waivers and Guidelines* for state specific COVID-19 legal and regulatory compliance information at https://www.nj.gov/health/legal/covid19/.			
Restrict entry of non-essential personnel, such as those providing elective consultations, personnel providing non-essential services (e.g., barber, hair stylist), and volunteers, from entering the building in accordance with applicable NJDOH *COVID-19 Temporary Operational Waivers and Guidelines* at https://www.nj.gov/health/legal/covid19/.			

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Infection Prevention and Control (cont'd)			
Evaluate all persons who enter the facility for signs and symptoms of communicable diseases, including fever (temperature checks including subjective and/or objective fever equal to or greater than 100.4 F or as further restricted by facility) and other symptoms of COVID-19 (e.g., gastrointestinal upset, fatigue, sore throat, dry cough, shortness of breath). Refer to CDC Symptoms of Coronavirus for updated symptoms at https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.			
Note: Any persons who enters the facility should be advised to monitor for fever and other COVID-19 symptoms for at least 14 days after exiting the facility. If symptoms occur advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the persons they were in contact with, and the locations within the facility they visited			
Implement **active screening** of patients/residents for fever and other COVID-19 symptoms, at minimum, **each shift**.			
Note: Older adults may manifest symptoms of infection differently, especially at illness onset. Check for patients/residents with malaise, confusion, falling, diarrhea, or vomiting in addition to traditional respiratory symptoms such as coughing, shortness of breath, and fever. Vital signs should include heart rate, blood pressure, temperature, pain and pulse oximetry. The facility staff should increase the frequency of wellness checks in all patients/residents and have a heightened awareness for any changes in their baseline.			
Stop current communal dining and **all group activities** such as internal and external group activities (e.g., beauty shop, physical therapy gym sessions, activities). Encourage patients/residents to stay in their room and/or cohort.			
Identify **unused space** such as therapy gyms, activity, and dining rooms **to cohort** patients/residents.			
Make necessary **PPE** available in areas where patient/resident care is provided.			
Make adequate **waste receptacles** available for used PPE. Position these near the exit inside the room to make it easy for staff to discard PPE prior to exiting, or before providing care for another patient/resident in the same room.			
Implement **Standard and Transmission-Based Precautions** including use of a N95 respirator or higher (or facemask if unavailable), gown, gloves, and eye protection for new and re-admissions, confirmed and suspected COVID-19 case(s), and any patient/resident cared for by a confirmed or suspected COVID-19 positive HCP. Refer to NJDOH *Considerations for Cohorting COVID-19 Patients in Post-Acute Care Facilities* at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml for information on PPE use in each cohort.			
Note: HCP should use all recommended COVID-19 PPE for the care of all patients/residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic patients/residents. Universal use of appropriate PPE for eyes, nose, and mouth may protect HCP from exposure. Refer to the *NJDOH HCP Exposure to Confirmed COVID-19 Case Risk Algorithm* at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.			
Place appropriate **isolation signage** outside of patient/resident(s) room.			
Dedicate equipment in isolation rooms, when able. If not possible, clean and disinfect equipment before use with another patient/resident within that cohort.			
Evaluate internal **environmental cleaning protocols** to ensure appropriate measures are being taken to clean and disinfect throughout the facility.			

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Infection Prevention and Control (cont'd)			
Conduct routine cleaning and disinfection of **high touch surfaces and shared medical equipment** using an EPA-registered, hospital-grade disinfectant on List N (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).			
Consider **increasing the frequency** of routine cleaning and disinfection.			
Prioritize **rounding** in a "well to ill" flow to minimize risk of cross-contamination (i.e., beginning with standard precaution care areas and working toward transmission-based precaution, then finally outbreak rooms).			
Identify **Airborne Infection Isolation Rooms or AIIRs (e.g., negative pressure rooms).** If available, AIIRs should be prioritized for patients/residents undergoing aerosol generating procedures (e.g., cardiopulmonary resuscitation, open suctioning of airways, nebulizer therapy, sputum induction).			
Patient/Resident Management			
Test all previously negative patients/residents weekly until no new facility-onset cases of COVID-19 are identified among **patients/residents and positive cases in staff and** at least 14 days have elapsed since the most recent positive result **and** during this 14-day period at least two weekly tests have been conducted with all individuals having tested negative. • Test any resident showing new signs or symptoms consistent with COVID-19. • Re-testing individuals who previously tested positive should be done in accordance with CDC and CDS guidance (e.g., >3 months after the date of onset of the prior infection).			
Implement **cohorting plan** that allows for separation of patients/residents, dedicating staff and medical equipment to each of these cohorts and allowing for necessary space to do so at the onset of an outbreak. Refer to the NJDOH *COVID-19 Cohorting in Nursing Homes and other Post-Acute Care Settings* document at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.			
Identify the COVID-19 positive cohort and **place signage** that instructs HCP they must wear eye protection and an N95 or higher-level respirator (or facemask, if unavailable) at all times while in that area. Gowns and gloves should be added when entering patient/resident rooms.			
Relocate laboratory confirmed COVID-19 positive patients/residents to the designated cohort, in a **private room** with their own bathroom. If there is no designated area, the person should be in a private room with their own bathroom with the door closed.			
Note: Ensure appropriate use of engineering controls such as curtains to reduce or eliminate exposures between roommates. Roommates of COVID-19 cases(s) should be considered exposed and potentially infected and, if at all possible, should not share rooms with others unless they remain asymptomatic and/or have tested negative for COVID-19 14 days after their last exposure. Refer to CDC Responding to COVID-19 in Nursing Homes at https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html for additional information.			
Staff Management			
Test all COVID-19 negative staff weekly or as otherwise required**.** Prioritize testing of staff showing new signs or symptoms consistent with COVID-19. Re-testing staff who previously tested positive should be done in accordance with CDC and CDS guidance (e.g., >3 months after the date of onset of the prior infection). Refer to NJDOH *COVID-19 Temporary Operational Waivers and Guidelines* for state specific COVID-19 legal and regulatory compliance information at https://www.nj.gov/health/legal/covid19/.			

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Staff Management (cont'd)			
Provide **source control** for all patients/residents when providing direct care.			
Note: All patients/residents, whether they have COVID-19 symptoms or not, should cover their nose and mouth (i.e., source control) when around others, as tolerated. Source control may be provided with tissue, facemasks, or cloth face coverings.			
Implement use of **universal source control** (e.g., cloth face coverings or facemasks) for staff while in the facility, in addition to active screening for symptomatic staff.			
Note: Cloth face coverings are not PPE. They are not appropriate substitutes for PPE (e.g., N95 respirator, surgical mask) when PPE are recommended or required to protect the wearer. Staff who work in multiple locations may pose higher risk and should be asked about exposures to facilities with recognized COVID-19 cases. If staff develop even mild symptoms consistent with COVID-19, they must cease patient/resident care activities, keep their mask on, and notify their supervisor or occupational health services prior to leaving work.			
Identify staff who may be at higher risk for severe COVID-19 disease and attempt to assign to unaffected wings/units.			
Educate and train staff on sick leave policies, including not to report to work when ill.			
Assess staff **competency** on infection prevention and control measures including demonstration of putting on and taking off PPE.			
Bundle tasks to limit exposures and optimize the supply of PPE.			
Note: Review CDC's Optimizing Supply of PPE and Other Equipment during Shortages at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. Contingency and then crisis capacity measures augment conventional capacity measures and are meant to be considered and implemented sequentially. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.			
Consider **cross-training** staff to conserve resources.			
Review or develop **staff contingency plans** to mitigate anticipated shortages.			
Note: Review NJDOH COVID-19 Temporary Operational Waivers and Guidelines page at https://www.nj.gov/health/legal/covid19/ and **NJDOH Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel** at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.			

Resources

NJDOH COVID-19: Information for Healthcare Professionals
https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

CDC Coronavirus (COVID-19)
https://www.cdc.gov/coronavirus/2019-ncov/index.html

CDC Responding to Coronavirus (COVID-19) in Nursing Homes
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

CMS Coronavirus (COVID-19) Partner Toolkit
https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit