|  |
| --- |
| **Long-Term Care COVID-19 Outbreak Intake and Rapid Assessment**  |
| Facility Name Click here to enter text. |
| Address Click here to enter text. |
| Person performing Assessment Click here to enter text. |
| Facility Infection Prevention (IP/DON) Contact- Click here to enter text. |
| Medical Director: Click or tap here to enter text. |
| Infectious Disease Physician: Click or tap here to enter text. |
| Total units in facility with bed count:  |
| Local Health Department Click here to enter text. |
| **Outbreak Summary** |
| Date of Report: Click or tap to enter a date. |  |
| Date facility identified the outbreak: Click or tap to enter a date. |  |
| Organism(s) associated with the outbreak: Click or tap here to enter text. |  |
| Date of first onset/specimen associated with the outbreak (include CDRSS#): Click or tap to enter a date. |  |
| Date of most recent onset/specimen associated with the outbreak: Click or tap to enter a date. |  |
| Current unit with the most cases identified: Click or tap here to enter text. |  |
| Current lab-confirmed case count: Click or tap here to enter text. |  |
| Current COVID-19 labs pending: |  |
| Current number of residents ill with respiratory symptoms: Click or tap here to enter text. <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>Total number of residents in facility: Click or tap here to enter text. |  |
| Total number of units identified with confirmed cases: Click or tap here to enter text. |  |
| Total number of units identified with symptomatic residents: Click or tap here to enter text. |  |
| Please list current units with confirmed cases and/or ill residents: Click or tap here to enter text. |  |
| Have any cases been hospitalized or advanced to higher level care? Choose an item. |  |
|  Hospitalized: Click or tap here to enter text. Outcomes Transferred to higher level of care: Click or tap here to enter text. Expired: Click or tap here to enter text.  |  |
| Are there any ill staff? Choose an item. If so, how many? Click or tap here to enter text. |  |
| Are any staff confirmed cases? Choose an item. If so, how many? Click or tap here to enter text. |  |
| **Facility Response** | **Select Response** |
| Has the facility begun restricting visitors? DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose an item. |
| If yes, please describe: Click or tap here to enter text. |
| Has the facility begun restricting group activities, including therapies and dining? | Choose an item. |
| Has the facility isolated ill individuals and implemented transmission-based precautions in accordance with available guidance?  | Choose an item. |
| If yes, what personal protective equipment (PPE) is being used: Click or tap here to enter text. |
| Has the facility begun any enhanced environmental cleaning procedures?  | Choose an item. |
| If yes, please describe and list products used: Click or tap here to enter text. |
| Has the facility begun active screening of residents?  | Choose an item. |
| If yes, what symptoms are being monitored, please describe: Click or tap here to enter text.  |
| Has the facility begun identifying resident exposures? | Choose an item. |
| Has the facility identified and begun to cohort residents into 1) Ill group, 2) Exposed but not ill group, 3) Not ill/not exposed group | Choose an item. |
| Has the facility closed the unit to new admissions?  | Choose an item. |
| Is the entire facility closed to new admissions?  | Choose an item. |
| **Staffing** |
| Has the facility begun active screening of staff, including contracted services? | Choose an item. |
| If yes, what symptoms are being monitored, please describe: Click or tap here to enter text. |
| Have any staff been sent home or furloughed due to illness?  | Choose an item. |
| Does your facility have a written staff exclusion policy? If so, what is minimum duration of exclusion before staff can return to work? Click or tap here to enter text. | Choose an item. |
| If so, please indicate how many and whether they had contact with any cases or ill residents: Click or tap here to enter text. |
| Have staff been educated on appropriate use of PPE and transmission-based precautions?  | Choose an item. |
| Has there been any cohorting of staff in response to the outbreak?  | Choose an item. |
| **Infection Prevention Practices** |
| Can your facility maintain residents associated with this outbreak on isolation precautions, if appropriate?  | Choose an item. |
| Does your facility have enough available PPE to manage the outbreak (note PPE for COVID-19 includes, gown, gloves, face shield/eye protection, and a face mask or respirator [for aerosol generating procedures])? | Choose an item. |
| If no, what PPE is lacking? Click or tap here to enter text. |
| If yes, have issues of supply chain been addressed?  | Choose an item. |
| Does the facility have the appropriate signage for isolation precautions?  | Choose an item. |
| **TO BE COMPLETED BY NJDOH** |
| Initial call completed with facility? List date: Click or tap to enter a date. |
| Initial Actions and Recommendations from NJDOH:  |  |
| 1) Guidance documents provided on assessing healthcare worker exposure risk, management of LTC respiratory virus outbreaks, mitigation resources and preserving PPE supply and others.  | Choose an item. |
| 2) Instructions on point of contact for ongoing investigation and outbreak support | Choose an item. |