

## Checklist of recommendations for suspected/confirmed COVID-19 outbreaks

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
<b>Surveillance and Reporting:</b>		
Notify the local health department of the outbreak immediately.		
Report new onsets of illness to the local health department on a daily basis and conduct daily active surveillance (residents and staff) until at least 14 days after the last case occurs		
Keep track of illnesses using a line list (attached). Update the line list and share it with the local health department (LHD) daily.		
<b>Care of residents:</b>		
Use standard, contact, and droplet precautions with eye protection (i.e., gown, gloves, face mask, and face shield or goggles) for residents with undiagnosed respiratory illness or suspected or confirmed COVID-19 for 7 days after illness onset or until 72 hours after the resolution of fever and improvement respiratory symptoms, whichever is longer.		
Create a plan, in collaboration with public health, for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only with ill or well residents and/or dedicating a wing or space for suspected or confirmed COVID-19 residents.		
Aerosol-generating procedures should be avoided. If unavoidable, they should ideally be performed in an airborne infection isolation room or, if not possible, in a private, closed room with a closed door while wearing appropriate PPE (i.e., gown, gloves, N95 or higher-level respirator, and eye protection)		
<b>Testing:</b>		
COVID-19 testing and respiratory panel – all residents, even if mildly ill – send 1 NP swab to MDH		
Rapid antigen influenza, if available		
For cases of pneumonia: <i>Legionella</i> urinary antigen tests (collect 3-5 if possible)		
<i>Strep pneumoniae</i> urinary antigen tests (collect 3-5 if possible)		
Sputum for bacterial culture (collect 3-5 if possible)		
Other _____		
<b>Ill staff:</b>		
Employees with fever should stay home until 7 days after onset, 72 hours after the resolution of fever without the use of fever-reducing medications, and improvement of respiratory symptoms, whichever is longer.		
If possible, exclude employees who have had an exposure to a patient with COVID-19 patient without wearing appropriate PPE should be excluded from work for 14 days after the last exposure. If this is not possible, they may continue to work if they remain asymptomatic and use appropriate PPE while working, including a facemask		
<b>Visitors:</b>		
Visitation should be restricted with the exception of end-of-life situations. For these visits, visitors should be screened for fever/respiratory symptoms prior to entry and given instructions on hand hygiene and the use of PPE.		
<b>Limit opportunities for exposure of well people to ill people:</b>		
Follow local health department directions for allowing or not allowing admissions and readmissions.		
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 or re-admitted from an outside facility. Ideally, this area would have private rooms with private bathrooms.		

Recommendations	Date recommended	Date implemented
Residents can be discharged home if stable, but should not be transferred to other facilities unless they need a level of care that the current facility cannot provide. If transport is required, transport personnel must be verbally notified about the concern for COVID-19.		
Cohort residents and 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. They should not travel around the building for activities, dining, etc.		
Restrict all residents to their rooms except for medically necessary purposes.		
Discontinue group activities and communal dining.		
Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.		
Universal masking for staff. All staff should wear a mask at all times while they are inside of the facility. If PPE supplies allow, consider having staff wear all recommended PPE (gowns, gloves, eye protection) for the care of all residents, regardless of the presence of symptoms.		
<b>Education:</b>		
Remind staff and residents to use respiratory hygiene and cough etiquette. Visual aids such as those found on the <a href="#">CDC website</a> 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.		
Remind staff to adhere to standard precautions when caring for all residents.		
Ensure staff are trained in the correct donning and doffing of PPE.		
<b>Environmental:</b>		
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) three times per day. 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 <a href="#">EPA List N</a> , or a 1:10 bleach solution.		
Environmental services staff should wear appropriate PPE (i.e., gown, gloves, and face mask with eye protection) when cleaning the room of any resident for daily and terminal cleaning.		
To extent possible, dedicate medical equipment to residents with fever or signs and symptoms of respiratory illness.		
All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.		
<b>Communication:</b>		
Inform residents, their families, and staff of the outbreak.		
Post signs to make residents, staff, and essential visitors aware of the outbreak.		
Coordinate public communications with the health department.		
<b>The facility should have supplies of the following readily available for use:</b>		
Hand sanitizer for staff, residents, and visitors		
Soap and paper towels for hand washing		
Tissues for staff, residents, and visitors		
PPE- Facemasks, 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: \_\_\_\_\_