Outbreak Checklist

This checklist highlights the first and second priority objectives that should be completed within the first 24-72 hours of an outbreak. The Outbreak Checklist is not comprehensive. Please consult the Long Term Care Rapid Response Recommendations for more details to help guide your response.

First Priority (within 24 hours) **Contact Tracing** ☐ Identify residents and staff who may have had <u>close contact/higher-risk exposure</u> to the individual infected with SARS-CoV-2 **Outbreak Testing** Perform POC or PCR testing on all exposed residents/staff. Refer to the Outbreak Response in Long Term Care for guidance on repeat testing ☐ Contact HAI for mobile testing team support (PCR testing only) **Managing Positive Cases** ☐ Isolate positive residents in a private room with transmission-based precautions (N95, gloves, gown, eye protection) for a minimum of 10 days, regardless of vaccination status ☐ Cohort positive residents in the same hallway or area when possible ☐ Exclude positive staff from work for 10 days (may return to work after 7 days with a negative antigen test prior to return) Managing exposed individuals who are NOT up to date ☐ Identify all residents and staff who are not <u>up to date</u> on vaccination* ☐ Place residents on transmission based precautions and quarantine for 10 days (or 7 days with a negative test on day 6 or 7) ☐ Exclude staff from work for 10 days (or 7 days with a negative test on day 6 or 7) *Individuals who are up to date on vaccination are not required to quarantine or be restricted from work following exposure to SARS-CoV-2 Personal Protective Equipment (PPE) ☐ Ensure all staff are wearing surgical masks *and* eye protection ☐ Encourage masking for residents in common areas Utilize N95 respirators, eye protection, gown, gloves for all residents in isolation or quarantine ☐ Don and doff PPE correctly between COVID and non-COVID resident interactions

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Reporting
☐ Submit all individual COVID test results via NHSN or the state portal (EDX)
☐ Contact HAI (HAI@utah.gov), an Infection Preventionist, or your local health department
to report all new cases
Therapeutics
☐ Work with consulting PCP or local pharmacy partners to obtain COVID therapeutics (oral antivirals and monoclonal antibodies)
☐ Contact HAI for assistance if needed
Second Priority (within 48-72 hours)
Communication and Documentation
□ Notify residents, resident families/guardians, visitors, and new admissions of the outbreak status at the facility and of the quarantine of any exposed residents.
☐ Document, internally, all testing and mitigation measures taken Communal Dining and Group Activities
☐ Encourage masking for all residents (who are not isolated or quarantined) in communal areas of the building
☐ Consider small group dining and/or activities to reduce exposures
☐ Pause group activities and dining if transmission is widespread
Visitation
☐ Determine how visitation can be safely managed during outbreak by consulting the COVID-19 Guidance for Visitors
Disinfection
☐ Schedule regular cleaning and disinfection of frequently touched surfaces and objects and in between use of shared equipment using EPA registered N List disinfectants
Definitions:
Close Contact: Cumulative time period of 15 minutes or more in a 24-hour period within six feet of a person with confirmed COVID-19 infection or any unprotected direct contact with infectious secretions or excretions. Any duration should be considered prolonged if exposure occurred during an aerosol-generating procedure.
 Higher Risk Exposure: Occurs when the healthcare worker had prolonged close contact with someone with confirmed COVID-19 and any of the following: HCP was not wearing a respirator (N95) or eye protection and the person with SARS-CoV-2 infection was also not wearing

HCP was not wearing all recommended personal protective equipment (gown, gloves, eye protection, respirator) while



a face mask;

performing an aerosol generating procedure

Up to date: Received all doses in the primary series and all recommended boosters, when eligible.

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