



Respiratory Outbreak Checklist For Detention and Shelters

Managing Flu/RSV/COVID-19 in high-risk congregate living facilities benefits from a prompt and coordinated team approach.

Steps to control and prevent Flu/RSV/COVID-19 transmission in your facility can be initiated and completed by facility administration, nursing/caregiving staff, and/or environmental services/ cleaning staff. These steps should be initiated when a resident or staff at your facility develops respiratory symptoms and is suspected or confirmed to have Flu/RSV/COVID-19. Symptoms concerning for Flu/RSV/COVID-19 include: fever, cough, and shortness of breath, but also include unusual symptoms such as fatigue, chills, body aches, headache, sore throat, new loss of taste or smell, vomiting, nausea, or diarrhea. In addition to these symptoms, elderly residents may present with weakness, confusion, dizziness, or a subtle change from their baseline.

Control Measure	Non-COVID-19 Respiratory Outbreak (i.e., Influenza A/B, RSV, Parainfluenza, etc.)	COVID-19 Outbreak
Reporting Requirements	<input type="checkbox"/> Immediately report confirmed cases in staff or residents to: <ol style="list-style-type: none"> 1) Contra Costa Public Health Department by filling out the Online Contra Costa Health Services Form, emailing a complete Confidential Morbidity Report (CMR), Subject: Flu/RSV Case at “Name of congregate facility” CoCoCD@cchealth.org, or by calling Contra Costa Public Health at 925-313-6740 and following prompts for reporting 2) Update Sharepoint daily 	<input type="checkbox"/> Immediately report confirmed cases in staff or residents to: <ol style="list-style-type: none"> 1) Contra Costa Public Health Department by filling out the Shared Portal for Outbreak Tracking (SPOT) (Preferred method), emailing a complete Confidential Morbidity Report (CMR), Subject: COVID-19 Case at “Name of congregate facility” CoCoCD@cchealth.org, or by calling Contra Costa Public Health at 925-313-6740 and following prompts for reporting 2) Update Sharepoint daily
Outbreak Monitoring	<input type="checkbox"/> 7 Days	<input type="checkbox"/> 14 Days

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Outbreak Definition	<p>➤ One case of laboratory-confirmed respiratory pathogen, IN; A cluster of respiratory illness (≥ 2 cases) within a 72-hour (3 day) period</p> <p><u>Influenza-like Illness (ILI)</u> New onset of fever (100.0 °F [37.8 °C] or greater) in addition to one or more of the following: cough and/or sore throat. Individuals can also present with some of the following symptoms: chest discomfort, chills, fatigue, general weakness, headache, muscle aches (myalgia), runny nose, and/or confusion.</p>	Confirmed Outbreak: ≥ 3 cases (staff and/or residents) in a 7-day period.
Infectious Period	<ul style="list-style-type: none"> <input type="checkbox"/> 24 Hours prior to onset of symptoms through 7 days from symptom onset. Those with weakened immune systems may be able to transmit virus for an extended period of time. <input type="checkbox"/> Incubation period: 1-4 days 	<ul style="list-style-type: none"> <input type="checkbox"/> 48 Hours prior to onset of symptoms through 10 days from onset of symptoms, plus 24 hours without a fever <input type="checkbox"/> Incubation period: 2-10 days
Screening	<ul style="list-style-type: none"> <input type="checkbox"/> Daily surveillance of residents for ILI during respiratory season (November-April) until at least one week after the last confirmed case of Flu or RSV 	<ul style="list-style-type: none"> <input type="checkbox"/> Daily surveillance of staff upon entry to facility <input type="checkbox"/> Daily surveillance of residents for COVID-19 symptoms <input type="checkbox"/> Passive surveillance for all visitors
Testing	<ul style="list-style-type: none"> <input type="checkbox"/> (November-April) Regardless of vaccination status, test symptomatic residents using a respiratory panel or Multiplex Assay which tests for Influenza A, Influenza B and COVID-19 <input type="checkbox"/> During outbreak- regardless of vaccination status, test symptomatic residents 	<ul style="list-style-type: none"> <input type="checkbox"/> Regardless of vaccination status test symptomatic staff/resident for COVID-19. <input type="checkbox"/> Test exposed staff/residents at least 5 full days after exposure. Then continue to monitor for symptomatic staff and residents until no new cases are identified over the 7-day period. <input type="checkbox"/> Unit-wide testing beyond immediate close contacts may be appropriate in response to an identified case of COVID-19 infection in the facility, please review with Public Health. <input type="checkbox"/> Employee testing is recommended by CalOSHA for 14 days https://www.dir.ca.gov/title8/3205_1.html

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Cohorting	<ul style="list-style-type: none"> <input type="checkbox"/> Isolate a positive case in a single room and implement Droplet and Standard Precautions. <input type="checkbox"/> Residents with influenza may be cohorted in the same room as long as they have the same organism and other respiratory illnesses have been ruled out. 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure residents are cohorted in the appropriate isolation rooms with transmission-based precautions signs placed on door. <input type="checkbox"/> Implement Airborne and Contact Precautions for residents who have COVID-19 like symptoms with testing pending.
Isolation and Quarantine	<ul style="list-style-type: none"> <input type="checkbox"/> Isolate resident for at least 7 days after onset of symptoms or 24 hours after resolution of all respiratory symptoms other than cough -- whichever is longest. <input type="checkbox"/> If after 7 days the client continues to have fever or illness, you may need to extend Droplet and Standard Precautions past 7 days; consult with Public Health as needed. <input type="checkbox"/> Consider quarantine for those exposed and implement Standard and Droplet precautions for 4 days, if unable to start prophylaxis. 	<ul style="list-style-type: none"> <input type="checkbox"/> Residents who test positive (symptomatic or asymptomatic) should be isolated, regardless of their vaccination status until the following conditions are met: <ul style="list-style-type: none"> • 10 days since symptom onset or date of positive test if asymptomatic • Can be shortened to 7 days since symptom onset or date of positive test if asymptomatic; <u>AND</u> • Has a negative COVID test- PCR within 48 hours prior to ending isolation (for residents). If using an antigen test, two negative tests must be obtained, one no sooner than day 5 and the second 48 hours later. • At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; <u>AND</u> • All other symptoms have improved. • NOTE: Isolation should be extended to 10 days for individuals who are unable to wear a mask when around others for a total of 10 days • Exposed residents are able to be transferred, attend court hearings, and medical appointments. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. Facilities that choose to implement quarantine can consider a range of approaches to balance their infection control and operational needs

		and the mental health needs of their residents and staff. See CDC Guidance: CDC Homeless and Detention Guidance
Staff Isolation	<input type="checkbox"/> Exclude all symptomatic staff from work until 24 hours after fever is resolved without the use of fever reducing medicine (acetaminophen, ibuprofen, naproxen and/or aspirin products).	<input type="checkbox"/> Refer to the CCH division COVID Prevention Program (CPP) or Aerosol Transmissible Disease (ATD) program, as applicable.
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Visitation	<input type="checkbox"/> Visitation is allowed during an outbreak. Visitors are required to wear the PPE that is required for the resident they are visiting. Outdoor visitation is preferred if weather permits.	
Communal Dining and Activities	<input type="checkbox"/> Close group activities and communal dining until at least 4 days (96 hours) after the last identified case.	<input type="checkbox"/> Ensure all group activities and communal dining should be closed while contact tracing. <i>Communal activities and dining may occur in the following manner:</i> <ul style="list-style-type: none"> ○ Residents who are not in isolation may eat in the same room without physical distancing, regardless of vaccination status. ○ Residents who are not in isolation may participate in group/social activities together without face masks or physical distancing, regardless of vaccination status. ➤ Residents who have been exposed can participate but should monitor closely for symptoms and isolate/not participate in these if symptoms develop. ➤ It is recommended that exposed residents wear a mask for a total of 10 days following the most recent exposure, even during group activities.

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Admissions and Readmissions In Shelters	<input type="checkbox"/> Shelters can stay open for new admissions. Please ensure the following appropriate infection control is in place: <ul style="list-style-type: none"> Facility has implemented outbreak control measures, as appropriate, such as post-exposure or response testing, cohorting, and transmission-based precautions. Facility has no staffing shortage. Facility must have a trained infection preventionist. Long term staffing plans should be documented. Facility has adequate PPE, staff from all shifts have access to N95 respirator fit testing and all staff have been fit-tested. 	<ul style="list-style-type: none"> Shelters can stay open for new admissions. Please ensure the following appropriate infection control is in place: Facility has implemented outbreak control measures, as appropriate, such as post-exposure or response testing, cohorting, and transmission-based precautions. Facility has no staffing shortage. Facility must have a trained infection preventionist. Long term staffing plans should be documented. Facility has adequate PPE, staff from all shifts have access to N95 respirator fit testing and all staff have been fit-tested.
Transfers	<input type="checkbox"/> Facility should advise PH of all residents who are transported out of facility for hospitalizations, or Emergency Department visits. <input type="checkbox"/> Complete the transfer form: <u>Interfacility Transfer Communication Form – Abbreviated (PDF)</u>	

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PPE *Any person with ILI symptoms and lab results are	Place symptomatic residents in ‘Droplet Precautions’ and “Standard Precautions.” Personal Protective Equipment (PPE) should be worn by all employees when entering isolation rooms: <ol style="list-style-type: none"> 1) Wear a surgical mask 2) Eye protection 	Place symptomatic residents in ‘Airborne and Contact Precautions’. Personal Protective Equipment (PPE) should be worn by all employees when entering isolation rooms: <ol style="list-style-type: none"> 1) Wear an N95 respirator 2) Eye protection 3) Gown and gloves

pending, place the client on Standard, Airborne, and Contact precautions	<p>2) N95 is required if performing an aerosol generating procedure</p> <p>Droplet- Sample Isolation Sign</p>	<p>Airborne- Sample Isolation Sign</p> <p>Contact- Sample Isolation Sign</p>
Hand Hygiene	<ul style="list-style-type: none"> <input type="checkbox"/> When hands are contaminated, soiled, before and after eating, and after toileting wash with soap and water <input type="checkbox"/> Before • Patient contact • Donning gloves • Accessing devices • Giving medication <input type="checkbox"/> After • Contact with a patient's skin and/or environment • Contact with body fluids or excretions, non-intact skin, wound dressings • Removing gloves <input type="checkbox"/> Start using the HAI Hand Hygiene Tool for Adherence Monitoring 	
Masking	<p>Masking continues to be important in settings where vulnerable people are residing or being cared for and is increasingly important when the risk for transmission increases in the community.</p> <p>High-risk settings should develop and implement their own facility-specific plans based on their community, client population, and other facility considerations incorporating CDPH and CDC recommendations.</p> <p>https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Respiratory-Viruses/When-and-Why-to-Wear-a-Mask.aspx</p>	
Environmental cleaning and Disinfection	<ul style="list-style-type: none"> <input type="checkbox"/> Increase cleaning frequency of hard non-porous, high-touch surfaces to every 2 hours with a commercial disinfectant that is EPA approved. <p>***High-touch surfaces include, but not limited to doorknobs, bed rails, call lights, bedside tables, commodes, toilets, phones, keyboards/mouse, hallway rails, elevator buttons and faucets***</p>	
Education	<p>Facility is providing education on hand hygiene, respiratory hygiene, and use of personal protective equipment (PPE) to all staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Education includes proper donning and doffing of PPE to prevent self-contamination. <input type="checkbox"/> Facility is monitoring hand hygiene practices among staff (Hand Hygiene Tool) <input type="checkbox"/> Facility is monitoring appropriate use of PPE among staff (Adherence Monitoring Tool) <input type="checkbox"/> Facility is providing education on criteria for placement in cohort zones to staff 	

Chemoprophylaxis	<input type="checkbox"/> Give antiviral chemoprophylaxis dosage for 2 weeks minimum or 1 week after last identified influenza case – whichever is longer. <input type="checkbox"/> Influenza Antiviral Medications: Summary for Clinicians (CDC) https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm	<input type="checkbox"/> Currently there are no FDA PreP authorized treatments
Vaccination	<input type="checkbox"/> Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications.	<input type="checkbox"/> COVID-19 vaccination is recommended for everyone ages 6 months and older in the United States for the prevention of COVID-19. <input type="checkbox"/> CDC recommends that people stay up to date with COVID-19 vaccination by completing a primary series and receiving the most recent booster dose recommended for them by CDC.