

COVID-19 Outbreak Non-Residential Settings



Acute Communicable Disease Control 313 N. Figueroa St., Rm. 212 Los Angeles, CA 90012 213-240-7941 (phone), 213-482-4856 (facsimile)

publichealth.lacounty.gov/acd/									
CONTACT INFORMATION									
Facility Name		IRIS OB Number		Date OB Opened					
Address- Number, Street	City		State	ZIP Code					
,									
Daine and October 1 November 1 Title		Di		E mail Address					
Primary Contact Name and Title		Phone number		E-mail Address					
OUTBREAK SETTING									
Food Service Facility: Specify type.									
_ , , , , , , , , , , , , , , , , , , ,									
☐ Grocery store ☐ Restaurant ☐ Processing/manufa	acturing _	warenouse	Other:						
☐ Place of Worship									
☐ Worksite. Specify:									
☐ Other non-residential setting: Specify									
Outbreak Definition:									
outsion beningen.									
At least 3 laboratory-confirmed with symptomatic or as				are epidemiologically linked, who do not					
share a household, and are not close contacts of each									
 At least 5% of the facility census are laboratory-confirr a 14-day period, and in the absence of identifiable epi 			nptomatic), with a r	ninimum of 5 laboratory-confirmed, within					
a 14-day period, and in the absence of identifiable epi	demiological	IIIIKS .							
¹ Epidemiologically linked cases include persons with identifiable connecti	iona to oach at	har auch as baing pro	cont the same setting	during the same time period (e.g. same					
shift/department, same physical work area) within likely timing of exposur									
transmission of disease between cases compared to sporadic incidence.	Cases sharing	housing or transporta	tion provided by the e	mployer are evaluated as individual cases as					
employer-provided facilities are considered an extension of the worksite.									
DESCRIPTIVE INFORMATION									
Defined authorite and Define facility									
Defined outbreak area: ☐ Entire facility Total # of staff/employees onsite ☐									
☐ Single Outbreak (OB) zone									
Name and description of OB zone									
Total # of staff/employees onsite ir ☐ Multiple OB zones, describe in tab									
Multiple OB Zones, describe in tab	ne below.								
Multiple OB Zones Details, if applicable. If more than on	ne OB zone w	as identified, provi	de information belo	w. Otherwise leave blank.					
Name and/or Description # of St	taff/Employe	as Onsita	# of COVID-Pos	tive Cases					
" or or	tuii/Eiiipioye	or onone	" or covib 1 co						
OB Zone #1:									
									
OB Zone #2:									
OB Zone #3:									
OB Zone #3:									
OB Zone #3:									
Total # of staff/employees onsite in all OB									
Total # of staff/employees onsite in all OB									
Total # of staff/employees onsite in all OB zones (Add rows): Additional Outbreak Information	date a case	was present at facil	itv ² :						
Total # of staff/employees onsite in all OB zones (Add rows): Additional Outbreak Information	date a case	was present at facil	ity²:						
Total # of staff/employees onsite in all OB zones (Add rows): Additional Outbreak Information Earliest date a case was present at facility ² : Latest		was present at facil							
Total # of staff/employees onsite in all OB zones (Add rows): Additional Outbreak Information Earliest date a case was present at facility ² : Latest	date a case	was present at facil	Total # of non-sta	aff associated with outbreak estimated to					
Total # of staff/employees onsite in all OB zones (Add rows): Additional Outbreak Information Earliest date a case was present at facility ² : Latest		was present at facil							

Facility Name:							OB Number:	
Total Case Counts								
Outbreak-Associated Cases. N was identified.	ote: This can refer to t	he entire facilit	y or OB	3 zone(s)	in total and	l would not include	all cases in the facilit	y if an OB zone(s)
	# tested positive	# cases rep		# hosp	italized	# died	# fully vaccinated	# boosted
Staff/employees								
Non-staff: Specify type #1								
Specify type #2								
Specify type #3								
Total (Add rows)								
# suspected cases (i.e. not tested and NOT to be included in case counts)	Staff:	Non-sta	on-staff: Total # cases in facility reported during investigation:				on:	
Reported OB-Associated	Total #:							
Cases Not Linked in IRIS								
Reason(s) Not Linked	# Missing lab reports	S:						
	# Out of County residence:							
	# Other reason:		Speci	ify reasor).			
	# Other reason: Specify reason: # Unknown:							
TEOTINO INCORMATION	,, σ							
TESTING INFORMATION Was a worksite testing program a	already in place prior to	outhreak?	Ves	□No				
If yes, describe	aneady in place prior to	outbreak:	103					
Was additional testing conducted	Lin response to identifi	cation of outbr		□ Vos	□ No			
<u> </u>	•							
What kind of testing was cond	_	_			aa 🗆 M	ore then once one	ecify	
		_					:City	
If no additional testing was co	Other, spe	City						
_			-					
Total # staff tested during investig Was genomic sequencing condu-		anneisted and	-2 T V	/aa 🗆	No			
Describe results:	cted for ally outbreak-a	associated cas	e: 🗀 ı	ies 🗀	INO			
Describe results.								
CONTROL MEASURES								
Check all control measures taken	in response to the out	tbreak.						
☐ All cases excluded from	n site while under isola	tion.						
☐ Close contacts affiliated	d with facility and non-e	exempt exclud	ed from	site while	e under qu	arantine.		
☐ Notification of all emplo	yees of outbreak at sit	e while mainta	ining pa	atient priv	acy			
☐ Posted notification of o	utbreak at facility entra	nce and comm	nunity a	reas				
☐ Notification to clients, c	ustomers, or vendors v	who are close	contacts	s to cases	at facility			
☐ Posted notification of ex	xposure to spaces adja	acent to facility	(e.g. eı	mployees	of other b	usinesses or reside	ents in multiuse buildir	ng).
☐ Checked temperature a	and/or symptoms of all	persons daily	who are	e at facilit	y			
☐ Maintained daily visitor	log							
☐ Screened clients, vendo	ors, and visitors for fev	er and sympto	ms					
☐ Increased frequency of	environmental cleanin	g to	times/d	day.				
☐ Facility temporarily clos	☐ Facility temporarily close operations from (start date) to (end date)							

Facility Name:				· · · · · · · · · · · · · · · · · · ·	OB Number:		
☐ Social distancing measures in acc	cordance with	re-opening protocols reinforced (de	scribe):				
☐ Increased education on respirator	v and hand h	vaiene					
☐ Site visit(s) conducted: total # visits # joint visits with Division of Environmental Health							
☐ LACDPH mobile vaccine unit was	☐ LACDPH mobile vaccine unit was deployed to facility: Date(s)						
Other measures (describe):							
REMARKS (Include: line list, map, epidemic curve, EH site visit reports, laboratory results, and other associated documents, if available).							
	·		·		· ,		
Investigator's name (print)	Investigator's signature		Date		Telephone number		
Health District Superv		Supervisor signature	pervisor signature A		Area Medical Director's signature		