

COVID-19 Outbreak Congregate Residential Settings



CONTACT INFORMATION

Facility Name		CMR OB Number	Date Outbreak Reported	
Address- Number, Street		City	State	ZIP Code
Primary Contact Name and Title		Pager/Phone number		E-mail Address

OUTBREAK TYPE AND SETTING

Facility type:

Care-giving facility: Specify. _____

High risk setting criteria met:

Facilities that provide caregiving services primarily to residents with at least two or more of the following:

- Residents older than 65 years of age
- A memory care unit or at least 25% residents with dementia or severe mental illness diagnosis
- Provide medical care to residents who are non-ambulatory
- Serve residents that require regular direct on-site medical care

Specify criteria details. _____

Housing residential facility: Specify. _____

Outbreak Definition by Setting:

Care-giving Congregate Residential Setting: At least two confirmed cases of symptomatic or asymptomatic COVID-19 (including residents and/or staff who have direct contact with residents), within a 14-day period.

High-risk Care-giving Congregate Residential Setting: At least one or more laboratory confirmed cases (symptomatic or asymptomatic) of COVID-19 has been identified in a resident, OR At least two confirmed cases of symptomatic or asymptomatic COVID-19 in staff who have direct contact with residents, within a 14-day period.

Housing Residential Setting: At least three confirmed cases of symptomatic or asymptomatic COVID-19 (including residents and/or staff), within a 14-day period.

DESCRIPTIVE INFORMATION

Case definition:

Any person with suspected/symptomatic* or laboratory-confirmed COVID-19 between _____ (onset date of first case) and _____ (date outbreak approved to be closed) at the facility named above.

*All cases of respiratory illness (characterized by fever and cough or shortness of breath) of unknown etiology can be included as suspected COVID-19.

Total Numbers

		Number of beds:		
		Number of residents:		
		Number of staff/employees employed:		
		Number of reported staff/employee absences possibly due to illness:		
Date of first onset:	Date last onset:	Date last case worked (staff/employee):		
Case Counts	# probable (symptomatic)	# confirmed	# hospitalized	# died
Residents:				
Staff/employees:				

LABORATORY INFORMATION

	# Tested	# Positive for SARS-CoV-2	Comments
Residents:			
Staff/employees:			

CONTROL MEASURES

Check all control measures taken in response to the outbreak.

- Isolation/home restriction of suspected and confirmed cases
- Quarantine, or instruct to quarantine, close contacts affiliated with facility in restricted areas or at home
- Implement targeted testing
- Implement wider testing (describe): _____
- Notification of staff and residents of outbreak at site while maintaining patient privacy
- Posted notification of outbreak at facility entrance and community areas
- Notification to clients, vendors, or visitors who are close contacts to cases at facility
- Check temperature and symptoms of all persons daily who are still at facility
- Maintained daily visitor log
- Screened clients, vendors, and visitors for fever and symptoms
- Facility temporarily closed to new admissions for _____ days/weeks
- Facility temporarily closed to vendors or visitors for _____ days/weeks
- Staff cohorted to specific patients or areas
- Staff essential to operations retained at facility
- Social distancing measures reinforced (describe): _____
- Increased education on respiratory and hand hygiene
- Other measures (describe): _____

REMARKS (Include line list, map, epidemic curve, laboratory results and other associated documents if available).

Investigator's name	Title	District/Program
Email address	Telephone number	Date
Supervisor's name	Title	District/Program
Email address	Telephone number	Date