



Acute Communicable Disease Control  
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publichealth.lacounty.gov/acd/

## COVID-19 Outbreak Persons Experiencing Homelessness (PEH) Settings



### CONTACT INFORMATION

Facility or Site Name		IRIS 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:

- ☐ Shelter: Specify. \_\_\_\_\_
- ☐ Recuperative Care Center: Specify. \_\_\_\_\_
- ☐ Encampment: Specify. \_\_\_\_\_
- ☐ Homeless Services Provider or Hygiene Center: Specify. \_\_\_\_\_
- ☐ Safe Parking Site: Specify. \_\_\_\_\_
- ☐ Single Room Occupancy Housing: Specify. \_\_\_\_\_
- ☐ Hotel / Motel (Project Room Key or Isolation/Quarantine Site): Specify. \_\_\_\_\_
- ☐ Transitional/Permanent Supportive Housing (Discrete Apartments): Specify \_\_\_\_\_
- Transitional/Permanent Supportive Housing (Project Home Key): Specify \_\_\_\_\_
- Tiny Homes: Specify. \_\_\_\_\_

#### Outbreak Definition by Setting:

- ☐ Shelter, Encampment, Recuperative Care Center – 3 lab confirmed cases in a resident or staff OR 3 Persons Under Investigation (PUIs) within 14 days
- ☐ Single Room Occupancy (SRO), Project Roomkey (PRK) Hotel/Motel, Project Homekey (PHK), Tiny Home Villages, Safe Parking Sites, Homeless Service Providers, Homeless Hygiene Centers: 3 lab confirmed cases among staff or clients, from different households within 14 days
- ☐ Isolation/Quarantine (I/Q) Site – STAFF ONLY: 3 lab confirmed cases within 14 days
- ☐ Transitional/Permanent Supportive (Discrete Apartments) 3 lab confirmed cases from 3 different households within 14 days

### 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 probable COVID-19 cases.

#### Total Numbers

		Number of beds / tents:		
		Number of non-staff:		
		Number of staff/volunteers:		
		Number of reported staff/volunteers absences possibly due to illness:		
Date of first onset:	Date last onset:	Date last case was at facility/site:		
Case Counts	# probable (symptomatic)	# confirmed	# hospitalized	# died
Non-staff:				
Staff/volunteers:				

**LABORATORY INFORMATION**

	# Tested	# Positive for SARS-CoV-2	Comments
Non-staff:			
Staff/volunteers:			

**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, contacts affiliated with facility/site in restricted areas or at home

Facility Name: \_\_\_\_\_ OB Number: \_\_\_\_\_

- ☐ Implement targeted testing
- ☐ Implement wider testing (describe): \_\_\_\_\_
- ☐ Notification of staff and non-staff 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 for fever and symptoms daily
- ☐ 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 (describe type): \_\_\_\_\_
- ☐ Social distancing measures reinforced (describe): \_\_\_\_\_
- ☐ Increased education on respiratory and hand hygiene
- ☐ Initiated active screening of staff for fever and symptoms daily during an outbreak
- ☐ Posted signage of staying home if you have fever and symptoms
- ☐ 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