



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. \_\_\_\_\_
- Other Outdoor Congregate Area: Specify. \_\_\_\_\_
- Single Room Occupancy Housing: Specify. \_\_\_\_\_
- Hotel / Motel (Project Room Key or Isolation/Quarantine Site): Specify. \_\_\_\_\_
- Transitional/Permanent Supportive Housing (Discrete Apartments): Specify. \_\_\_\_\_

**Outbreak Definition by Setting:**

- Shelter, Encampment, Recuperative Care Center – 1 lab confirmed case in a resident or staff OR 2 Persons Under Investigation (PUIs) within 14 days
- Single Room Occupancy (SRO), Project Room Key (PRK) Hotel/Motel, 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:			
<b>Date of first onset:</b>	<b>Date last onset:</b>	<b>Date last case was at facility/site:</b>		
<b>Case Counts</b>	<b># probable (symptomatic)</b>	<b># confirmed</b>	<b># hospitalized</b>	<b># died</b>
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, 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 (describe type): \_\_\_\_\_
- 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