



MEMORANDUM

Date: May 26, 2020

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator

A handwritten signature in black ink, appearing to read "CHH", is written over the printed name "C.H. Huckelberry".

Re: **Approved COVID-19 Case Reporting and Contact Tracing Plan**

Please see the attached plan from our new, Appointed Public Health Director Dr. Terry Cullen. Dr. Cullen has outlined a very aggressive and specific plan for improving contact tracing. I have approved the plan and have asked both our Procurement and Human Resources Departments to facilitate implementation of the plan.

In addition, Dr. Cullen provides valuable information regarding contact tracing and other activities related to minimizing the spread of a communitywide communicable disease such as COVID-19. I suggest you review the attached memorandum in detail as it forms the County's basic policy to confront and minimize the spread of COVID-19.

I fully support our public health professionals in this effort and I ask that you join me in doing so.

I will be providing a memorandum to you regarding testing practices and how these testing practices can be applied to minimize the spread of COVID-19 to our most vulnerable population. These practices follow established public health guidelines. I also understand other agencies may choose to emphasize other alternatives. Such is their decision to make, but our priority for the use of our resources will be as guided by Pima County public health officials.

CHH/anc

Attachment

c: Jan Leshner, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services

Date: May 22, 2020

To: C.H. Huckelberry
County Administrator

From: Theresa Cullen, MD, MS
Appointed Public Health Director 

Via: Francisco García, MD, MPH 
Deputy County Administrator & Chief
Medical Officer

Re: COVID-19 Case Reporting and Contact Tracing Plan

The Pima County Health Department (PCHD) routinely conducts case reporting and contact tracing for reportable infectious diseases. PCHD conducts on average 8,600 communicable disease investigations (CDIs) within a usual year, with a focus on vaccine preventable diseases, foodborne, vector borne and hospital acquired infections. Case reporting includes initial contact with the patient diagnosed with the infection (referred to as the case) to provide education and instructions on appropriate care and treatment. Case reporting also includes the identification of close contacts who may be at risk for becoming ill. These identified 'contacts' are subsequently contacted by a contact tracer and evaluated for potential exposure and risk when appropriate for the illness.

Our CDI response to the COVID-19 Pandemic is based on this past experience and documented in the attached Pima County Standard Procedure for Case Reporting and Contact Tracing. This standard procedure has been adapted from other areas, including Maricopa County. The procedure incorporates best practices as well as lessons learned over the past few months, and assumes that every case requires contact tracing.

Since the pandemic began, Pima County has had an active case reporting and contact tracing initiative that follows this standard procedure. Initially, case reporting and contact tracing staffing included six PCHD epidemiology staff. Once the increase of COVID-19 case investigations occurred, additional PCHD staff were deployed (up to 17 staff at different times). The ongoing high case load continued to result in the need for additional support; 11 retired healthcare volunteers (equivalent to 3 FTEs) from MRCSA (Medical Reserve Corp of Southern Arizona) working on a rotating basis were deployed in mid-March and volunteer college students from the Mel and Enid Zuckerman College of Public Health were deployed in April. Since March 1, 2020, 1903 COVID-19 cases have been reviewed; 84% have been reviewed by PCHD staff while 16% were reviewed by MRCSA and college students.

In addition to the high case load, COVID-19 has presented unique challenges for case reporting and contact tracing. These challenges have included delays in laboratories reporting tests results with subsequent delay in notification of cases, evolving science and public health recommendations, and the need to identify and follow contacts for a 14 day period to assess their symptoms and refer to care as appropriate.

Our increased staff, equivalent to 24 FTE, is currently unable to meet the increased CDI needs of COVID-19 in a timely manner. Our goal is to significantly expand our ability to achieve timely and effective contact tracing to ensure control of the current pandemic. To meet this goal, consistent with best practices and based on experience of others as well as a contact tracer calculation tool, we have estimated the overall need for 16 ‘managers’ and 140 contact tracers for a 6 month period. These 140 contact tracers would include up to 10 contact tracers that would staff field based investigations. Current PCHD staff will meet 23 of these positions; additionally, we estimate that volunteers will be able to fill an additional 6 FTEs, leaving the need for 127 positions. Ideally, we would use local organizations through a contracting vehicle to support a portion of this need.

Staff Designation	FTEs
PCHD Epidemiology and CDI Staff	8
PCHD Support and Administrative Staff	4
PCHD Nursing Staff *	8
Medical Reserve Corp of Southern Arizona	3
University of Arizona MEZCOPH students **	1.25
Anticipate Additional Support	127
Peak Total	151.25

- * Public Health Nursing Staff assigned to assist in contact tracing
- ** 50 hours per week of student staffing from UA

At the current time, we are able to initiate a case report on 68% of cases within a 2 day period. Ideally, timely case investigation would ensure that at least 80% of cases have initial interview with a CDI within 48 hours of PCHD notification of report. We aim to identify and notify contacts of exposure and test at least 75% of symptomatic contacts within 48 hours of initial contact. Additional staff will also support case investigations and contact tracings after normal working hours and on weekends. We will report these and other metrics, including time to interviews, number of contacts notified, contacts who complete full 14 days of monitoring on a regular basis to the Board of Supervisors as well as the public.

We are committed to rapidly enhancing our case reporting and contact tracing to meet the needs of the community, and enhance our local capacity to respond to future needs. I recommend the following immediate steps that would be eligible for federal reimbursement:

- Issue an RFP for comprehensive case investigation, contact tracing and contact monitoring supplemental service. This includes provision for local staffing, training; and/or continuum of services;
- Develop and implement supplemental data collection, management and analysis supporting epidemiological investigation and modeling; identify and obtain appropriate data collection platform;

Mr. Huckelberry

Re: COVID-19 Case Reporting and Contact Tracing Plan

May 22, 2020

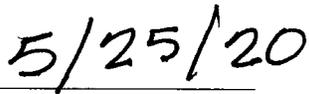
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- Supplement existing workforce with temporary/intermittent staff supporting contact tracing.

Approved Disapproved



C.H. Huckelberry, County Administrator



Date

Attachments

1. Overarching Contact Tracing Steps/ Proposed Metrics
2. Pima County Case Investigation and Contact Tracing Plan

c: Jan Leshar, Chief Deputy County Administrator

ATTACHMENT 1

Overarching Contact Tracing Steps/Proposed Metrics

Pima County May 20, 2020 Best Practices Contact Tracing Process	Challenges
<p>Identification and notification of cases with instructions on isolation and treatment.</p>	<ul style="list-style-type: none"> • Laboratories are providing specimen testing for patients that are not aware of ADHS laboratory reporting requirements, with a delay in notification to provider and patient • Routine education on isolation at time of specimen collection is not documented • PCHD may contact patient first before provider notifies patient of positive test result • Laboratory results transmitted electronically to ADHS with variable degree of lag time • ADHS sends to PCHD with minimal lag time • Limited data set included with report; clinical information including hospitalization information not provided • Case identification impeded by lack of demographic data (phone number, address) requiring PCHD to 'find' patient • Once located, contact tracing begins
<p>Interviewing index cases to help identify contacts as well as public gatherings (weddings, funerals) attended, and their risk of exposing COVID-19 to their contacts during their infectious period</p>	<ul style="list-style-type: none"> • Adequate Staffing • Case reluctance in identifying contacts • Inability to easily locate contacts • Case engagement with interview process • Rapidly changing public health guidance (antibody, antigen, PCR testing algorithms) • Usability of Software
<p>Providing notification to contacts of potential exposure. For each contact, assessing exposure risk, determining if they are experiencing compatible symptoms, and for those symptomatic, provide testing options and appropriate referrals. For each contact to the index case with compatible symptoms, obtain their close contact(s) name and contact information.</p>	<ul style="list-style-type: none"> • Adequate staffing for daily 14-day monitoring • Changing public health guidance • Tools and knowledge to assess exposure risk in different populations/cultures • Ability for individual assessment of current symptoms • Need for potential testing and referral • Contact engagement in education • Contact commitment to quarantine if appropriate • Support to meet quarantine needs

Overarching Contact Tracing Steps/Proposed Metrics

Pima County May 20, 2020 Best Practices Contact Tracing Process	Challenges
Monitoring of contacts, daily reporting on each contact's symptoms and temperature for 14 days after last contact with the index cases while they were infectious, and referring for testing and care when indicated	<ul style="list-style-type: none"> • Adequate Staffing • MEDSIS not designed for reporting daily contact information • Labor intensive process • Lost to Follow Up without active engagement with Contact Tracer • Incentive for contact participation • Unanswered questions about employment/ unemployment

Proposed Metrics:

1. Case
 - a. Time to interview from symptom onset and diagnosis
 - b. Time to interview from date assigned to interview completion
 - c. Absolute number and proportion interviewed
2. Contacts
 - a. Median number of contacts elicited;
 - b. Number of contacts notified
 - c. Time from exposure/case notification to contact notification
3. Contact Follow up
 - a. Contacts with daily contact
 - b. Contacts with symptoms evaluated within 24 hours of symptoms
 - c. Contacts who complete full 14 day of monitoring
4. Efficacy
 - a. Number of new COVID -19 cases arising among contacts during self- isolation period

ATTACHMENT 2

COVID-19 Investigation Process

Pima County Case Investigation & Contact Tracing Plan
Modified from Maricopa County Health Department



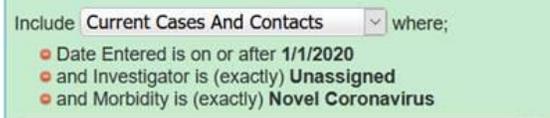
TRIAGE & CASE ASSIGNMENT PROCESS:

Triage Team – triage per the triage protocol

- For the cases that need investigations per the triage protocol, mark all as “active” status & leave case as unassigned
- Classify “confirmed” for PCR & “suspect” for antigen

Investigators

- Use the following filter for selecting cases from the MEDSIS queue (TO BE MODIFIED)



- Scroll to the bottom of the queue & select only cases marked as “active” status (some may be classified as confirmed & some suspect)

1. Investigator receives provider/facility report of positive/presumptive positive COVID-19

- Check for a duplicate case in MEDSIS
- Positive reports may be received from IP MEDSIS entry, ELR report, or ASPHL result report
- If no lab report is attached or linked per ELR, investigator must obtain the report

2. If case is known to be part of an existing COVID-19 outbreak or cluster

Investigator

- Link the case to the correct outbreak in MEDSIS (refer to the COVID MEDSIS Documentation Guide)
- Notify the Team of the MEDSIS number & the Outbreak Name
- DSO completion may be held for residents of facilities listed in Outbreak Module (OBM), but all other documentation should be completed per investigator
- Staff linked to an existing outbreak will need a standard interview per investigator

Cluster Response Team

- Ensure line lists are received & UTD – reach out to facility if line list not UTD
- Batch enter DSO information from obtained line lists for residents of facilities

3. Investigator to call case & notify of positive/presumptive positive results

- Obtain the following information (if not entered already in MEDSIS):

Demographic information

Name:
Gender:
DOB:
County of Residence/Zip Code:
Email:
Contact phone number:
MR#:

Template information as follows

Age:
Reporting provider name & contact #:
Facility:
Onset date:
Hospitalization (Y/N & admit dates):
ICU (Y/N):
Lives or works in congregate Housing (Y/N):
History of Diabetes/Cardiac disease/Hypertension/Chronic pulmonary disease/Chronic kidney disease/Chronic liver disease (Y/N):
Daycare/school attendee (Y/N) (Name of facility & dates of attendance while potentially infectious):
Household contacts & intimate partner (Name & DOB):

Next steps

Notified case of positive COVID-19 results & reviewed calculation of home isolation duration
Provided home isolation guidance
Provided household and close contact exposure information to case
Obtained HH & intimate partners & created contact cases
Will follow up with case in 14 days to complete HH & intimate partner contact tracing

CASE INVESTIGATIONS STEPS:

4. **Obtain information for each household or intimate contact**
5. **Utilize the [ADHS Case Definition](#)** for COVID-19 to determine if case classification based on case interview information and laboratory testing.
6. **Send follow up email to case with attachments using the *Public Health Notification***
 - Home Isolation Guidance
 - Quarantine & Social Distancing Guidance
 - Public Health Statement of Medical Absence form

Note: When attaching the Medical Absence form for your case, be sure to save it as a pdf before sending
7. **Fill in DSO in MEDSIS**
 - Consider requesting medical records/contacting hospital IP/contacting ordering provider's outpatient facility to complete the case DSO
 - Children <18 - Please interview parent/ guardian or obtain permission from parent/ guardian to interview minor
 - Please fill out foster care questions in DSO
 - Intubated/Hospitalized patients unable to speak
 - Attempt to fill out the DSO as complete as possible by:
 - Calling the IP/bedside nurse to obtain next of kin or emergency contact information
 - Review of medical records
 - Calling the IP/bedside nurse and asking DSO questions
 - Cases who do not speak your native language
 - Please utilize the Language Line to complete interview
 - Must obtain permission from case prior to completing interview with family or friend
8. **Investigator to determine if case is high risk or not**
 - EMS or Healthcare facilities (both inpatient & outpatient) - No exposure notification
 - Childcare facility exposure - Notify your Investigations Lead
 - Correctional facility exposure - Notify your Investigations Lead
 - Workplace/ Businesses- Notify your Investigations Lead
 - Residential Treatment Centers – Notify your Investigations Lead
 - Homeless/unstable housing shelter facility exposure - Notify your Investigations Lead
 - LTCF/Assisted Living/Group Home/Behavioral Health residential facility exposure - Notify your Investigations Lead and refer to the LTCF Follow Up Process section in this document for next steps
 - LTCF Liaison can assist with training an investigator in this process or to consult on complex situations
 - Verify name and address of facility and unit type
 - Utilize LTCF Guidance for LTCF/Assisted Living/Group Home facilities
 - Utilize Behavioral Health Guidance for Behavioral Health residential facilities
9. **Investigator to close and submit case**
 - Follow COVID MEDSIS Documentation Guide (in addition to the Investigation Protocol) for step by step on COVID documentation.

**If you need a records request done or records pulled from a health care facility send an e-mail to the Investigator Lead with the case number & your requested task.

HOUSEHOLD (HH) & INTIMATE CONTACTS TRACING:

Investigator (NB- THIS FORM MAY BE MODIFIED)

- Gather the information for each household or intimate contact **using the Appropriate Form**
 - A contact is considered a person who was <6ft for >10mins during the case’s infectious timeframe
 - All contacts can be captured on the same Contact Tracing Fillable Form by making a new tab for each contact (instructions included on form)
- Provide quarantine/home isolation guidance to case to share with their HH & Intimate contacts
- Laboratory confirmed, symptomatic contacts should be Epi-linked to the index case
- Symptomatic persons without laboratory confirmation with high-risk professions and/or at risk for poor outcomes referred their PCP or 211 for testing
 - Investigator should assign self as investigator for contacts
- Asymptomatic contacts can be entered & completed per the Contact Tracing Data Entry Team members
- Save the completed Contact Tracing Fillable Form to the Index Case’s attachments
- Notify Investigator Lead of need for asymptomatic contact entry by emailing with the index case MEDSIS number & “Requesting contact entry” in the subject line

DEMOGRAPHICS	
1	Investigator of Index Case
2	MEDSISID of Index Case
3	Type of Contact
4	First Name
5	Last Name
6	DOB or Age
7	Gender
8	Contact phone number
9	Preferred contact method
10	Email address (if preferred is email)
11	AZ resident OR will be in AZ for duration of monitoring period?
12	IF NO: State of residence
13	IF YES: AZ County of residence
14	Date of last exposure to index case (if unknown, enter the date the index case was interviewed)
CURRENT SYMPTOMS	
15	CURRENTLY MEETING CASE DEFINITION? No
16	WHO ENTERS CONTACT INTO MEDSIS: DATA ENTRY
17	Fever?
18	Onset Date
19	Cough?
20	Onset Date
21	Sore throat?
22	Onset Date
23	Shortness of breath?
24	Onset Date
25	Difficulty breathing?
26	Onset Date
27	Rigors?
28	Onset Date
29	Chills?
30	Onset Date
31	Olfactory and taste disorders (newly developed)?
32	Onset Date
33	Headache?
34	Onset Date
35	Myalgia?
36	Onset Date

Contact Tracing Data Entry Team member

- Receives case number & enters contacts
- **Under Contacts section in MEDSIS Index Case**
 - Click “Add”
 - Enter First Name, Last Name, DOB, and Gender; click “Search”
 - If results found, click the add symbol next to the name, if no Novel Coronavirus case listed OR click the add symbol next to the Novel Coronavirus case under the name, if listed

First Name	Middle Name	Last Name	Date of Birth	Gender
+		SAM		
+		20-5506838 Novel Coronavirus		

- If “No results found” click “New Person”
- Enter Information from the Contact Tracing Fillable Form attached to the index case in MEDSIS. The numbers in the table correspond to the fields below:

Contacts
 This Patient was exposed to:
 This person was not exposed to any known contact or case.
 This Patient exposed:
 This person did not expose any known contact or case.

LAST ON THIS PAGE: SAVE

First Name: 4 Last Name: 5 DOB: 6 Gender: 7 Show Fewer Fields Save

Search

Contact Information
 Same as index case

Home Address: Street, Unit, City, State: 11 ZIP Code

Country: 13 United States Reservation

Patient
 Age at Event: 46 Is the patient immunocompromised? Is the patient pregnant?

Case Management
 Exposure
 Exposure Category: 3
 Date/Time of First Exposure: 14 Date/Time of Last Exposure Follow-up needed
 Prophylaxis
 Was prophylaxis provided? Prophylaxis date Provided by Type of Prophylaxis
 Type of medication Dose Duration

Home Phone: 8

- **Under Case Management: Investigator section**
 - Assign contact to index case investigator (Form row #1)
- **Under Patient Details: Phone/E-mail section**
 - Add email in the field below (Form row #10, if obtained)

Phone/E-mail

Type	Primary	Phone/E-mail
Home		

Phone Type: E-mail Primary E-mail address

Phone Number: 10 Suggested format: example@azdhs.gov

Notes (2000 character max):

Save Cancel

- **Under Case Details: Classification section**
 - Classify as “Confirmed” in local classification dropdown
 - Mark Investigation Status as “Completed” and add date of completion (date of contact entry)
- **Under Case Details: Comments section**
 - Enter the following comments in the text box (copy and paste as needed; example below)

asymptomatic

Phone OR *Text* OR *Email*

Contact of <<<MEDSIS Number (Form row #1)>>>; quarantine/isolation guidance provided; informed of monitoring process.

Classification

State Classification Local Classification Disease Imported Binational Detection Method Is the patient immunocompromised Investigation Status Date Completed Patient Outcome

Confirmed Unknown Completed

Comments

asymptomatic *phone*

Contact of 11; quarantine/isolation guidance provided; informed of monitoring process.

- Under Jurisdiction section
 - Click “Submit to ADHS”

Jurisdictions		Start	Stop	Action	Jurisdiction Name	User
	4/22/2020		Primary	MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH	Karen Zabel	
	4/22/2020		Shared	ARIZONA DEPARTMENT OF HEALTH SERVICES	Karen Zabel	

LOST TO FOLLOW UP PROCESS:

LTF Investigator Process:

Please ensure that we have made every attempt to reach our cases. If you are new to investigations, please ask a more experienced investigator for ideas on how to reach persons/obtain updated contact information. Below is guidance to help with those investigations where interview is unsuccessful after multiple attempts using multiple modalities.

- Please ensure you attempt to contact each case by multiple modalities (including calling facilities to determine next of kin and verifying contact information using hospital EMR) over a period of 48 hours after receiving the positive laboratory result.
- At minimum, 3 attempts by phone should be made as soon as case is assigned. Multiple call attempts can be made on the same day.

If we are still unable to make contact through this process: send a certified letter with educational materials and the Home Isolation & Home Quarantine & Social Distancing Guidance to the unverified home addresses. Indicate “Confidential” and “Only to be opened by recipient” on the outside of the letter.

Request to mail LTF Letters:

Investigator steps –

- Ensure at least 3 attempts have been made over at least 48 hours utilizing at least two modalities available (phone, text) per above LTF process
- Create the *Positive Letter* with the case’s name and your e-mail signature
- Attach to case
- Verify home address is correct in MEDSIS
- Consider requesting medical records, contacting hospital IP or contacting ordering provider outpatient facility to complete the case DSO
- Send e-mail to Triage Team to request *Lost to Follow Up Letter Mailed*
- Please include LTF in e-mail subject line
- Complete case documentation & close case

Triage team steps –

- Receive e-mail from investigator & reply all to confirm who will complete the task
- Retract case & print the attached Positive Letter Template letter
- Include the Home Isolation Guidance and Home Quarantine & Social Distancing Guidance with the Positive Letter Template
- Indicate “Confidential - Only to be opened by recipient” on the outside of the letter above the recipient’s name
- Ensure that a ‘Public Health Barcode’ is attached to the lot of letters that are to be mailed out

Investigator steps --

- Add the following note to the case “COVID-19 positive notification and case mediated contact tracing guidance mailed to case.” Under “Case Investigation & Contacts”. Document date written education sent
- Notify Team Lead ready to submit case to ADHS
- CONSIDER FIELD BASED INVESTIGATION FOR CERTAIN CASES

DECEDENT REPORTS PROCESS:

. Death Review Team will address these reports

- Search the case in MEDSIS
- Attach the PIR or HRRF report to the case
- Mark the case a “died” with the date in the demographics section and mark *patient outcome* as “died” in the classification section
- Re-submit case to ADHS, if previously investigated or assign for investigation, if not completed.

LTCF/ASSISTED LIVING FOLLOW UP PROCESS:

1. Epi Team Lead to request to enter facility into the OBM.
 - Team Lead will send email to ADHS
 - Subject Line: New OBM
 - Message to include:
 - MEDSIS ID, facility name, facility type/ facility address/ phone number (if known)
*Limited information requested initially to expedite creation of OBM
2. PHN LTC Team Liaison to reach out to facility to obtain the following information and communicate the recommendations verbally and via email. Use LTCF/Assisted Living Intake Form (see below)
 - Resources to be included in the email are: LTCF guidance, HCW Post Exposure Guidance, Home isolation, Social Distancing Guidelines, Facility Testing request form, CDC PPE optimization web link, proper PPE donning and doffing web link, and the “COVID-19 Line List” Excel sheet to report symptomatic residents and staff with instructs to report back to PCHD per e-mail, blank template letter link at <https://www.maricopa.gov/5496/Long-Term-Care-Facilities>
 - After collecting information, if needed, Investigator and LTCF Liaison or Investigations Lead to discuss the needs, barriers and plan next steps.
 - All facility communication should be noted in the OBM notes.
 - Each associated case be linked to outbreak in MEDSIS.
 - Copy LTC lead on follow up e-mail to facility so that the OMB can be updated
3. PHN LTC Team Liaison to communicate PPE request instructions directly to facility and the Logistics Team responds directly with PPE request follow-up information.
4. If testing is requested
 - a. Testing Need Determination – PCHD liaisons determine need, number and training required for facilities they are assigned to.
 - b. Test Request – Liaisons submit test request form to Test Management Group via email.
 - i. Test request is entered into Test Request Log and sent to Test Management team (including warehouse)
 - c. Test Delivery and Training
 - i. Warehouse fills orders.
 - ii. TMT logistics contact sites and coordinate delivery, training, testing and pickup.
 - iii. Fulfillment documented by EOB on log.
 - d. Liaison Team Updated - Test Kit Distribution log is shared daily at 0830 and 1600 via email to group.
 - e. Test Results – Paradigm:
 - i. Portal is accessed daily for results and validated by Aggregate Report sent directly from Paradigm; also daily
 - f. Test Results – TGen:
 - i. TGen sends emails daily with lab results securely accessed through link and bundled by facility
 - g. Result Response - Liaisons coordinate with assigned sites to manage and mitigate further contagion.
 - h. Additional Supply Request - Each site, once trained, may submit requests for additional supplied for follow up testing by submitting another test request form.

Tracker Review Weekly - Data Management reviews all test requests and results for the week and reports discrepancies or missing information to TM Lead.

5. Epi receives & attaches "COVID-19 Line List" to the OBM. (NEEDS EPI SIGN OFF)
 - *Try to keep the most up-to-date version attached.

6. Epi Team to create contact cases from attached "COVID-19 Line List"
 - a. If an individual is marked as staff on the line list, Cluster Response Team will call the facility and obtain a contact phone number for the staff and document in MEDSIS.
 - b. Case specific details (e.g. onset, symptoms, comorbidities) for LTCF residents should already be captured in the DSO from the information in the "COVID-19 Line List".

7. ASPHL results are received to Data Team
 - a. Data team to update MEDSIS Local Case Classification to Confirmed or Not a Case
 - b. Staff positive cases will be placed back into the COVID-19 Confirmed Unassigned queue for Case Investigation
 - c. Staff negative results will be communicated to facility by Cluster Response Team
 - d. Resident results will be followed up by the Cluster Response Team with any consultation needed

8. Commercial results of known staff or residents are received to PCHD
 - a. Commercial lab result received via CDR, ELR, etc. will appear in MEDSIS queue
 - b. Testing Management Team forwards lab reports to LTC Liaison Team. Liaisons report test results to point of contact at the facilities and update line lists.
 - c. EPI team checks line lists for cross-reference.
 - d. Investigate per normal investigation protocol (for both staff and residents)

*Independent Living is not a congregate setting.

Appendix:

LTCF/Assisted Living Intake Form:

LTC/ALF Team Member Liaison: _____/Date: _____

Facility Name: _____/Address: _____

Contact Info:

Name of primary contact: _____

Email: _____

Phone #(s): _____

Facility Type (check all that apply – many LTCs have multiple service lines):

SNF ALF Memory Care Other (describe):

- Total Bed Capacity: _____
- Current Occupancy (%): _____
- # of Short-Term residents: _____
- # of Long-Term residents: _____
- Total # of Staff: _____
 - # of clinical staff: _____
 - # of non-clinical staff: _____
- Total # of Patients on dialysis: _____

Facility layout: Please describe the layout of your facility. (Prompts: Are residents in different buildings? Are they on different floors?)

Are you currently experiencing staff shortages? (If yes, please describe)

Implementation of COVID-19 Infection Prevention Measures:

- Visitation restrictions (describe & date implemented):
- Suspension of group activities including congregate meals:
- Symptom monitoring of staff and residents (describe & date implemented):
- COVID-19 PPE Measures (describe & date implemented):
- Policy for staff return to work (describe & date implemented):
- Enhanced environmental disinfection measures (describe & date implemented)
- Protocols for new admissions (describe & date implemented)
- Protocols for residents returning to the facility after discharge from a hospital or Emergency Room visit (describe & date implemented)
- How patients are transported to and from the facility

Testing capabilities:

- Do you currently have COVID-19 test kits?
- Current criteria for testing?
- Where do you send tests?
- Do you have staff with training sufficient to administer NP/OP tests?

As you refine your plans to prepare or respond to COVID-19, here are a few things to think about.

- Cohorting residents and staffing based on symptoms or COVID-19 status
 1. Clean: no symptoms and no exposure
 2. Quarantine: no symptoms but exposure (e.g., roommate of case, all new admits)
 3. Isolation-symptoms: symptoms but no test results with probable exposure
 4. Isolation-positive: COVID-19+ (until recovered regardless of symptoms)
- Given the set-up of your facility, do you think you could cohort patients into these four groups? How would you do this?

Personal Protective Equipment (PPE) information.

- Do your clinical staff use N95s?
 - Do you have enough
 - Do you have any strategies for reuse?
- What do your staff use for eye protection? (Prompts: Goggles? Face shields?)
- Do you have enough gowns?
 - What kind? (Prompts: Disposable? Cloth? Plastic/other)
- Any strategies for dealing with shortages?

Consider prioritization and extended use guidelines

Email EOCLogchief@pima.gov to request supplies

Continue to order from your regular supply chains

What are your plans to procure additional staffing if needed?

If you are experiencing staffing shortages: Email EOCVolunteer@pima.gov to request assistance in finding qualified personnel.

Have you confirmed DNR status and ensure there are clear Advanced Directives?

COVID-19 Investigation Process

If a resident with COVID-19 is diagnosed in the facility:

- Encourage residents to remain in their room - restrict movement except for medically necessary purposes
- Implement universal use of face mask while in the facility for staff
- Healthcare personnel should wear all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents, regardless of symptoms. Implement protocols for extended use of eye protection and facemasks.
- PPE request for investigation should be requested through EOCTestKits. Maria Chaira will send the request to Miguel Soto and he will pull the items from the warehouse for pick-up by the investigator.
- Use designated staff and dedicated non-critical equipment for patient care
- Cohorting may be necessary if multiple patients are diagnosed with COVID-19
- If possible, designate a ward or section of the facility for COVID-19 patients with dedicated staff.
- Implement protocols for having dedicated healthcare personnel caring for cohorted residents with COVID-19.
- Environmental cleaning and disinfection – per CDC guidance
- Isolate any symptomatic resident and ensure all recommended PPE (gown, gloves, eye protection, facemask) for the care of symptomatic residents
- Facility to internally assess PPE supply and fill out PPE survey to initiate the request for PPE. Facility to continue to place PPE orders through normal supply chains.
- Provide notifications and weekly updates to residents and their representatives regarding diagnoses of COVID-19 cases and/or identification of clusters of respiratory symptoms within the facility as per CMS guidance.
- Continue adherence to recommended ICP practices – Hand Hygiene, use of PPE, and disinfection of environmental surfaces and resident care equipment
- Continue to follow MCDPH LTCF Guidance

*Please use this template for your initial note in OBM to ensure we have the needed information for all to reference.

APPENDIX A - COVID-19 TRIAGE PROTOCOL TABLE (SUBJECT TO CHANGE)

Novel Coronavirus (COVID-19) MAY NEED TO BE MODIFIED

Morbidity	Test Performed	Test Results	Local Classification	Investigation Status	Action	Investigators
Novel Coronavirus (COVID-19)	PCR (rapid included) OR SARS coronavirus 2 RNA (SARS-CoV-2 RNA, QL REAL-TIME RT-PCR (COVID-19))	Positive/ Detected		New	High priority investigation	Any Investigator on the Positive Case Response team (see daily Round up) – Investigators to pull cases from active unassigned queue
Novel Coronavirus (COVID-19)	SARS COV-2 Antigen	Positive / Detected		New	High priority investigation	Any Investigator on the Positive Case Response team (see daily Round up) - Investigators to pull cases from active unassigned queue
Novel Coronavirus (COVID-19)	PCR OR SARS coronavirus 2 RNA (SARS-CoV-2 RNA, QL REAL-TIME RT-PCR (COVID-19)) OR Pan-SARS RNA	Negative/ Not detected OR Pending	Not a Case	Complete	Submit to ADHS	

Novel Coronavirus (COVID-19)	IgM OR Combination IgM/IgG	Positive / Detected	Suspect	Complete	Submit to ADHS	
Novel Coronavirus (COVID-19)	IgG Only OR IgM only OR Combination IgM/IgG	Negative OR Indeterminate OR Pending	Not A Case	Complete	Submit to ADHS	
Novel Coronavirus (COVID-19)	IgG Only	Positive	Suspect	Complete	Submit to ADHS	