



COVID-19 Outbreak Summary Form

Complete this form and return it to the Rhode Island Department of Health (RIDOH) when a facility experiences a COVID-19 outbreak. Submit the first two pages at the start of the outbreak. Submit the third page each week with updates.

Outbreak definition: Identification of healthcare personnel (HCP) or other non-resident case, or identification of a facility-acquired resident COVID-19 case.

When completed, email this summary to the RIDOH long-term care facilities (LTCF) team at RIDOH.COVID19LTC@health.ri.gov.

Date COVID-19 outbreak reported to Center: First symptom onset date of confirmed case; OR date of test (if asymptomatic):

BASIC INFORMATION

Facility Name:
Address:
City: County: Zip:
Type of Facility/Population: Long-Term Care Assisted Living Other: _____

CONTACT INFORMATION

Primary Name: Alternate Contact Name:
Position/Title: Alternate Contact Position/Title:
Phone Number: Alternate Phone Number:
Fax Number: Alternate Fax Number:
Email: Alternate Email:

INITIAL OUTBREAK INFORMATION

RESIDENTS

STAFF

First symptom onset date OR, if asymptomatic, date of positive test <u>Resident</u>	Date: _____ <input type="checkbox"/> Symptomatic or <input type="checkbox"/> Asymptomatic	First symptom onset date OR, if asymptomatic, date of positive <u>Staff</u>	Date: _____ <input type="checkbox"/> Symptomatic or <input type="checkbox"/> Asymptomatic
Number of initial Residents in outbreak-affected area		Number of initial Staff in outbreak-affected area	
Number of initial Residents with confirmation of COVID-19	POC Antigen Positive____ Lab PCR Positive _____	Number of initial Staff with confirmation of COVID-19	POC Antigen Positive____ Lab PCR Positive _____
Number of initial Residents who went to the hospital for COVID-19	Inpatient: _____ ER: _____	Number of initial Staff who went to the hospital for COVID-19	Inpatient: _____ ER: _____
Number of initial deaths with COVID-19		Number of initial deaths with COVID-19	
Percentage of Residents up to date ¹ with their vaccines		Percentage of Staff up to date ¹ with their vaccines	

SUBMITTER

Submitted by: Contact Phone: Submission Date:

¹ Person received all recommended doses for the COVID-19 vaccine, including the booster when eligible.

FACILITY DETAILS		
Facility Census: _____	Total Staff: _____	Total number of licensed beds: _____
Describe facility layout and specify which buildings/floors/units/wings are affected by the outbreak. Please note if any locked units are affected:		
INFECTION CONTROL		
RIDOH recommends the following strategies be implemented when possible. Please check which measures have been implemented in your facility for this outbreak:		
1. Implementing standard and droplet precautions	<input type="checkbox"/>	
2. Isolating of ill Residents	<input type="checkbox"/>	
3. Posting signage in common areas	<input type="checkbox"/>	
4. Limiting the number of large group activities in the facility	<input type="checkbox"/>	
5. Serving all meals in Resident rooms while the outbreak is widespread (involving multiple units of the facility)	<input type="checkbox"/>	
6. Symptom screening all Visitors and excluding ill persons from visiting the facility via posted notices	<input type="checkbox"/>	
7. Monitoring personnel absenteeism due to COVID-19 symptoms. Are you experiencing staffing shortages due to current COVID-19 outbreak?	<input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Restricting personnel movement from outbreak area(s)/unit(s) to non-impacted area(s)/unit(s).	<input type="checkbox"/>	
9. Evaluating Staff and Residents for appropriate treatments (oral antiviral medications or monoclonal antibodies)	<input type="checkbox"/>	
10. Implement outbreak testing: <ul style="list-style-type: none"> • When is your next scheduled date for outbreak testing? • Type of testing (PCR or Rapid POC)? • Number of Staff and number of Residents to be tested? • Lab being used if applicable? 	<input type="checkbox"/> Date: _____ <input type="checkbox"/> PCR <input type="checkbox"/> POC Staff _____ Residents _____ Lab: _____	
11. Notify the Center for Health Facilities Regulation (CHFR) when you have staffing level changes. Current facility staffing level ² (conventional, contingency, and crisis).	Staffing Level: _____ Change? <input type="checkbox"/> Yes <input type="checkbox"/> No CHFR Notified? <input type="checkbox"/>	
Additional information RIDOH should be aware of:		

²Exceptions and strategies may vary depending on facility staffing model (conventional, contingency, and crisis).

Complete this update each week following the initial* outbreak report (*first two pages).

Fill out the table below each week. (Copy/paste the table to create a new update each week of the outbreak.)

<p>Each week, following the initial reported outbreak, email the update below to the RIDOH LTCF team at RIDOH.COVID19LTC@health.ri.gov.</p> <p>(If this is the initial report, pages one and two should be submitted within 24 hours of an initial case. This update (page three) should be submitted the following week and each subsequent week.)</p>			
<p>FOLLOW-UP WEEKLY OUTBREAK REVIEW: WEEK # _____, DATE OF REPORT _____</p>			
<p>Updates in this section should be cumulative.</p>			
<p>RESIDENTS</p>		<p>STAFF</p>	
<p>Total number of Residents in outbreak-affected area</p>		<p>Total number of Staff in outbreak- affected area</p>	
<p>Total number with confirmation of COVID-19:</p>	<p><i>POC Antigen Positive</i> _____</p> <p><i>PCR Positive</i> _____</p>	<p>Total number with confirmation of COVID-19:</p>	<p><i>POC Antigen Positive</i> _____</p> <p><i>PCR Positive</i> _____</p>
<p>Total number of Residents who went to the hospital for COVID-19</p>	<p><i>Inpatient:</i> _____</p> <p><i>ER:</i> _____</p>	<p>Total number of Staff who went to the hospital for COVID-19</p>	<p><i>Inpatient:</i> _____</p> <p><i>ER:</i> _____</p>
<p>Total number deaths with COVID-19</p>		<p>Total number deaths with COVID-19</p>	
<p>Outbreak Testing</p>			
<p>Update on outbreak testing:</p> <ul style="list-style-type: none"> • When is your next scheduled date for outbreak testing? • Type of Testing (PCR or POC)? • Number of Staff and number of Residents to be tested? • Lab being used if applicable? 		<p>Date: _____</p> <p><input type="checkbox"/> PCR <input type="checkbox"/> POC</p> <p>Staff _____ Residents _____</p> <p>Lab: _____</p>	
<p>Notify the Center for Health Facilities Regulation (CHFR) when you have staffing level changes. Current facility staffing level² (conventional, contingency, and crisis).</p>		<p>Staffing Level: _____</p> <p>Change? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CHFR Notified? <input type="checkbox"/></p>	
<p>Additional information or context RIDOH should be aware of:</p>			
<p>WEEK # _____ SUBMITTER</p>			
<p>Submitted by:</p>		<p>Contact Phone:</p>	<p>Submission Date:</p>