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**Covid 19 Reporting Form. Please submit this form to your liaison and to** **covid19@sarc.org** **by 3pm daily. You can click on the various links for additional guidance and information.**

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| **Date of report:**  |  |
| **Person completing report:**  |  |
| **Name of facility and Vendor #** |  |
| **Address:**  |  |
| **Manager and SC Liaison**  |  |
| **Person in charge of facility** |

|  |  |
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| **Name/Ph#:** | **Email:** |

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| **Second contact**  |

|  |  |
| --- | --- |
| **Name/Ph#:** | **Email:** |

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| Name  | UCI# | Date of covid test  | Test +, -, or unknown  | Is person in Isolation (I) or Quarantine (Q) | Please list symptoms  |
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|  | If individual is hospitalized or in an alternate facility, please provide information |
| Name  |  | Hospital  | Admit date  | Current condition  | Discharge plans  |
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**Please answer all questions related to the people served: For definitions, please go to the end of the document.**

Please answer all questions related to agencies:

|  |  |  |  |  |
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| Agencies Contacted  | Yes/ No  | Date contacted  | Name of contact/ Ph # and Email  | Please describe discussion  |
| Public Health  |  |  |  |  |
| CCL  |  |  |  |  |
| DDS  |  |  |  |  |
| State Strike Team  |  |  |  |  |
| Staffing Agency  |  |  |  |  |

[CDSS HCO to assist with staffing](https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCLD/ACCESSIBLE%20PIN%2020_19_CCLD%20ASC_FINAL.pdf)

 Please answer questions related to your staff:

1. How many staff members total are employed for this home? Please indicate:

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| --- | --- | --- |
| Full Time:  | Part Time:  | On- Call  |

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| Covid 19 training information  | [CDC Trainings](https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html) [COVID 19 Playbook](https://www.sanandreasregional.org/app/uploads/2020/10/COVID19-Playbook.pdf) [COVID 19 Information](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/Responsibilities-and-Guidance.aspx) [COVID 19 Facility Self-Assessment Checklist](https://www.cdss.ca.gov/Portals/9/CCLD/COVID/COVID-19_FacilitySelfAssessment_Guide.pdf)  |
| Please indicate covid related trainings offered to your staff: |  |
| Has your Prevention and Mitigation Plan been updated with changes and have staff/residents/families been informed and trained? | Please submit a copy of your updated Mitigation Plan. Date submitted: [Mitigation Plan PowerPoint](https://www.cdss.ca.gov/Portals/9/CCLD/COVID/MITIGATION%20PLANS-PIN%2012_28_20%20Final.pdf) [CDSS Covid Mitigation Plan Requirements](https://www.sanandreasregional.org/app/uploads/2020/12/PIN_20-48-ASC.Required-COVID-mitigation-plan.pdf)  |

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| How many staff are currently available for shifts?  |  | [CDSS Augmentation related to surge](https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCLD/PIN-20-25-CCLD.pdf)  |  |
| How many staff are refusing to work?  |  | What is your specific plan to address these employees:  |  |
| What is your COVID testing schedule for staff?  |  | [Please review the CCL Guidance](https://www.sanandreasregional.org/app/uploads/2020/10/Updated-guidance-on-corona-virus-DSS-10520.pdf)  |  |
| How many staff have been tested in the last week?  |  |  |  |
| How many staff are in quarantine: specify their status, including **where** they are in quarantine:  |

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| Full Time:  | How many have symptoms:  |  |
| Part Time: | How many have symptoms: |  |
| On Call:  | How many have symptoms: |  |

 [SCC Isolation and Quarantine Guidelines](https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Documents/Home-Isolation-Quarantine-Guidelines.pdf) [CPH-Quarantine Guidelines](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Quarantine.aspx) [Hotel Room Assistance](https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/ASC/PIN-20-45-ASC.pdf)  |
| How many staff are in isolation: Please be specific, including **where** they are in isolation :  |

|  |  |  |
| --- | --- | --- |
| Full Time:  | How many have symptoms:  |  |
| Part Time: | How many have symptoms: |  |
| On Call:  | How many have symptoms: |  |

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Any concerns for staffing for the next 14 days? Please be specific and include current and projected staffing schedules.

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| --- |
| [CDC Strategies for addressing staffing shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html) [Roles and responsibilities of caregivers](https://www.cdss.ca.gov/Portals/9/CCLD/COVID/Roles-Responsibilities-Caregivers.pdf)  |

**Any other concerns we should be aware of as related to covid ?**

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| Question | Answer  | Comments  |
| Have you received PPE from CCL, Public Health, State Council, or any other agency? If no, what is your plan for reaching out to these agencies.  | [Use of PPE during outbreak](https://www.cdss.ca.gov/Portals/9/CCLD/COVID/COVID-PPE_CDPH_4-20.pdf) |  |
| What is your current situation with PPE? |  |  |
| Do you need PPE from SARC?[PPE Burn Rate Calculator](https://www.cdss.ca.gov/Portals/9/CCLD/COVID/PPE-Burn-Rate-Calculator.xlsx)  | If yes, please be specific with type and quantity needed in the comment box  |  |
| If you need PPE, are you able to come to the SARC office to pick up?  |  |  |

**\*Definitions**

**“Exposure”** means that you have spent 15 minutes or more within 6 feet of a person with COVID-19 illness (having symptoms and/or a positive test).

**Quarantine** restricts the move­ment of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease, usually 14 days. A negative test result can change by the end of 14 days, so ask doctor about retesting.

**Isolation** prevents the spread of an infectious disease by separating **people who are sick (have signs and symptoms of COVID-19) or have tested positive** from those who are not. It lasts as long as the disease is contagious. Full PPE needs to be worn by care providers when in the Isolation room.

**What Is cohort, or “cohorting”?** Grouping together people with the same COVID-19 status. Keeping those with negative tests together, separated from those with positive test results who stay together.

*Please contact your RN Consultant or SARC RNs if more information is needed.*