

# CUYAHOGA COUNTY

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# BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

## Cluster Investigation Call Template V5. Updated 4/4/20

1. Roll Call
  - a. Local Health Department – CCBH (health commissioner, incident commander, lead physician for cluster, epis, communications officer, resource unit leader)
  - b. Organization with cluster (organizational lead, leadership, communications staff, clinical staff, others as applicable)
  - c. County Agencies (EOC, EMA, Others)
  - d. State Agencies (ODH – may be lead for call with multiple parties including EOC state epi, medical director; Dept of Aging, Ombudsman, Medicaid, Mental Health and Addiction Services, Others)
2. Overview of general approach to cluster investigation/coordination calls with strike team – CCBH Incident Commander or Health Commissioner
  - a. Supportive, proactive to identify needs and minimize transmission of infection
  - b. Create shared situational awareness as evolution occurs
  - c. Will be assigned a physician lead for the cluster investigation
3. CCBH Sit Rep
4. Organizational Sit Rep
  - a. Overview of facility/other facilities in company
  - b. Census/levels/types of care/acuity
  - c. Floorplan
5. Other County Agencies Sit Rep
6. Other State Agencies Sit Rep
7. Status of residents
  - a. Lab-confirmed cases and current disposition
  - b. Symptomatic patients without testing and disposition
    - i. Placed in isolation
    - ii. Ruled out for Influenza A/B, RSV
    - iii. Other considerations – U/A, CXR
  - c. Closed to new admissions?
  - d. Guidelines for COVID-19 testing on returning residents
  - e. Cohorting plan
  - f. Code status updates/audits
8. Status of individual employees
  - a. Lab-confirmed cases and current disposition
  - b. Symptomatic patients without testing and disposition
9. Staffing level assessment
  - a. Staff working at multiple facilities

5550 Venture Drive ♦ Parma, Ohio 44130

Direct: 216-201-2000 ♦ Fax: 216-676-1311 ♦ TTY: 216-676-1313 ♦ [www.ccbh.net](http://www.ccbh.net)

Terrence M. Allan, R.S., M.P.H. Health Commissioner

- b. Limiting staff caring for cohorted patients
  - c. Procedure for employee temp checks and symptom checklist
  - d. Review of CDC guidance around exposed HCPs
  - e. Review of CDC return to work guidance for employees w infection
  - f. Status of Medical Director involvement
  - g. Status of independent practitioner rounding or working in facility (ex PT, hospice, etc) → move telehealth
10. Testing capabilities
- a. Contracted labs for patients
  - b. Contracted labs for employees
  - c. Turn-around times for testing
11. PPE
- a. Supply assessment
  - b. Expected burn rate
  - c. Hygiene training/status
  - d. Staff FIT testing
12. Communications Plan
- a. General messaging about preparedness
  - b. Residents/families/affected parties
  - c. Employee messaging
  - d. Connection with local and state health department communications officers
13. EMS/transport plan
- a. Contracted with transport for non-emergent transports
  - b. Fire/EMS for emergent transports only
  - c. Pre-emptive discussions recommended with both transport entities
14. Hospital Evaluation/Admissions plan
- a. Direct admissions v ED evaluations
  - b. Plan for controlled, non-emergent transports when higher level of care identified
  - c. Facility most likely to receive patients
15. Next follow-up and/or call
16. Follow-up plan/Immediate next steps
- a. Introductory email to organizational lead with appropriate guidance for patients and employees and CCBH contact information
  - b. Connection to CCBH communications officer
  - c. Connection CCBH MD lead to medical director or DON
  - d. Connection with EOC/EMA/CCBH resource unit leader for PPE needs; 213 form and instructions
  - e. Provide CCBH with line list of exposed staff contacts and patients if applicable; 5550 Veterans Drive • Puyallup, WA 98449
  - f. Discussion of targeted field testing as appropriate

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