Instructions for Use:

Surveillance Tracking Tool for Assisted Living Facilities (ALFs) and Adult Day Care Centers (ADCCs)

This document is intended to accompany the Surveillance Tracking Tool spreadsheet and provides an overview of reportable disease surveillance, trending and reporting. Instructions specific to the Surveillance Tracking Tool are included within the tool and should be reviewed prior to use.

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1. Definitions

Definitions are included to provide a foundation of knowledge related to infection prevention.

Communicable disease: A disease that can spread from one person to another through direct or indirect contact.

Infectious: Capable of transmitting infections.

Outbreak: A sudden rise in the number of cases of a disease above what is normally expected in a specific location or population over a specific period of time.

Reportable Disease: Any disease or condition required by law to be reported to a specific medical authority within a defined time frame.

Surveillance: A systematic and ongoing approach to monitoring illness, allowing for the tracking of the health status of participants, residents and staff. Routine surveillance shows what health problems are occurring in the facility to establish a level of disease activity. Ongoing surveillance also helps track changes over time so increasing disease activity can be quickly noticed.

Symptoms: Feelings or sensations that may indicate the presence of an illness (e.g., pain, fever, headache, cough, etc.)

Testing: Procedure performed to detect or diagnose a disease and/or to determine treatment of a disease.

Diagnosis: The act or process of identifying, determining or describing a disease, illness or problem from its signs or symptoms.

Trend: A change in disease activity. A disease is said to be increasing, or "trending up," when an increase in cases for a specific disease is observed.



2. Surveillance and Trending of Reportable Diseases

Surveillance: This requires monitoring the health status of residents, participants and staff to maintain a facility free from the transmission of infectious diseases. Surveillance Includes:

- Rounding routinely to visually observe the overall health of residents and/or participants and staff.
- The ongoing collection, evaluation and interpretation of health-related information.
- Use of the Surveillance Tracking Tool to collect and organize health-related information that allows easy identification of trends that may indicate the presence of communicable disease or outbreaks.

Identification of Trends: The Surveillance Tracking Tool is designed to assist with documentation to identify trends in reportable diseases.

- Used electronically, the Summary I tab will determine trends and automatically display graphs representing those trends. Details are described in Section 6: Excel Spreadsheet Surveillance Tracking Tool.
- If the spreadsheet is used manually, Summary II contains mathematical formulas that can be used to manually determine trends.

3. Maintaining Records

Maintaining records (documentation) is critical to ensure the appropriate steps are taken to record the individual's demographics (name, date of birth, etc.) as well as information about symptoms and testing, and details around when and how the communicable disease or outbreak was reported to the Virginia Department of Health (VDH) and the Virginia Department of Social Services (VDSS).

 The Surveillance Tracking Tool (used electronically or manually) is designed to maintain information in a readily-accessible format. VDH personnel may use the documented information if follow-up or a case investigation is warranted.

4. Reporting

Adult Day Care Centers (ADCC) | VDSS: (22VAC40-61-290-F)

Assisted Living Facilities (ALF) | VDSS: (22VAC40-73-100-E) (22VAC40-73-70)



- Licensed providers under VDSS are required to report outbreaks of communicable disease.
 VDH gives the following definition for outbreaks, "An outbreak is an increase in the
 number of cases of a disease above what is normally expected in a specific location or
 population over a specific time period. The increase is often sudden. When two or more
 persons are experiencing similar symptoms, this should be reported to the local health
 department (LHD) by calling or through VDH's Suspected Outbreak Portal, to help
 determine if an outbreak is occurring."
- Providers are also required to report single cases of reportable diseases to the appropriate health department within the listed timeframe. Refer to the current Reportable Disease list in the Excel Spreadsheet Surveillance Tracking Tool, for expected time frame (e.g., immediately, within 3 days).
 - Information obtained and reported can be used to target education and initiate interventions surrounding on topics such as outbreak response (personal protective equipment, isolation, immunization recommendations, guidance associated with treatment and/or prophylaxis, etc.).
- Maintaining an accurate and up-to-date surveillance spreadsheet will allow for the prompt identification of any communicable disease trends or clusters, and ensure diseases are reported as required by the Code of Virginia.

5. Communication

Protected health information (PHI) is individually identifiable health information that is maintained in various forms (electronically, on paper, orally, etc.). PHI should only be shared with those who need this information to carry out their role. The Surveillance Tracking Tool is a PHI document and should be shared **only** with those who need to know the information to carry out their role.

6. Excel Spreadsheet for Surveillance Tracking and Maintaining Documentation

Tab 1: Instructions for Using the Surveillance Tracking Tool
 Users should read the instructions prior to using the tool. The instructions provide an overview of the spreadsheet content as well as information specific to the categories (demographics, symptoms, etc.).



• Tab 2: Resident or Participant Documentation

Includes demographics (name, date of birth, gender, age), room number and location (floor), onset of symptoms, signs and symptoms associated with illness, testing and reporting details, information about symptom resolution, hospitalization, and return to facility and/or expiration. These are vital details, especially in outbreak tracing and response.

Documentation that is well-maintained can prove to reduce the spread of illness.

• Tab 3: Staff (Employee) Documentation

Includes demographics (as with resident/participant documentation), symptoms associated with illness, testing and reporting details, and information about hospitalization and return to work.

• Tab 4: Summary

The first summary is for use by facilities with electronic capacity. As the information is completed on tabs 1-3, the 1st summary tab will automatically compile the information about staff and residents or participants with symptoms. This will be recorded by month, by count of symptoms. The user can select a specific month for comparison of symptoms between residents/participants and staff. Further choices include the ability to select up to three reportable conditions, which will calculate a monthly count by condition or up to three conditions to see any staff/participant trending. The use of these graphs over time can potentially alert the facility about reoccurring patterns and it can also be an early warning tool for earlier intervention when summarized by this method.

• Tab 5: Manual Tracking

The Manual Tracking tab is for use by facilities that choose to maintain surveillance documentation manually. This tab contains mathematical formulas that can be used to identify the trends described in Tab 4: Summary. The Printable Summary tab walks the user through a step-by-step approach to documentation.

• Tab 6: Virginia Reportable Disease List

The VA reportable disease list is current as of 2023. Additional information for reporting conditions to VDSS is provided with separation of conditions likely to be seen in ALFs/ADCs listed first. Providers must ensure the disease list is current if the tracking tool is used. The VDH maintains a current reportable disease list on its website. Providers who do not have access to download the current list should contact their LHD and request a current list.

