

Appendix 1: Required PPHD Daily COVID-19 Reporting Log

Daily COVID-19 Report Log

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Census: \_\_\_\_\_

PPE Shortage (Y/N): \_\_\_\_\_

Staffing Shortage (Y/N): \_\_\_\_\_

# of Residents in the Yellow Cohort	# of Residents in the Green-Cohort	# of Residents in the Red Cohort

Confirmed Residents

Name of Resident	DOB	Room Number	Symptom Onset (Date)	Symptoms	Test Date	Hospitalized (Date)?	ICU Admission (Date)?	Comorbidities (Medical Diagnoses)	Race/Ethnicity	Result Faxed to PPHD (Y/N)?

Confirmed Employees

Employee name and title	DOB	Address and Telephone Number	Symptom Onset (Date)	Symptoms	Test Date	Hospitalized (Date)?	ICU Admission (Date)?	Race/Ethnicity	Last Day of Work	Result Faxed to PPHD (Y/N)?

**Symptomatic Residents**

Name of Resident	DOB	Room Number	Symptom Onset (Date)	Symptoms	Test Date	Result Faxed to PPHD? (Y/N)

**Resident Hospitalizations**

Date of Transfer	Name of Resident	DOB	Reason for Transfer	ICU? (Y/N)	Hospital

**Deaths**

Date of Death	Name of Resident	DOB	Room Number	Post-Mortem swab? (Y/N)	Cause of Death	Comorbidities Medical Conditions	COVID Test Result Faxed to Pasadena Public Health (Y / N)?

**New Admissions**

Date of Admission	Name of Resident	Room #	DOB	Admitted From	COVID status (negative, positive, recovered, unknown)	Tested upon Admission? (Y/N)	COVID Test Result Faxed to Pasadena Public Health (Y / N)?	COVID vaccination status (Y/N)? Include vaccine name & date(s)

**Re-Admissions**

Date of Re-Admission	Name of Resident	Room #	DOB	Admitted From	COVID status (negative, positive, recovered, unknown)	Tested upon Admission? (Y/N)	COVID Test Result Faxed to Pasadena Public Health (Y / N)?

**Discharge**

Date of Discharge	Name of Resident	Room #	DOB	Discharged to	COVID status (negative, positive, recovered, unknown)