SAN MATEO COUNTY HEALTH
PUBLIC HEALTH, POLICY & PLANNING

Dr. Scott Morrow, Health Officer
Cassius Lockett, PhD, Director

Public Health, Policy & Planning
225 37th Avenue
San Mateo, CA 94403
smchealth.org

COVID-19 Recommendations Checklist

for Long-Term / Residential Care Facilities and other Congregate Settings

Date of Recommendations:	
Facility Name:	
Facility Contact Person, Title:	
Facility Address:	
Facility Email/Phone:	
Licensing Agency:	
CD Investigator:	

These recommendations are supplemental to

- The California Department of Public Health (CDPH) All-Facilities Letter 20-25.2 *Preparing for COVID-19 in California Skilled Nursing Facilities* and
- The California Department of Social Service (CDSS) Provider Information Notices PIN 20-07-ASC *Prevention, Containment, Mitigation Measures and Statewide Waiver for COVID-19*

all of which include additional precautions and actions to control COVID-19.

The following control measures need to be implemented when there is 1 case of laboratory-confirmed COVID-19 in either staff or residents in your facility.

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Definitions

Confirmed Case of COVID-19 Infection: Individual with positive COVID-19 molecular amplification laboratory testing result (e.g., PCR).

Suspected Case of COVID-19 Infection:

In the absence of a more likely diagnosis:		
2 or more of the following:	1 or more of the following:	1 or more of the following:
• Fever (temperature ≥ 100.4° F /38° C or subjective fever) • Chills or Rigors • Myalgias • Headache • Sore throat • New Olfactory or Taste Disorder (e.g., loss of taste or smell) • Diarrhea	• Cough (new or change in baseline) • Shortness of Breath (difficulty breathing)	• Pneumonia (on clinical exam or imaging) • Acute Respiratory Distress Syndrome (ARDS)
Please note that the elderly with COVID-19 infection may not be able to mount a fever and that respiratory signs and symptoms may be subtle. The elderly may present atypically. Confusion, agitation, altered mental status/behavioral changes, lethargy, hypoxemia or loss of appetite may be the only presenting symptoms.		

Staff: Any employees serving in long-term care facilities, residential care facilities or other congregate settings including medical providers, environmental and ancillary services employees, contractors, and external providers.

Reporting Requirements

☐ All COVID-19 cases and clusters of undiagnosed respiratory illness must be immediately reported to the San Mateo County Communicable Disease Control Program (SMC CD Control) at (650) 573-2346, Mon-Fri 8am to 5pm. Outside of normal business hours, please call the same number and follow the prompts to reach the on-call staff.

☐ Report all testing results to CDPH Licensing and Certification San Francisco District Office: (415) 330-6353 or CDSS San Bruno Adult & Senior Care Regional Office at (650) 266-8800.

☐ Complete attached line list daily for all **new** cases and submit to SMC CD Control by secure email to SMCCDControl@smcgov.org and to the assigned investigator daily until instructed otherwise by SMC CD Control.

☐ Submit a map/floor plan of your facility to SMC CD Control within 24 hours of reporting.

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COVID-19 Control Measures and Recommendations	
Surveillance	
	Measure the temperature of all residents and perform pulse oximetry for changes in oxygen saturation at least twice daily. Assess for symptoms suggestive of COVID-19 infection at least twice daily among all residents. • Please note that the elderly with COVID-19 infection may not be able to mount a fever and that respiratory signs and symptoms may be subtle. The elderly may present atypically. Confusion, agitation, altered mental status/behavioral changes, lethargy, hypoxemia or loss of appetite may be the only presenting symptoms. • If oral thermometers are used, healthcare workers should change gloves before caring for the next resident. Perform hand hygiene before donning and after doffing gloves. Thermometers should be cleaned and disinfected between each use according to the manufacturer's instructions. • Healthcare workers taking care of residents not known to be ill should wear a face mask (procedure or surgical mask and a face shield) if PPE resources allow. They may wear the same mask for multiple resident encounters **if the mask is not touched and if there are no encounters with coughing patients**. If patients are coughing or healthcare workers touch their masks, they must remove their gloves, discard their mask, perform hand hygiene, and don a new mask.
	Screen all staff at the beginning of their shift for fever and symptoms. • Assign a dedicated staff member to screen all staff at the beginning of each shift for fever and symptoms. Staff should not work unless they have been screened at the start of every shift. • Actively take the staff's temperatures and document the absence of symptoms consistent with COVID-19. If staff members are ill, have them keep their face mask on and leave the workplace immediately. • Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow staff members to stay home when ill.
	Monitor and report staff absenteeism due to fever and/or respiratory symptoms to SMC CD Control.

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Transmission-Based Precautions and Other Infection Control Measures	
	Facilities should assign one or more dedicated staff with training in infection control (Infection Preventionist) to provide on-site management of their infection control and prevention program. Training materials for IP staff can be found on the CDPH's Healthcare-Associated Infections Program webpage.
	Implement universal face mask use **for all staff at all times while in the facility.**
	Use Standard + Droplet + Contact + Eye Protection precautions when caring for residents with suspected or confirmed COVID-19 infection. If available, fit-tested N-95 respirators are preferred, and should be prioritized if respiratory aerosol-generating procedures are being performed. If N-95 respirators are not available, standard surgical masks used with a face shield are acceptable.
	Staff who provide high contact care (i.e. dressing/bathing, changing linens, etc.) to residents with respiratory symptoms should wear all recommended COVID-19 Personal Protective Equipment (PPE), which includes an N-95 or higher-level respirator (or face mask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gown, and gloves. See the CDC Use PPE When Caring for Patients with Confirmed or Suspected COVID-19 Factsheet/Poster for the illustration and description of all recommended COVID-19 PPE.
	Ensure all healthcare workers conduct user seal check after donning an N-95 respirator. See the UCSF Health Novel Respiratory Isolation: Donning and Doffing PPE with N95 and Eye Protection video and the videos on the CDC Using PPE webpage on how to properly don and doff PPE with an N-95 respirator. See the 3M Medical Respirators N95 Fitting Instructions on how to perform a user seal check.
	For returning residents who were hospitalized for COVID-19 and are clinically ready for discharge from the hospital, implement Standard + Droplet + Contact + Eye Protection precautions until at least **7 days** have passed since recovery, defined as resolution of fever without fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath); AND at least **14 days** have passed since the residents' illness onset. If returning residents present with lingering symptoms, keep these residents in private rooms and have these residents wear a face mask or cloth face covering (if tolerated) during care activities and whenever they leave their rooms.
	Ideally, cohort staff caring for residents with suspected or confirmed COVID-19 infection (ideally these staff should be N-95 respirator fit-tested). Do not allow these staff to interact with other residents or the staff who care for residents without symptoms suggestive of COVID-19. Ensure dedicated COVID-19 care staff practice source control measures and social distancing in their respective/separate break rooms and bathrooms (i.e., staff wear a facemask and sit more than 6 feet apart while on break).
	Advise staff not to work at other facilities (i.e., a second job).
	Staff should perform hand hygiene before donning and after doffing PPE. Ideally, if supplies allow, PPE should be discarded after every contact with every resident. However, with critical shortages of PPE, consider **extended use** (wearing the same PPE for repeated close contact encounters with several patients (usually cohorted), without removing the PPE between patient encounters) and **reuse** (one healthcare worker using the same PPE for multiple encounters with different patients, with doffing and storing between patient encounters) practices. See the CDPH All Facilities Letter 20-39 COVID-19 Optimizing the Use of PPE for detailed recommendation on extended use and reuse of PPE including face masks, N-95 respirators, face shields, eye protection, and gowns.

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Transmission-Based Precautions and Other Infection Control Measures	
	Perform and maintain an inventory of PPE in the facility. Monitor daily PPE use to identify when supplies run low, using the CDC PPE Burn Rate Calculator or other tools.
	Implement strategies to optimize current PPE supply **even before shortages occur**, including bundling resident care and treatment activities to minimize entries into resident rooms. Additional strategies include: • Taking care to **avoid touching the respirator, facemask, or eye protection** when implementing extended use of PPE. If this must occur (e.g., to adjust or reposition PPE), staff should perform hand hygiene immediately after touching PPE to avoid contaminating themselves or others. • Prioritizing gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of staff. ○ If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., *C. difficile*). • Implementing a process for decontamination and reuse of face shields, goggles, and N-95 masks. • Facilities should continue to assess their PPE supply to determine when a return to standard practices can be considered.
	Make necessary PPE available in areas where resident care is provided. • Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff. • Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room.
	As per instruction by the Medical Health Operation Area Coordinator (MHOAC), if facility PPE supplies are critically low, follow the procedure described below to request emergency PPE or other resources via ReddiNet: • To submit an urgent request for your facility, you must go to the Resource Request Module in ReddiNet and submit a New Resource Request. If you have an account and require technical support, please contact ReddiNet at 800-440-7808. ReddiNet Resource Requests are monitored Monday through Friday from 8 am to 5 pm. • If you have an urgent need for resources, the Medical Health and Logistics Team is available Monday through Friday 8 am to 5 pm via email ems@smcgov.org or phone 650-649-9966. Only call this number if you are in need of emergency PPE to support the function of your facility (zero supplies within less than 12 hours).
	Document staff training and monitor adherence by observing staff during resident care activities: • Educate all staff on hand hygiene, respiratory hygiene and cough etiquette. • Ensure all staff are familiar with standard, droplet, contact and eye protection precautions. • Verify all staff can demonstrate competency in proper PPE donning and doffing procedures.
	Ensure that tissues and trash cans are available in common areas and resident rooms.
	Ensure an adequate supply of alcohol-based hand rub is available. • Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas. • Make sure that sinks are well-stocked with soap and paper towels for handwashing.
	Use single-use equipment for residents with confirmed or suspected COVID-19 infection whenever possible; otherwise, dedicate reusable medical equipment to residents with confirmed or suspected COVID-19 infection (e.g., thermometers, stethoscopes) and clean and disinfect between each use according to the manufacturer's instructions.

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Admissions, Readmissions, and Transferring Residents	
	Patients who were hospitalized for confirmed COVID-19 should not be sent to the facility via hospital discharge, inter-facility transfer or readmission after hospitalization without first consulting SMC CD Control. For patients who were hospitalized for other reasons, refer to the San Mateo County Health COVID-19 Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions Guidelines. Follow the guidance outlined in the All Facilities Letter 20-33.2 Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19).
	Hospitalized patients with COVID-19 should be discharged when they no longer require the level of care provided in an acute care setting. Hospital discharge and admission or readmission to a facility should not be determined by the period of potential virus shedding or recommended duration of transmission-based precautions. Testing should be performed for residents who have *not* previously tested positive for COVID-19 around the time of admission or readmission, including transfers from hospitals or other healthcare facilities, to inform cohorting decisions. If the hospital does not test the patient, the facility must test and quarantine upon admission.
	Newly admitted and readmitted residents who tested negative for COVID-19 upon admission should be placed in a single-occupancy room on the Observation Unit and monitored for evidence of COVID-19 for 14 days. • Staff should wear all recommended COVID-19 PPE when caring for new residents in the Observation Unit Please refer to the San Mateo County Health COVID-19 Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions Guidelines for more details.
	Newly admitted and readmitted residents with confirmed COVID-19 who have *not* met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 Positive Unit.
	Newly admitted and readmitted residents with COVID-19 who have met criteria for discontinuation of Transmission-Based Precautions can go to a COVID-19 Negative and COVID-19 Recovered Unit. • If Transmission-Based Precautions have been discontinued, but the residents with COVID-19 remain symptomatic (i.e., persistent symptoms or chronic symptoms above baseline), they should be housed in the COVID-19 Positive Unit and remain in a private room until symptoms resolve or return to baseline. These individuals should remain in their rooms to the extent possible during this time period. If tolerated, residents should wear a face mask during care activities and when outside the room.
	Residents with unknown COVID-19 testing results should be quarantined in a single room in a separate area (Unknown Status Unit) until testing results become available.
	Consult with the facility medical director and SMC CD Control to determine if the facility should be closed to new admissions.
	Minimize movement of residents with confirmed or suspected COVID-19 infection. If resident movement or transfer is unavoidable, mask the resident, communicate symptoms, signs, and laboratory test results to transport personnel and other staff interacting with the resident using the CDPH Infection Control Interfacility Transfer form prior to resident transfer. Include test results, date of illness onset, infection control precautions, and indicate that your facility has at least one laboratory confirmed COVID-19 case.

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Resident Cohorting and Movement Restrictions	
	To prevent inadvertent mixing/exposure of PCR-positive and PCR-negative residents, resident cohorting decisions should be based on PCR testing results and should not be based on symptoms alone. See the San Mateo County Health COVID-19 Mass Testing Strategy for Congregate Settings in San Mateo County for more details on facility testing strategies and resident cohorting.
	Residents testing positive for COVID-19 who do not yet met the criteria to discontinue transmission-based precautions should be separated from all residents who tested negative (cohorting). Cohorting should be organized as follows: • All residents who test positive for COVID-19 should be housed in a separate area within the facility. Ideally this would be a separate building or a separate floor. If there is no way to separate cohorting areas, then temporary physical barriers (screens, etc.) with clear signage should be used. • Patients can be roomed together strictly by cohort (i.e. only COVID-19 negative with other COVID-19 negative residents and COVID-19 positive with other COVID-19 positive residents). Cohorting should be done with as much separation as possible and with a minimum of 6 feet of separation. • COVID-19 positive and COVID-19 negative groups should not share common areas or bathrooms. • Staff, equipment, etc. should be dedicated to a cohort (positive or negative) and should not be shared. • **Residents who test positive but remain asymptomatic** should be considered infectious for 14 days after the date of the initial positive test.
	Residents who have symptoms consistent with COVID-19, but test negative should still be presumed to have COVID-19 given that the sensitivity of the COVID-19 PCR test is around 70%. These residents should be placed on contact and droplet precautions, and isolated away from both COVID-19-positive and COVID-19-negative residents if possible. Re-testing can be performed prior to the next scheduled testing cycle if results will impact cohorting decisions.
	Cohort residents with suspected COVID-19 infection on the same unit, wing, or building. Ideally, place these residents in a single-bed room with door closed. If single-bed rooms are not available, cohort those residents in the same room with at least 6 feet between beds and a privacy curtain drawn between them. If unable to separate beds by 6 feet, separate as far as possible, but no less than 3 feet apart.
	If after mass testing is done, only a small number of individuals are identified in one category (e.g., positive or negative), and if it is feasible, consider relocating this minority to another facility. Given the risk of spreading infections to other facilities, all potential transfers must be approved by SMC CD Control.
	Residents who test positive for COVID-19 can be removed from the COVID-19 designated cohort area when they are no longer considered to be infectious. For details, please refer to the San Mateo County Health Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions Guidelines and/or call SMC CD Control.
	Suspend group activities and close communal dining areas.
	Residents should stay, and be served meals, in their rooms.
	If residents with suspected or confirmed COVID-19 infection must leave their room, they must perform hand hygiene and wear a face mask (or cloth face covering at a minimum) before leaving the room.

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Environmental and Equipment Cleaning	
	Clean and disinfect high-touch surfaces and shared resident care equipment (such as door handles, hallway banisters, toilet or bath rails, bedrails, over-bed tables, nursing station counters, computer keyboards, telephones, blood-pressure cuffs, other patient care equipment, etc.) with EPA- registered, healthcare-grade disinfectants with sufficient wet contact time per product instruction. See the EPA Pesticide Registration List: N: Disinfectants for Use Against SARS-CoV-2 for a list of approved products.
	Cleaning and disinfecting in the COVID-19 Positive Unit: • Assign environmental services (EVS) staff to work only on that unit if possible. • If not that is not possible, assign non-EVS staff dedicated to the COVID-19 Positive Unit (e.g., nursing aids) to perform cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. Staff should bring an EPA-registered disinfectant (e.g., wipes) from List N into the room and wipe down high touch surfaces (e.g., light switch, doorknob, bedside table) before leaving the room.
	Ensure that high-touch surfaces in staff break rooms and staff work areas are frequently cleaned and disinfected (e.g., each shift) at a minimum.
	Increase frequency of environmental cleaning of patient care areas to as often as possible and at least twice per shift and whenever surfaces or equipment are visibly soiled or contaminated with body fluids or respiratory secretions.

Surveillance Testing	
	Implement serial retesting of **all residents** who test negative upon initial testing **every 7 days** until no new cases are identified in two sequential rounds of testing. • Once a resident tests positive, no additional testing is needed for that resident. • Cohort residents based on the test results. Implement serial retesting of **all staff members** who test negative upon initial testing **every 7 days** until no new cases are identified in two sequential rounds of testing; the facility may then resume its regular surveillance testing schedule (i.e., test 25% of employees each week) for staff members. See the San Mateo County Health COVID-19 Mass Testing Strategy for Congregate Settings in San Mateo County or the COVID-19 Mass Testing Strategy for Skilled Nursing Facilities (SNFs) in San Mateo County for detailed guidance.
	While County help is currently available for facilities that have no readily accessible alternative, facilities are expected to assume financial and operational responsibility for testing as soon as they are able to do so.
	When collecting specimen, see the CDC Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes for detailed guidance.

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Managing Staff Illness & Exposure	
	Staff who become symptomatic while at work should immediately put on a surgical mask, notify their supervisor, and self-isolate at home.
	Exclude staff with symptoms suggestive of COVID-19 infection and who have either a positive COVID-19 test or have not been tested for COVID-19 until at least **7 days** have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medicine and improvement in respiratory symptoms (e.g. cough, shortness of breath) AND at least **14 days** have passed *since symptoms first appeared*. Facility may choose to exclude staff longer. See San Mateo County Health Criteria for Return to Work for Staff with Confirmed or Suspected COVID-19 in Healthcare Settings for more details.
	Exclude staff who tested positive for COVID-19 but are asymptomatic until at least **14 days** have passed *since the collection date of the first positive COVID-19 diagnostic test*. If symptoms develop during the 14-day period, then exclude per the 7-day / 14-day criteria outlined above.
	Healthcare workers who have been exposed to COVID-19 should be excluded if at all possible. If critical staffing shortages endanger resident safety, these healthcare workers may work while asymptomatic as long as they wear a face mask at all times while in the facility.
	For critical staffing shortages, refer to the Critical Staffing Shortages section in the San Mateo County Health Criteria for Return to Work for Staff with Confirmed or Suspected COVID-19 in Healthcare Settings.
	After returning to work, staff should adhere to hand hygiene, respiratory hygiene, and cough etiquette as described in the CDC Interim Infection Control and Prevention Guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles) and self-monitor for symptoms, and seek re-evaluation from Occupational Health if symptoms of COVID-19 recur or worsen.
	Do not require a healthcare provider's note for staff who are sick with a fever and/or respiratory symptoms before allowing them to return to work. Requiring so would place an undue burden on primary care providers and lead to misuse of already limited resources.
	Require staff to report recognized exposures to COVID-19 cases to Occupational Health. Follow CDC guidance to assess the level of exposure risk for staff who are exposed to a resident or fellow employee with COVID-19: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

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Communication	
	In addition to notifying SMC CD Control and CDPH Licensing and Certification San Francisco District Office / CDSS San Bruno Adult and Senior Care Regional Office, complete internal notification which may include: • Infection Preventionist • Director of Nursing • Facility Administrator • Medical Director • Health Services Director • Staff members who work at the facility • Residents, family, and visitors
	Establish a point of contact (POC) at the facility for all COVID-19 related questions.
	Post signs at each facility entrance. Post visual alerts instructing residents and staff to report symptoms suggestive of COVID-19 infection to a designated POC.

Managing Family, Visitors, and Volunteers	
	Non-essential personnel, including volunteers and non-essential services (e.g. salon barbers, music, art, pet therapists, etc.) should NOT be allowed into the facility. Public visitations (e.g. school groups, musicians, etc.) is also prohibited. Post signs at the entrances to the facility that no visitors may enter the facility.
	Family members are not allowed to visit residents unless it is necessitated by urgent health or legal matters AND only if they are asymptomatic. Alternative visitation method (Skype, Facetime, etc.) should be offered.
	Actively screen all authorized visitors (vendors, inspectors, etc.) for fever and respiratory symptoms. Do NOT allow any ill visitors, regardless of the urgent health or legal matter at hand.
	Maintain a record (e.g. a log with visit date, name, date of birth, purpose of visit, contact information, results of illness screening, and temperature check) of all authorized visitors (including vendors, inspectors, etc.). Retain the visitor log until instructed to discard it.
	Ensure authorized visitors limit their movement in the facility. Authorized visitors may only go to the resident's room and not to other areas of the facility.
	Authorized visitors must wear a face mask while in the facility and perform hand hygiene when entering the facility and when leaving the resident's room.
	Ask authorized visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility.

Assess Control Measures and Recommendations
If new cases continue to be identified, facility leadership and SMC CD Control should review existing practices, obstacles to fully implement control measures, and evaluate the need for additional actions. Surveillance for new cases will continue for 28 days after the last case's onset of illness.

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Additional Resources as of June 15, 2020:

San Mateo County Health Guidance Documents:

- COVID-19 Mass Testing Strategy for Skilled Nursing Facilities (SNFs) in San Mateo County
- COVID-19 Mass Testing Strategy for Congregate Settings in San Mateo County
- Criteria for Return to Work for Staff with Confirmed or Suspected COVID-19 in Healthcare Settings
- COVID-19 Hospital Discharge Criteria and Flow Chart
- COVID-19 Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions Guidelines

CDPH Licensing and Certification Program All Facilities Letters 2020

CDSS Provider Information Notice (PINs) Adult and Senior Care (ASC) Program

Webinars:

- Stanford School of Medicine Webinar – *Strategies to Prevent the Spread of Coronavirus in Your Facility*
- CDPH *COVID-19 Guidance for California SNF webinar recording*
- CDC Webinar Series – *COVID-19 Prevention Messages for Long Term Care Staff*
- CDC COCA Webinar – *Applying COVID-19 Infection Prevention and Control Strategies in Nursing Homes*

CDC Guidance for Nursing Homes:

- CDC webpage *Preparing for COVID-19 in Nursing Homes*
- CDC webpage *Responding to COVID-19 in Nursing Homes*
- CDC webpage *Testing Guidance for Nursing Home*
- CDC webpage *Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes*
- CDC webpage *Considerations for Memory Care Units in Long-Term Care Facilities*

PPE Related Guidance:

- CDC *Use PPE When Caring for Patients with Confirmed or Suspected COVID-19* Factsheet/Poster
- UCSF Health Novel Respiratory Isolation: Donning and Doffing PPE with N95 and Eye Protection video
- 3M *Medical Respirators N-95 Fitting Instructions* video
- CDC webpage *PPE Burn Rate Calculator*
- CDC webpage *Strategies to Optimize the Supply of PPE and Equipment*
- Cal/OSHA *Interim Guidance on COVID-19 for Healthcare Facilities: Severe Respirator Supply Shortages*