Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

March 12, 2020
8:30 – 9:30 am all facilities/agencies
9:30 -10 am long term care & home health
Purpose of Partner Conference Call

• Assure and coordinate situational awareness between partners and PHD/EMSA
• Share best practices to prevent spread of COVID-19
• Discuss and confirm guidance to assure health care worker and patient safety
• Identify resource shortages and determine solutions
• Promote coordinated and efficient response to protect the community
Agenda

I. Situation Update
   • PHD Actions
   • CAHAN Alerts
   • Testing

II. Guidance Updates
   • Updates to travel alerts and Person Under Investigation (PUI) definition
   • Updates to EMS Guidance

III. Mitigation of Risk to Healthcare & EMS
   • Provider Checklist
   • Hospital Preparedness Checklist-CDC
   • CDPH Healthcare Preparedness Checklist

IV. Resources and Supply Chain
   • Santa Barbra County PPE Survey for hospitals, outpatient and ems providers
   • Report on current supply chain issues/shortages
   • Report any estimates of potential unmet needs for daily or suspect care

V. Questions? Additional Issues?

VI. Long Term Care & Home Health Provider
COVID-19 Situation Update - California/US

- 177 positive cases
- 24 from repatriation flights
- 55 travel related
- 40 due to person to person
- 32 community acquired
- 26 from unknown sources
Public Health Objective

- Slow the spread of disease through taking action to prevent exposure
- Assure safety of healthcare workers
- Plan for a surge of the healthcare system
- Provide coordinated public information with partners to assure knowledge of actions to protect the public
Methods to Slow the Spread of Disease

- Isolate sick until test negative—can take 4 weeks
- Identify, quarantine, test exposed persons for 14 days
- Implement social distancing if local community transmission:
  - Closing schools, cancelling community events, religious services
  - Limiting public transport, closing businesses, etc
- Encourage businesses to implement social distancing in the worksite, screen workers, take measures such as cleaning, liberal sick time, work from home, anticipate personnel shortages, etc.
- Provide public guidance on how to prevent disease spread
Sources of Disease Risk to Facility or Agency

Facility or Agency

- Staff
- Patients
- Visitors
Limiting Spread in a Facility

Protect your workforce:

- Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility. Keep up to date on the recommendations for preventing spread of COVID-19 on CDC’s website.
- Ensure proper use of personal protection equipment (PPE). Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 should wear the appropriate personal protective equipment.
- Conduct an inventory of available PPE. Consider conducting an inventory of available PPE supplies. Explore strategies to optimize PPE supplies.
- Encourage sick employees to stay home. Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

Protect your patients:

- Stay up-to-date on the best ways to manage patients with COVID-19.
- Separate patients with respiratory symptoms so they are not waiting among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated.
- Consider the strategies to prevent patients who can be cared for at home from coming to your facility potentially exposing themselves or others to germs, like:
  - Using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.
  - Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.
  - Leveraging telemedicine technologies and self-assessment tools.

Community Transmission & protecting vulnerable populations

If you are at higher risk of getting very sick from COVID-19, you should:

- **Stock up on supplies.**
- Take everyday precautions to keep space between yourself and others.
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- **Avoid crowds** as much as possible.
- Avoid cruise travel and non-essential air travel.
- During a COVID-19 outbreak in your community, **stay home** as much as possible to further reduce your risk of being exposed.

Watch for symptoms and emergency warning signs

- Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.
- If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*:
  - Difficulty breathing or shortness of breath
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Social Distancing

- UCSB classes going to virtual
- Forums and other conferences cancelled in SB County
- PHD issued letter regarding social distancing
- CDC and others urging vulnerable residents to stay away from large groups and limit interactions
- County’s and States implemented no visitor policy for SNF’s
- Schools have closed in CA counties
- Large companies have implemented working from home
**CDC Guidance for Santa Clara County 3-11-20**

<table>
<thead>
<tr>
<th>For Every Individual and Family at Home</th>
<th>Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Monitor local information about COVID-19 in your community.</td>
<td>• Consider implementing temperature/symptom checks for staff, visitors, limit visitor movement in the facility</td>
</tr>
<tr>
<td>• Practice personal protective measures (e.g. hand washing).</td>
<td>• Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; limit unnecessary healthcare visits</td>
</tr>
<tr>
<td>• Put household plan into action</td>
<td>• Actively monitor HCP absenteeism and respiratory illness among HCP and patients</td>
</tr>
<tr>
<td>• Ensure 30 day supply of all medicines.</td>
<td>• Actively monitor PPE supplies</td>
</tr>
<tr>
<td>• Individuals at risk of severe illness should stay at home avoiding gatherings or other situations of potential exposures, including travel, church attendance, social events with 10 or more people</td>
<td>• Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinics for people with fever, surge tent for overflow triage, offsite testing locations)</td>
</tr>
<tr>
<td>• Other individuals without such risk factors should adapt to disruptions in routine activities (e.g., school and/or work closures) by using remote work or telework where feasible or online classes or home study (E-learn)</td>
<td>• Permit asymptomatic exposed HCP to work while wearing a facemask</td>
</tr>
<tr>
<td></td>
<td>• Cross train HCP for working in other units to support staffing shortages</td>
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<td></td>
<td>• Restrict all visitors from facility entry to reduce facility-based transmission; exceptions for end-of-life visitors but restrict such visitors movement within the facility.</td>
</tr>
<tr>
<td></td>
<td>• Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask)</td>
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<td></td>
<td>• Cancel elective and non-urgent procedures</td>
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<td>• Consider suspension of new admissions to facilities</td>
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<td></td>
<td>• Establish cohort units or facilities for large numbers of patients</td>
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<td></td>
<td>• Consider requiring all HCP to wear a facemask when in the facility depending on supply</td>
</tr>
</tbody>
</table>
Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease as defined by your doctor.** Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease as defined by your doctor.** (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.

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- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy in the last two weeks**
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopmental conditions** (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury).
PHD Department Operations Center (DOC) Activating

• Open Monday – Friday 9:00 am – 1:00 pm
• After hours email and phone number
• Provides additional staff to carry out PHD objectives
• Support to respond to cases and provider/public information
# Communication with PHD DOC

<table>
<thead>
<tr>
<th>WHO?</th>
<th>WHEN?</th>
<th>HOW?</th>
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<tbody>
<tr>
<td>Disease Control</td>
<td>24/7</td>
<td>805-681-5280</td>
</tr>
<tr>
<td></td>
<td>Used to contact and report PUI / request testing for facilities, HCW</td>
<td></td>
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<tr>
<td>EMS Duty Officer</td>
<td>After hours requests for PPE and assistance</td>
<td>805-694-8301</td>
</tr>
<tr>
<td>PHD Department Operations Center (DOC)</td>
<td>9:00 am- 1:00pm M-F</td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a> (805) 696-1106 – DOC Operations Jan Koegler- 805 681-4913 Or 805 331-8360 (cell) Stacey Rosenberger- 805 681-4912</td>
</tr>
</tbody>
</table>
Coordination of Public Information

Provide coordinated public information:

- Sharing of press releases, FAQ’s between partners
- Teleconferences to assure coordinated information
  - PIO’s
  - JIC
- Call centers-what is your facility plan to respond to patients?
  - Coordination of FAQ’s
  - Coordination of triage guidelines
Resources and Supply Chain

*Current supply chain issues/shortages*

- Shortages of all types of protective equipment
- Shortages of hand sanitizer
- Runs on Costco
- **Authorization to use expired N-95 masks granted by CDC**
  - Santa Barbara cache will be distributed to healthcare partners
  - Other essential service uses will be considered by the MAC Scarce Resource Group
N-95 use of expired masks

• 2/29/20 CDC authored use of expired N-95 masks

• PHD has cache of 3M 1860 and 3M 1860S

Based on preliminary information gained in this study[,], many models have continued to perform in accordance with NIOSH performance standards. Accordingly, CDC/NIOSH believes the following products, despite being past their manufacturer-designated shelf life, should provide the expected level of protection to the user if the stockpile conditions have generally been in accordance with the manufacturer-recommended storage conditions and an OSHA-compliant respiratory protection program is used by employers. In alphabetical order, these models are:

• 3M 1860
• 3M 1870
• 3M 8210
• 3M 9010
• 3M 8000
• Gerson 1730
• Medline/Alpha Protech NON27501
• Moldex 1512
• Moldex 2201

Develop MAC Group for scarce medical resources (PPE and other)

Reviews and distributes scarce resources to prioritized healthcare/other providers

Representatives from:
- Coalition Steering Committee Reps
- Coalition clinical advisor
- PHD, EMSA, OEM, Health Officer
- Long Term Care
Resource Request Process

The County MHOAC has responsibility to
Assess resources
Allocate according to priority to protect the community and
Monitor shortages
Make requests to CDPH

• Important to make ALL requests through this process
• Please do not contact Direct Relief unless you are a regular recipient
N-95 Request Form

- Online form to request PPE resources
- Need to complete PPE Survey for facility/agency prior to requesting
- Request will be followed up with a signed request form
- Provide up to 5 persons who are authorized to make requests
PHD PPE Survey

• Link sent 2/26/20
• 26 facilities/agencies have completed the survey
• Regular survey Monitor shortages and make requests to CDPH
• Info reported to CDPH
Challenges: Fit Testing

• Multiple requests coming from facilities for help with fit testing
  • Unable to acquire fit testing kits or do not know how to fit test
  • PHD has fit test kits to loan
  • Process to loan to be sent out to partners

• Train the trainer sessions
• Conducted 2 sessions (SB and Santa Maria)
• 50 attendees total
• Additional sessions as needed contact Stacey Rosenberger
COVID Specimen Testing

Specimen

Quest *or* LabCorp
4-5 days

Public Health Lab
Requires health officer approval
Prioritizes Healthcare Personnel and Facility Residents
1-2 days
Provider Alert Re Testing via PHL

Provider Alert
COVID-19 Testing and Reporting
March 9, 2020

At this time, COVID-19 testing has become available to healthcare providers through LabCorp and Quest Diagnostics, and does not require approval by the local Health Officer. Clinicians should use their judgment however, to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Initial testing for other causes of respiratory illness, including infections such as influenza should be conducted. Healthcare and skilled nursing facilities should have a low threshold for evaluating symptoms of employees and residents, and are asked to contact Santa Barbara County Public Health at (805) 681-5280 24/7 to coordinate testing, if indicated. In order to expedite results, COVID-19 testing for healthcare personnel and residents of skilled nursing facilities should be processed through the local Public Health Lab.

Per Title 17 California Code of Regulations Section 2500, a novel virus infection with pandemic potential requires immediate reporting. Since COVID-19 is a novel virus infection with pandemic potential, healthcare providers and laboratories are required to report positive laboratory test results for COVID-19 immediately by calling the Santa Barbara County Public Health 24/7 number at (805) 681-5280.
Actions for Providers

• Call the HO for any test—even if commercial, complete CMR
• PHD still wants to have knowledge of suspects
• Instruct patients to self-isolate until results for COVID or other source of illness identified
Transferring samples for testing

• Pick up of samples by commercial labs
• Commercial lab: how is the sample shipped/picked up?
• For PH lab: lab packages to SB PHL to then transfer to Ventura or SLO - PH labs
• Questions, input, comments?
Testing for COVID-19 Quest

- This test is to be performed only using respiratory specimens collected from individuals who meet CDC clinical and/or epidemiological criteria for COVID-19 testing.

What do I need to know about COVID-19 testing? Current information on COVID-19 for healthcare providers, including case definitions and infection control, is available at CDC’s webpage, Information for Healthcare Professionals (see links provided in “Where can I go for updates and more information?” section).

- The Quest RT-PCR has been validated to test nasopharyngeal/oropharyngeal swabs, bronchial lavage/wash, and sputa/tracheal aspirate samples.
- The Quest RT-PCR should be ordered for the presumptive detection of SARS-CoV-2 in individuals who meet CDC criteria for COVID-19 testing.
- The Quest RT-PCR is only for use in qualified Quest Diagnostics laboratories.

Important information:
The test has been validated according to CLIA, but the FDA’s independent review of this validation is pending. Report Adverse events, including problems with test performance or results, to MedWatch by submitting the online FDA Form 3500 (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home) or by calling 1-800-FDA-1088
Specimen Collection


B. Upper respiratory tract

**Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)**

Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens may be kept in separate vials or combined at collection into a single vial.

*Nasopharyngeal swab:* Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions.

*Oropharyngeal swab (e.g., throat swab):* Swab the posterior pharynx, avoiding the tongue.

**Nasopharyngeal wash/aspirate or nasal aspirate**

Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
CAHAN Alerts

• Come from CDPH and local PHD
• Assure key contacts at your facility/agency are enrolled
  • At least two individuals per facility/agency
• Contacts are responsible for reading and disseminating the information and guidance within their facility/agency
CDPH Conference Calls

• Health Care Provider Call (Weekly)
  • Tuesdays 8am
    • Toll-Free: 844-721-7239
    • Access Code: 7993227
CDC Guidance Updates

What's New

**Frequently Asked Questions on COVID-19 Testing at Laboratories**
TUESDAY, MARCH 10, 2020

**Interim Guidance for Outpatient Hemodialysis Facilities**
TUESDAY, MARCH 10, 2020

**Keeping Workplaces, Homes, Schools, or Commercial Establishments Safe**
TUESDAY, MARCH 10, 2020

SUNDAY, MARCH 8, 2020

**Resources for Institutes of Higher Education**
SUNDAY, MARCH 8, 2020

**COVID-19 and Cruise Ship Travel**
SUNDAY, MARCH 8, 2020

**Environmental Cleaning and Disinfection Recommendations**
SUNDAY, MARCH 8, 2020

**People at Risk for Serious Illness from COVID-19**
SUNDAY, MARCH 8, 2020

**Communication Resources for Travelers**
SUNDAY, MARCH 8, 2020

Dialysis Update – Separate Call Will Be Held


Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities

Background

These recommendations should be used with the CDC’s [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html). This information is provided to clarify COVID-19 infection prevention and control (IPC) recommendations that are specific to outpatient hemodialysis facilities. This information complements, but does not replace, the general IPC recommendations for COVID-19.
Criteria to Guide Evaluation of PUI for COVID-19

As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA). Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.

This expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever\(^1\) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers\(^2\), who have had close contact\(^3\) with a laboratory-confirmed\(^4\) COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas\(^5\) (see below) within 14 days of symptom onset.
What do these updates to PUI mean for reporting? Testing? Identifying Patients?

- Frequently reported signs and symptoms include fever (83–98%), cough (46%–82%), myalgia or fatigue (11–44%), shortness of breath (31%) at illness onset.
- Sore throat has also been reported in some patients early in the clinical course.
- Less commonly reported symptoms include sputum production, headache, hemoptysis, and diarrhea.
- Some patients have experienced gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms.
- The fever course among patients with COVID-19 is not fully understood; it may be prolonged and intermittent.
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<th>Work Restrictions for Asymptomatic HCP</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves^</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
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<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
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\^ Includes gown, gloves, and eye protection (goggles or face shield).
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Updated Travel Alerts from CDC

Health Alert: Coronavirus Disease 2019 (COVID-19)

You have traveled to a country with an outbreak of COVID-19 and are at higher risk.
COVID-19 is a respiratory illness that can spread from person to person.

Stay Home
Stay home for the next 14 days and monitor your health. Take your temperature with a thermometer two times a day and watch for symptoms.

If you feel sick and have symptoms:
- Call ahead before you go to a doctor’s office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.
- Do not travel while sick.

Symptoms
Illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure.

Symptoms can include:
- Fever (100.4°F/38°C or higher)
- Cough
- Shortness of breath

Visit the website for more information on monitoring your health and how to contact local public health officials. Visit: www.cdc.gov/COVID19travel

Stay home for 14 days from the time you left an area with widespread, ongoing community spread (Level 3 Travel Health Notice countries) and practice social distancing.

Take these steps to monitor your health and practice social distancing:

1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
2. Stay home and avoid contact with others. Do not go to work or school for this 14-day period. Discuss your work situation with your employer before returning to work.
3. Do not take public transportation, taxis, or ride-shares during the time you are practicing social distancing.
4. Avoid crowded places (such as shopping centers and movie theaters) and limit your activities in public.
5. Keep your distance from others (about 6 feet or 2 meters).

What To Do If You Get Sick

If you get sick with fever (100.4°F/38°C or higher), cough, or have trouble breathing:

- Seek medical care. Call ahead before you go to a doctor’s office or emergency room.
- Tell your doctor about your recent travel and your symptoms.
- Avoid contact with others.

If you need to seek medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel to an area with widespread or ongoing community spread of COVID-19.
Mitigation of Risk to Healthcare & EMS

- **All EMS providers** should be prepared to safely screen and transport suspect/confirmed patients
- **All hospitals** should be prepared to safely accept and test suspect/confirmed patients
- **All outpatient providers** should be prepared to safely screen and isolate suspect patients
- **All providers** should be able to monitor their staff for disease and track potential exposures
- **Some outpatient providers** (surgery centers/pain management/small offices) will only screen and exclude/refer; prevent entrance into facility
Mitigation of Risk to Healthcare & EMS

- Cal-OSHA: https://www.dir.ca.gov/dosh/Coronavirus-info.html
- Must provide training NOW on COVID and PPE
- Reports from providers
  - Challenges
  - Training Needs
  - Adherence to CDC/Cal-OSHA guidelines for respiratory, contact, and standard precautions
  - Aerosolizing procedures require a PAPR (or P100 for field EMS only)
Updates from EMS

- EMS Provider Alert to Dispatch re PUI
- Dispatch PSAP Alert with updated screening Protocols

Please click here to acknowledge receipt of this message

This is an alert from the Santa Barbara County Emergency Medical Services Agency.

The CDC has updated the Persons Under Investigation (PUI) criteria on February 27, 2020: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html)

With this change we are recommending that PSAPs expand the travel screening questioning to identify any travel outside of the United States and notify responding units what country the individual traveled to. If the CDC identifies additional affected areas we will continue to keep EMS providers updated via CAHAN.

We will be reviewing this information during tomorrow's (Friday 2/28) 9 am conference call. Call in info is attached to this message.

If you have any questions please contact Matthew Higgs - Matthew.Higgs@sbcphd.org

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever$^1$ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)</td>
<td>AND</td>
<td>Any person, including health care workers$^2$, who has had close contact$^2$ with a laboratory-confirmed$^2$ COVID-19 patient within 14 days of symptom onset</td>
</tr>
</tbody>
</table>
Communication of information regarding patients at risk *(pre or post transport/exposure)*

- PHD is informed by CDPH of travelers at risk
- Hospital and EMS providers must be informed prior to transport
  - **Dispatch Screening**
    1. EMD PSAP: Questions regarding travel, dates, and country in the EIDS tool (optional)
    2. ALL PSAP: Travel screening algorithm provided for Breathing Problem or Sick Person
    3. Healthcare provider call identifying suspect patient for transfer, all units shall be advised “Patient meets travel advisory criteria, follow public health/EMS agency PPE guidelines"
• Update to screening questions sent out to dispatch on February 27, 2020 by the EMS Agency
CDPH Healthcare Facility Preparedness Checklist

• CDC Healthcare Facility Checklist

• CDPH All Facilities Checklist- included in AFL-20-10
Minimize Chance for HCP Exposure

- Ensure that patients with symptoms of suspected 2019-nCoV or other respiratory infection (e.g., fever, cough) are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, medically-stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

- Ensure rapid triage and isolation of patients with symptoms of suspected 2019-nCoV or other respiratory infection (e.g., fever, cough):
  - Identify patients at risk for having 2019-nCoV infection before or immediately upon arrival to the healthcare facility.
  - Implement triage procedures to detect persons under investigation (PUI) for 2019-nCoV during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of 2019-nCoV or contact with possible 2019-nCoV patients.

Update Your Screening Posters

- Call ahead
- Call from outside building
- Other measures to prevent entrance to your building
- Determine how you will reduce chance of exposures
What are transport and receipt of patient protocols for hospitals?

Alert hospital prior to arrival of suspect patient:
- Field to hospital via EMS transport
- Via referral from facility
- Questions regarding communication from clinic to hospital for transfer?

**Before Arrival**
- When scheduling appointments, instruct patients and persons who accompany them to call ahead or inform HCP upon arrival if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever) and to take appropriate preventive actions (e.g., wear a facemask upon entry to contain cough, follow triage procedures).
- If a patient is arriving via transport by emergency medical services (EMS), the driver should contact the receiving emergency department (ED) or healthcare facility and follow previously agreed upon local or regional transport protocols. This will allow the healthcare facility to prepare for receipt of the patient.
What do small facilities such as dialysis, ambulatory surgery centers do?

Protect your facility

1. Provide phone screening to determine if:
   1. Person has traveled to an affected country within 14 days
   2. Person has illness/symptoms fever/cough/difficulty breathing
   3. Person has had contact with person returning from affected area
   4. Person has had contact with person under investigation for COVID-19

2. Do not allow suspect patient into the facility, ask to wait in car or outside until PHD is called or ambulance, if needed

3. Protect your staff
   1. Provide N95 fit testing and PPE if your facility will have potential patients
Surge Planning
Surge Preparedness

Are our healthcare providers ready to:

• Separate COVID patients from non-COVID
• Will we have designated outpatient triage facilities or sites?
• Maintain staffing and PPE?
• Are there enough ICU beds and ventilators for severely ill?
• Are there models of expected surge of hospitalized patients?
• Will local or bedside testing be available to allow for cohorting of hospitalized patients in rooms or floors?
• Can we anticipate the types of care that will be needed?
• Will responding to COVID-19 result in delays in care for other patients? For dialysis, cancer treatment, elective surgeries, etc?
Hospital Survey Survey via ReddiNet

- ICU beds
- Ventilators
- Isolation rooms with negative pressure rooms
- Accepting surge ventilators
Questions?
Notice to People Visiting Patients

If you have fever, a cold, or flu-like symptoms, please postpone your visit.

Protect your family and friends. Protect our patients.

http://publichealth.lacounty.gov/acd/docs/VisitorPoster.pdf
Issues for specific facility/agency types

Discussion of Issues related to:

• Skilled Nursing Facilities and Long Term Care
  • Protecting residents
  • PPE and staff
  • Screening staff and contractors
  • Visitors
Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes

A new respiratory disease—coronavirus disease 2019 (COVID-19)—is spreading globally and there have been instances of COVID-19 community spread in the United States. The general strategies CDC recommends to prevent the spread of COVID-19 in LTCF are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.

Symptoms of respiratory infection, including COVID-19:

- Fever
- Cough
- Shortness of breath

Long-term care facilities concerned that a resident, visitor, or employee may be a COVID-19 patient under investigation should contact their local or state health department immediately for consultation and guidance.
CDC Recommendations for SNF and Assisted Living

Use these recommendations with CDC’s Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings. These recommendations are specific for nursing homes, including skilled nursing facilities. Much of this information could also be applied in assisted living facilities. This information complements, but does not replace, the general infection prevention and control recommendations for COVID-19.

This guidance is based on the currently available information about COVID-19. It will be refined and updated as more information becomes available and as response needs change in the United States. It is important to understand transmission dynamics in your community to inform strategies to prevent...

Visitor Restrictions
Ill visitors and healthcare personnel (HCP) are the most likely sources of introduction of COVID-19 into a facility. CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill HCP, even before COVID-19 is identified in a community or facility.
Social Distancing:

Plans to Prevent the Spread of COVID-19 (Coronavirus 2019) at Heritage House.

March 11, 2020

Good Afternoon,

The most vulnerable population of the COVID-19 virus is of course the elderly, and specifically those with compromised immune systems. Heritage House is home to many seniors, some of whom have weakened immune systems for one reason or another. We want you to feel confident with the care and safety provided to your loved ones, and for that reason we are asking for your help.

In compliance with the recommendation of Community Care Licensing, as California is in a State of Emergency declared by Gov. Gavin Newsom, Heritage House was provided a waiver to prohibit visitors due to the COVID-19 Virus. Effective Friday, March 13th, we will be prohibiting all visitors, volunteers, and all non-essential medical personnel from coming on property in an effort to reduce the possibility of exposure to the COVID-19 Virus. Although there are no “Confirmed” cases in our county, we believe the best line of defense is to proactively limit exposure.

There will be exceptions on a case by case basis which can be addressed individually with the Administrator. Furthermore, all planned events like our weekly 405 Happy Hour, Bill’s Grill and St. Patty’s Day lunch will be for residents only. We will be suspending our lunch outings, and increase our Scenic Tours as they do not pose a risk for increased exposure.
Cancelling non-urgent appointments

Appointments:

In regards to all scheduled non-urgent medical appointments, they will need to be postponed during this time. We are asking for your assistance with canceling all appointments that are scheduled. This includes annual physicals, dental appointments, and hair/nail appointments. Please ask for clarification if needed. Our licensed nurse or a Physician can determine if an appointment is medically necessary, and if it is, Heritage House will provide the transportation during regular transportation hours.
Wrap Up!

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