Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

March 19, 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  
II. Guidance Updates  
III. Mitigation of Risk to Healthcare & EMS  
IV. Resources and Supply Chain  
V. Questions? Additional Issues?  
VI. Long Term Care & Home Health Provider
COVID-19 Situation Update - Santa Barbara County

- First case confirmed on March 15th in northern Santa Barbara County
- Result of community transmission
- Second case confirmed on March 17th and third on March 18th
- PHD actively investigating multiple case contacts with confirmed cases.

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Total Tested:</td>
<td>214</td>
</tr>
<tr>
<td>Confirmed:</td>
<td>3</td>
</tr>
<tr>
<td>Negative:</td>
<td>66</td>
</tr>
<tr>
<td>Pending:</td>
<td>145</td>
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COVID-19 Situation Update - California

On March 16th – Gavin Newsom issued an executive order to protect the health and safety of most vulnerable residing at health care, residential and non-residential facilities licensed by the state.

Multiple counties in California have issued “shelter in place” or “shelter at home” orders for population to stay home to reduce the spread of the disease.

Confirmed California COVID-19 Cases:

<table>
<thead>
<tr>
<th># Cases</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>Travel Related</td>
</tr>
<tr>
<td>88</td>
<td>Person to Person Spread</td>
</tr>
<tr>
<td>142</td>
<td>Community Acquired</td>
</tr>
<tr>
<td>253</td>
<td>Under Investigation</td>
</tr>
<tr>
<td>24</td>
<td>Repatriation</td>
</tr>
<tr>
<td>598</td>
<td>TOTAL (CA + Repatriation)</td>
</tr>
</tbody>
</table>

Ages of all confirmed positive cases:

<table>
<thead>
<tr>
<th>Age</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>13 cases</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>392 cases</td>
</tr>
<tr>
<td>Age 65+</td>
<td>188 cases</td>
</tr>
<tr>
<td>Unknown</td>
<td>5 cases</td>
</tr>
</tbody>
</table>

Fatality in California:

| Fatality | 13 |

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
COVID-19 Situation Update - Global Cases

https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
PHD Department Operations Center (DOC) Activating

- **Open 7 days a week- 8:00 am- 5:00pm**
- After hours email and phone
- Provides additional staff to carry out PHD objectives
- Respond to cases and provider/public information requests
- Coordinates contact tracing
- Orders and prioritizes resources for distribution
- Supporting symptomatic homeless individuals with alternate sheltering
- Developing plans for opening alternate shelter for symptomatic individuals that do not require hospitalization
# Communication with PHD DOC

<table>
<thead>
<tr>
<th>WHO?</th>
<th>WHEN?</th>
<th>HOW?</th>
</tr>
</thead>
<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>
</tr>
<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>8:00 am – 5:00 pm 7 days a week! Please use email for any communications regarding COVID-19!</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- developed Testing Triage Tool!
COVID-19 Laboratory Prioritization Advisory and Testing Triage Tool
March 18, 2020 Update #1: Commercial Lab Testing Advised for Tier 1 Hospitalized Patients

This provider advisory is issued in collaboration with healthcare partners to assure coordinated testing instructions and triage criteria for priority COVID-19 testing. It reflects the need to prioritize patients due to current limited testing availability and shortages of testing supplies. The situation is changing rapidly. This advisory will be updated regularly.

The advisory contains the following:
- Laboratory testing and required suspect case reporting instructions
- COVID-19 Testing Triage Tool to be used by licensed health care providers and registered nurses

Laboratory Testing by Tier 1, 2, and 3
There are two sources of testing for suspect COVID-19 patients:
- Public health laboratory (PHL) testing: Limited capacity. Reserved for symptomatic Tier 1 healthcare workers and residential facility patients (ex. SNFs). Requires health officer pre-approval. Turnaround 24-48 hr
- Commercial laboratory testing such as LabCorp or Quest. Tier 1 patients not included above. Tier 2 and 3 patients as prioritized using the COVID-19 Testing Triage Tool. Turnaround time currently 4-6 days. Health officer approval NOT required.

Suspect Cases Must Be Reported
- Tier 1: Healthcare workers and residential facility patients (ex. SNFs) Call Disease Control at (805) 681-5280, report case, receive PUI # from health officer for PHL testing, enter case into CalREDIE. Request testing supplies if needed.
- Tier 2 and 3 and other Tier 1: Report all suspect cases tested by a commercial lab in CalREDIE prior to receiving results.
- If you do not have a CalREDIE account and are testing a case call Disease Control at (805) 681-5280
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- cont.

Specimen Instruction
1. All CDC PPE guidance for office staff and providers must be followed for suspect cases
2. First rule out other respiratory infections by respiratory panel and or rapid influenza test
3. Collect respiratory specimen: nasopharyngeal (NP) only
   a. Use Dacron swab with plastic stem and regular viral transport media vial
4. Collect sputum only if productive cough is present. Do not induce sputum.
   a. Use sterile container
5. Keep specimen in refrigerator and call health officer for PUI number for Tier 1 patients
   • Send specimens for Tier 1 patients with relevant submittal form per health officer instructions
   • Send specimens for Tier 2 and Tier 3 patients per commercial lab instructions

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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<tr>
<td>• Symptomatic individuals residing in congregate living facilities (e.g. jails, shelters, long-term care facilities, skilled nursing facilities), hospitalized or not hospitalized</td>
<td>• Symptomatic persons 60 and older with comorbidities, especially those with cardiovascular disease, diabetes, chronic respiratory disease, hypertension, and cancer</td>
<td>• All other patients not included in Tier 1 and Tier 2 as testing capacity and supplies are available</td>
</tr>
<tr>
<td>• Symptomatic health care workers, including emergency medical services (EMS) and other first responders</td>
<td>• Please use the attached COVID-19 Testing Triage Tool</td>
<td>• Please use the attached COVID-19 Testing Triage Tool</td>
</tr>
<tr>
<td>• Patients who are hospitalized or severely ill, regardless of age or comorbidities - commercial testing advised</td>
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COVID-19 Testing Triage Tool

• Developed in coordination with Cottage Health, Lompoc Valley Medical Center, Sansum Clinic and Santa Barbara Neighborhood Clinics
Health Officer Order to be issued March 19th

• Health officer order will be coming out mandating all hospitals and licensed residential facilities excluded visitors

• This includes the following facility types:
  • General acute care hospitals and psychiatric health facility
  • Skilled nursing facilities
  • Intermediate care facilities
  • Residential Care Facilities for the Elderly (RCFE)
  • Adult Residential Facilities

• Exceptions are to be made by the hospital or facility administrator…. 
Executive Order- March 16

The order directs the following:

- The state must focus on protecting the health and safety of the most vulnerable in licensed facilities.
- The state shall immediately identify health, community care facilities, and other sites that house populations that are most vulnerable to COVID-19. This includes, but is not limited to seniors and individual who require assisted-living services due to chronic health conditions.
- The state shall redirect resources and provide technical and compliance support to protect caregivers and those they care for.
- Enforcement activities shall focus where there are allegations of the most serious violations impacting health and safety.
- The Health and Human Services Agency, in consultation with counties and labor organization and consumers, shall leverage existing services and programs to support home isolation of vulnerable Californians, including seniors and those with serious chronic underlying health conditions.
- To address the increased demand for healthcare workers and first responders, state Departments shall authorize first responders, care providers, and workers who are asymptomatic and taking precautions to prevent the transmission of COVID-19, to continue working during the period of this emergency.

https://www.gov.ca.gov/2020/03/16/california-issues-directive-to-fight-covid-19/
Summary of Changes to the Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
  - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
    - Facemasks protect the wearer from splashes and sprays.
    - Respirators, which filter inspired air, offer respiratory protection.
  - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
  - Eye protection, gown, and gloves continue to be recommended.
    - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

- Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).
  - Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section).

- Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.
  - Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

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

- Staff
- Patients
- Visitors

Facility or Agency
Resources and Supply Chain

Current supply chain issues/shortages
• Procedure masks
• Isolation gowns
• Hand sanitizer
• Toilet paper
• Gloves

PHD PPE Distribution:
• South County: pick up at PHD office or warehouse
• Mid/North County: Deliveries twice a week and can pick up if you have capacity
Scarce Medical Resources Committee

Reviews and distributes scarce resources to prioritized healthcare/other providers

Representatives from:
- Coalition Steering Committee Reps
- Coalition clinical advisor
- PHD, EMSA, OEM, Health Officer

What does this mean for my PPE requests?
- It will take longer for a request to be filled
- Requests for scarce medical resources must be prioritized and approved by committee
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
PPE 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
- https://app.smartsheet.com/b/form/37d9d0df6f8e4533b4ce6c17ebb87acb
Requesting N-95 Fit Testing Kits

• PHD has 8 qualitative fit testing kits to loan
• Facility/agency can request up to 2 kits
• To request: https://app.smartsheet.com/b/form/386bce37fa7b4e21a5c11af7948fdb50
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](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)
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?
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
COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020

• MMWR from CDC on skilled nursing facility in King County, Washington
• 129 cases of COVID-19 (81 residents, 34 staff, 14 visitors, and 23 deaths)
• “Staff members working in multiple facilities contributed to intra- and interfacility spread”
• “Long-term care facilities should take proactive steps to protect the health of residents and preserve the health care workforce by identifying and excluding potentially infected staff members and visitors, ensuring early recognition of potentially infected patients, and implementing appropriate infection control measures”.

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm?s_cid=mm6912e1_w
Factors that likely contributed to the vulnerability of these facilities:

1. Staff working while sick
2. Staff working at more than one facility
3. Not following standard droplet and contact precautions
4. Challenges implementing infection control practices
5. Inadequate supply of PPE
Prevention measures identified in MMRW

1) implementation of symptom screening and restriction policies for visitors and nonessential personnel
2) active screening of health care personnel, including measurement and documentation of body temperature and ascertainment of respiratory symptoms to identify and exclude symptomatic workers
3) symptom monitoring of residents
4) social distancing, including restricting resident movement and group activities
5) staff training on infection control and PPE use
Skilled Nursing Facilities Staff

- PHD requesting each SNF submit list of staff so PHD can look at # of staff that are working at multiple facilities
- Will be sending out an excel spreadsheet for facilities to complete and send back
  - Collecting: staff name (first, last), position, and phone number
Wrap Up!

Thank you.