Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

March 5, 2020
8:30 – 9:30 am
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?
COVID-19 Situation Update - California/US

State of Emergency Declared in California March 4, 2020
First COVID-19 death in California reported in Placer County - 3/4/20
11 deaths total in United States
At least 80 confirmed cases in US and at least 13 states have reported cases since late January

COVID-19 in California by the Numbers (as of 10 a.m. Pacific Time):
53 – Positive cases
  1 – Death
  24 – Cases of positive tests related to federal repatriation flights
  29 – Cases not related to repatriation flights
    • 12 - Travel-related
    • 10 - Person to person
    • 4 - Community transmission
    • 3 - Currently under investigation
9,400+ – number of people self-monitoring who returned to the U.S. through SFO or LAX
49 – Number of local health jurisdictions involved in self-monitoring
14 – Labs with test kits

Updates from March 4, 2020
COVID-19 Situation Update Cont.

- **WHO Confirmed cases:** 95,270 cases and 3,280 confirmed deaths from COVID-19 worldwide. There are now 79 counties reporting cases.
- Cases growing rapidly in Italy, Iran, South Korea, Japan
- First case of community transmission in US February 28 in California
- Community acquired cases have since been reported in both California and Washington
- First death in CA 3/4/20. Cruise ship exposure. Passengers on ship quarantined off coast of San Francisco
- **Outbreak Life Care Center skilled nursing facility in King County, Washington, February 26, 2020.** 6 deaths of SNF residents.
- CDC travel alert levels have been raised for Italy, Iran, South Korea, Japan
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
Public Health Department Actions

- Issuing updated provider guidance and alerts
- Participating in CDPH and CDC guidance teleconferences
- Monitoring quarantined travelers in County
  - Prepared to monitor additional quarantined or isolated persons
- Multiagency Coordination Group for scarce resource allocation
- Weekly calls with Disaster Healthcare Partners
- Guidance to community organizations, service providers, and cities
- Assessing surge capacity of healthcare system
- Establish ICS infectious disease emergency response structure
- Implemented EMS dispatch screening
- Providing public information via social media/website
- New Website page with updated information and links to resources
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>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Control</td>
<td>24/7 Used to contact and report PUI</td>
<td>805-681-5280</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>9:00 am- 1:00pm M-F 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
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

• Long Term Care Call (As scheduled by CDPH)
  • March 5\textsuperscript{th} at Noon
    • **Toll-Free:** 844-291-5494
    • **Access Code:** 1180606
    • **Conference Name:** Long-term Care Stakeholders & Facilities
CDC Guidance Updates

What's New

If you have returned from Hubei Province within the last 14 days, Check and Report Everyday
WEDNESDAY, MARCH 4, 2020

Interim Guidance for Public Health Professionals Managing People With COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
WEDNESDAY, MARCH 4, 2020

Evaluating and Reporting Persons Under Investigation (PUI)
WEDNESDAY, MARCH 4, 2020

Active Monitoring of Persons Exposed to Patients with Confirmed COVID-19 — United States, January–February 2020
TUESDAY, MARCH 3, 2020

Interim Guidance: Get Your Mass Gatherings or Large Community Events Ready for Coronavirus Disease 2019 (COVID-19)
TUESDAY, MARCH 3, 2020

Recommended Precautions for Preventing Spread of COVID-19 in Election Polling Locations
MONDAY, MARCH 2, 2020

Preventing COVID-19 Spread in Communities
MONDAY, MARCH 2, 2020

MONDAY, MARCH 2, 2020

Resources for Healthcare Facilities
SATURDAY, FEBRUARY 29, 2020

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 fever¹ 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 workers², who have had close contact³ with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas⁴ (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.
Updates: Healthcare Personnel with Potential Exposure - (3/4/20)

1. **In regards to conducting risk assessments for healthcare personnel (HCP) for areas with community transmission:** For areas within the U.S. that are demonstrating community transmission, all healthcare personnel (HCP) are considered at some risk for COVID-19 whether through patient interactions or from general community interactions. In these instances, devoting resources to contact tracing and retrospective risk assessment could divert resources from other important infection prevention and control activities. Instead, facilities may decide to shift their emphasis to more routine practices, which includes asking HCP to report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection and not reporting to work when ill. Facilities should develop a plan for how they will screen for symptoms and evaluate ill HCP.

2. **In regards to HCP furlough:** The old guidance recommended work restrictions for HCP with medium or high risk exposure. In the new guidance, facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

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<thead>
<tr>
<th>Epidemiologic risk factors</th>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic HCP</th>
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<tbody>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</td>
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<td></td>
<td></td>
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<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>
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<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 (^a)</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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<td>High</td>
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Additional Scenarios:

- Refer to the footnotes above for scenarios that would elevate the risk level for exposed HCP. For example, HCP who were not wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.

- HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include:
  - brief conversation at a triage desk;
  - briefly entering a patient room but not having direct contact with the patient or the patient’s secretions/excretions;
  - entering the patient room immediately after the patient was discharged.

- HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.
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: https://www.cdc.gov/COVIDtravel

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.
Sources of Disease Risk to Facility or Agency

- Staff
- Patients
- Visitors

Facility or Agency
Community Transmission & protecting vulnerable populations

1. Guidance for people at higher risk for severe COVID-19 Illness

Public Health recommends that people at higher risk of severe illness should stay home and away from large groups of people as much as possible, including public places with lots of people and large gatherings where there will be close contact with others. This includes concert venues, conventions, sporting events, and crowded social gatherings.

People at higher risk include people:

- Over 60 years of age
- With underlying health conditions including heart disease, lung disease, or diabetes
- With weakened immune systems
- Who are pregnant

Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home. Anyone who has questions about whether their condition puts them at risk for novel coronavirus should consult with their healthcare providers.

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

• Review Infection Control Guidance from CDC link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
• 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)
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
  - PHD coordinating train the trainer fit testing if partner organizations can assist
Updates from EMS

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

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
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
Provider Checklist

- Developed by PHD and sent out via CAHAN to all healthcare partners on February 12, 2020
- Updated on 3/2/20
- Will be updated again with change in PUI definition and sent out 3/5/20
CDC Hospital Preparedness Checklist

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

**ATTENTION ALL PATIENTS**

If you have:
- Traveled outside of the United States or
- Had close contact with someone who recently traveled outside of the United States and was SICK

And now you have:
- Fever
- Cough
- Trouble breathing

PLEASE TELL HEALTHCARE STAFF IMMEDIATELY!
3. Manage Visitor Access and Movement Within the Facility

- Establish procedures for monitoring, managing and training visitors.
- Restrict visitors from entering the room of known or suspected 2019-nCoV patients (i.e., PUI). Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored. Facilities can consider exceptions based on end-of-life situations or when a visitor is essential for the patient’s emotional well-being and care.
- Visitors to patients with known or suspected 2019-nCoV (i.e., PUI) should be scheduled and controlled to allow for:
  - Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility.
  - Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for 2019-nCoV) and ability to comply with precautions.
  - Facilities should provide instruction, before visitors enter patients’ rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient’s room.
  - Facilities should maintain a record (e.g., log book) of all visitors who enter patient rooms.
  - Visitors should not be present during aerosol-generating procedures.
  - Visitors should be instructed to limit their movement within the facility.
  - Exposed visitors (e.g., contact with 2019-nCoV patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after the last known exposure to the sick patient.
- All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

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

Representatives from:

• Infection Disease Physicians
• Coalition clinical advisor
• PHD, EMSA, OEM, Health Officer
• Long Term Care
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
N-95 Request Form

• Online form to request N-95 masks
• Need to complete PPE Survey for facility/agency prior to requesting
• Request will be followed up with a signed request form (still developing)
Surge Planning
Surge Questions

Are our healthcare providers ready to:
• Separate COVID patients from non-COVID
• 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
Wrap Up!