Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

April 16, 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. Updated Guidance
III. Resources, Supply Chain & Request Process
IV. Questions? Additional Issues?
V. SNF & Long Term Care 9:30 – 10:00 am
## COVID-19 Situation Update - Santa Barbara County

### Geographic Area

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Confirmed Cases as of 4/15/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH COUNTY UNINCORPORATED AREA</td>
<td>20</td>
</tr>
<tr>
<td>City of Carpinteria</td>
<td></td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>42</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>6</td>
</tr>
<tr>
<td>COMMUNITY OF ISLA VISTA</td>
<td>1</td>
</tr>
<tr>
<td>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</td>
<td>11</td>
</tr>
<tr>
<td>SANTA YNEZ VALLEY including the Cities of Solvang &amp; Buellton, and the communities of Santa Ynez, Los Alamos, Los Olivos and Ballard</td>
<td>5</td>
</tr>
<tr>
<td>CITY OF LOMPOC and the communities of Mission Hills and Vandenberg Village</td>
<td>55</td>
</tr>
<tr>
<td>People incarcerated at the Federal Prison in Lompoc</td>
<td>68</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>81</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>30</td>
</tr>
<tr>
<td>UNINCORPORATED AREAS of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama, and the City of Guadalupe</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>334</strong></td>
</tr>
</tbody>
</table>

### Testing Status

<table>
<thead>
<tr>
<th>Testing Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>334</td>
</tr>
<tr>
<td>Negative</td>
<td>1576</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Tests</strong></td>
<td>1913</td>
</tr>
</tbody>
</table>

### Confirmed Cases

- Recovering at home: **144**
- Recovering in the hospital: **38** (ICU: 15)
- Recovered: **134**
- Pending Information: **16**
- Deaths: **2**

**Total**: **334**

*Health Care Workers: 44*

[https://publichealthsbc.org/status-reports/](https://publichealthsbc.org/status-reports/)
COVID-19 Situation Update - California

California COVID-19 By The Numbers
April 15, 2020
Numbers as of April 14, 2020

CALIFORNIA COVID-19 SPREAD
Total Cases
24,424

Ages of Confirmed Cases
- 0-17: 385
- 18-49: 11,721
- 50-64: 6,644
- 65+: 5,605
- Unknown/Missing: 69

Gender of Confirmed Cases
- Female: 11,934
- Male: 12,265
- Unknown/Missing: 225

Hospitalizations
Confirmed COVID-19
- Hospitalized: 3,171
- In ICU: 1,175

Suspected COVID-19
- Hospitalized: 1,894
- In ICU: 368

Fatalities
- 821

For county-level data: data.chhs.ca.gov
covid19.ca.gov

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, report respiratory outbreak at LTC facility</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></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(805) 696-1106 – DOC Operations</td>
</tr>
</tbody>
</table>
Resources and Supply Chain

Current supply chain issues/shortages
- Procedure masks
- Isolation gowns
- Hand sanitizer
- Toilet paper
- Gloves
- Thermometer covers
- Eye protection
- Healthcare disinfecting wipes

PHD PPE Distribution:
- Requests reviewed twice a week Monday and Thursday
- Pick or delivery will occur Tuesday and Friday
- Urgent needs please call DOC Ops Section 805-696-1106 or email operations.medicalbranch@sbcphd.org
## PPE Resource Requests

![Diagram of PPE Resource Requests]

### DOC Inventory Totals for COVID-19

<table>
<thead>
<tr>
<th>Item</th>
<th>Inventory Count 04/12/20</th>
<th>Total Shipped Out 04/09/20 to 04/10/20 (Includes pickups and deliveries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3M 1850</td>
<td>9,900</td>
<td>2,920</td>
</tr>
<tr>
<td>3M 18005</td>
<td>110,820</td>
<td></td>
</tr>
<tr>
<td>3M 1870</td>
<td>111,300</td>
<td></td>
</tr>
<tr>
<td>3M 8210</td>
<td>30,660</td>
<td></td>
</tr>
<tr>
<td>3M 9210</td>
<td>2,400</td>
<td></td>
</tr>
<tr>
<td>3M 9211</td>
<td>6,960</td>
<td></td>
</tr>
<tr>
<td>Sperian One-Fit</td>
<td>720</td>
<td></td>
</tr>
<tr>
<td>Moldex 2212GN05</td>
<td>29,510</td>
<td></td>
</tr>
<tr>
<td>Total N95s</td>
<td>292,280</td>
<td></td>
</tr>
<tr>
<td>*Defective Kimberly Clark (Fluidshield Regular and Small, and Non-Fluidshield)</td>
<td>1,107,195</td>
<td></td>
</tr>
<tr>
<td>Procedure Face- masks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>McKesson Kimberly Clark</td>
<td>48,900</td>
<td>4,000</td>
</tr>
<tr>
<td>Surgical and Isolation Gowns</td>
<td>All sizes</td>
<td>1,766</td>
</tr>
<tr>
<td>Eye Protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye glasses</td>
<td>9,587</td>
<td>225</td>
</tr>
<tr>
<td>Face shields</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All sizes &amp; models</td>
<td>265,500</td>
<td>12,100</td>
</tr>
<tr>
<td>Hand sanitizers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All sizes</td>
<td>1,500</td>
<td>227</td>
</tr>
<tr>
<td>PPE Kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All models</td>
<td>21,122</td>
<td>0</td>
</tr>
</tbody>
</table>
Defective Kimberly Clark N-95s

- Using tourniquet strap to replace elastic
- 12 inches worked best
- Staples to secure elastic
- Will be used as procedure masks
- Volunteers working at PHD to put together
- Can be provided to facilities and agencies - will go out to agencies that have requested starting next week
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
Resource Request Process

- Must complete situation report weekly and whenever you do a resource request
- Access resource request form is in sit rep
- Different situation reports based on your facility or agency type
- If you have questions about which one to fill out let us know!

http://www.countyofsbc.org/phd/epp/forms.sbc

Situation Report Forms for Healthcare Partners

Situation Report Forms
All Updated 3/24/20 for the use during COVID-19 response.
We ask that all facilities/agencies complete a situation report weekly or whenever you need to submit a resource request.

Outpatient Provider Situation Report Forms:
- Dialysis Center Situation Report
- CLINIC (HCOs, FQHCs, CBOs), Urgent Care, Private Practice Situation Report
- Ambulatory Surgery Center Situation Report
- Home Health & Hospice Agency Situation Report
- EMS Provider Situation Report

Inpatient Provider Situation Report Forms:
- Hospital Situation Report
- Skilled Nursing Facility/CCRC Assisted Living/ICF Situation Report

Non-Medical Situation Report Forms:
- Non-Medical Situation Report

Resource Request Process
Requests for PPE and other scarce medical resources are going through our Scarce Medical Resource Committee. All organizations wanting to make a resource request will need to complete a situation report. Once the situation report is completed, you will be automatically linked to the resource request form. We will not backdate requests or do partial fills for requests. Organizations will need to submit a new request if they do not receive all the supplies that they need.
Resource Request Form

• Make sure you put in a number for how much you want
• Order by single item not box or case
Requesting N-95 Fit Testing Kits

• PHD has 8 fit testing kits to loan
• Facility/agency can request up to 2 kits
• To request: https://app.smartsheet.com/b/form/386bce37fa7b4e21a5c11af7948fdb50
**CDC- Decontaminating & Reuse of Filtering Respirators**

**Table 1. Summary of crisis standards of care decontamination recommendations**

<table>
<thead>
<tr>
<th>Method</th>
<th>Manufacturer or third-party guidance or procedures available</th>
<th>Recommendation for use after decontamination</th>
<th>Additional use considerations</th>
</tr>
</thead>
</table>
| Ultraviolet germicidal irradiation (UVGI)         | Yes                                                         | Can be worn for any patient care activities  | • Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the FFR.  
• Avoid touching the inside of the FFR.  
• Use a pair of clean (non-sterile) gloves when donning and performing a user seal check.  
• Visually inspect the FFR to determine if its integrity has been compromised.  
• Check that components such as the straps, nose bridge, and nose foam material did not degrade, which can affect the quality of the fit, and seal.  
• If the integrity of any part of the FFR is compromised, or if a successful user seal check cannot be performed, discard the FFR and try another FFR.  
• Users should perform a user seal check immediately after they don each FFR and should not use an FFR on which they cannot perform a successful user seal check. |
| Vaporous hydrogen peroxide (V-HP)                 |                                                             |                                              |                                |
| Moist heat                                        |                                                             |                                              |                                |
| Ultraviolet germicidal irradiation (UVGI)         | No                                                          | Can be worn for patient care activities except when performing or present for an aerosol generating procedure |                                |
| Vaporous hydrogen peroxide (V-HP)                 |                                                             |                                              |                                |
| Moist heat                                        |                                                             |                                              |                                |

CDC Optimizing PPE

Strategies for Optimizing the Supply of PPE

- Eye Protection
- Isolation Gowns
- Facemasks
- N95 Respirators

Implements extended use of eye protection.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
  - If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
- HCP should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.


- Provides strategies for different stages (conventional, contingency and crisis)
- All facilities and agencies should review and plan to implement these strategies
Making Face Shields

Supplies:
- Binding covers for reports
- Egg crate foam
- Glue gun
- Blue tape
- Staples
- Cohesive bandage
- Kits available for you to make your own
Isolation & Quarantine Support

• Supporting suspect and confirmed individuals in their homes and at hotels
• Work with hospitals on discharge of patients to hotels if unable to go home because of congregate living situation
• Provide food and other items to meet daily needs
Alternate Care Site Planning

• Coordinating with County and hospitals to determine sites, nursing protocols and medical supervision
• Identified sites at hotels north and south county
• Identified large congregate sites for positive only patients
Lab and Testing

- Updates to testing tiers is in process and will be sent out on Friday
- Santa Barbra Public Health Lab is now testing
Algorithm: Persons Exposed to COVID in Community Setting or Household

Person exposed to Confirmed COVID CASE or Clinically Compatible Case in Household, Intimate Partner, Providing Care in Household without PPE, or Close Contact


CDC guidance for non-laboratory confirmed disease that is clinically compatible with COVID-19:

[Diagram of isolation and testing procedures for persons exposed to COVID-19 in households or communities]

*Note: If infectious person is in the household, then the isolation period for the household contacts is 14 days beyond the infectious person’s isolation period. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

https://countyofsfb.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/Persons%20Exposed%20in%20Community%20or%20Household%20Algorithm.pdf
Information on **REQUIRED ISOLATION** at home after your COVID-19 test

Based upon your symptoms and/or exposure history, you have been tested for COVID-19.

The results of the test may not be available for 4-5 days. You will need to remain in isolation at home until your provider confirms a negative COVID-19 test result. To protect others, you must not be in close contact with anyone else. Do not go to work, school, church, stores or other public places. Avoid using public transportation, ride-sharing, and taxis.

You should follow these prevention steps until you are notified of a negative COVID-19 result and your physician or local or state health department says you can return to your normal activities.

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**Stay home unless you need urgent medical care.**

People who are mildly ill with COVID-19 are able to isolate at home during their illness. But it is important not to go outside your home to areas where you might encounter other community members.

If you have a routine medical appointment scheduled, call your provider’s office and tell them that you need to reschedule your visit because you have or may have COVID-19 and are waiting for your test results.

If you have worsening symptoms and are unsure about your need to go to an Urgent Care Center or Emergency Room, call your healthcare provider. Your provider may be able to perform a telephone visit to help determine this.

If you need urgent medical evaluation, before seeking care, call ahead to the healthcare facility and tell them that you are being evaluated for COVID-19. You will need to put on a facemask before you enter the medical care facility.

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**Separate yourself from other people in your home.**

As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

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**Wear a facemask.**

You should wear a facemask when you must be around other people (e.g., in the same room). If you are not able to wear a facemask (for

[https://publichealthsb.org/healthcare-professionals/](https://publichealthsb.org/healthcare-professionals/)
SNF & Long Term Care – 9:30- 10:00am

Things to discuss:

• Staffing at facilities- shortages, staff only working at one facility
• Reporting respiratory outbreaks to Public Health Disease Control
• Toolkit from CDPH
Reporting Respiratory Outbreaks

- All long term care facilities need to report respiratory outbreaks in facility to Public Health Department Disease Control - 805-681-5280
- Respiratory outbreak is defined as 2 or more residents and/or staff with respiratory symptoms- COVID like symptoms
- **Also report if your facility is ordering testing of 2 or more residents and/or staff**
- Call to Disease Control – 805 681-5280 and report outbreak or testing at your facility
<table>
<thead>
<tr>
<th>Case Identification</th>
<th>Symptoms</th>
<th>Laboratory Specimen</th>
<th>Pre-hospital Vaccination</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last, First)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (Yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (M/F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-existing Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Distress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Specimen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-hospital Vaccination</td>
<td></td>
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</tr>
<tr>
<td>Treatment</td>
<td></td>
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</tr>
</tbody>
</table>
Discharge of Confirmed Patients from Hospital to LTC

- Guidance sent to hospitals and SNFs on Saturday April 11, 2020
CDPH SNF Toolkit

**All Facilities Letter (AFL) Summary**

- This AFL provides resources for skilled nursing facilities (SNFs) on preparing for COVID-19.
- This AFL has been updated to provide a toolkit for management of exposures and recognized cases in SNFs and congregate living settings.

The California Department of Public Health (CDPH) strongly recommends SNFs prepare for COVID-19. Elderly persons and those with chronic medical conditions may be at higher risk for severe illness and death from COVID-19. All California SNFs should take steps to:

1. Prevent introduction of COVID-19 into their facility;
2. Detect COVID-19 in their facility;
3. Prepare to receive residents with suspected or confirmed COVID-19 infection;
4. Prepare to care for residents with suspected or confirmed COVID-19 infection;
5. Prevent spread of COVID-19 within their facility; and
6. Notify residents' family members or the resident's representative, if there is a COVID-19 positive health care worker or resident in their facility.

In collaboration with the California Department of Social Services (CDSS), CDPH has developed a toolkit for management of exposures and recognized cases in SNFs and congregate living settings. Please refer to the following guidance for prevention, containment, and mitigation measures for COVID-19:

- Preparing for COVID-19 in California Skilled Nursing Facilities (PDF) – guidance for SNFs on how to prevent, detect, and prepare for COVID-19
- Assessment of California Skilled Nursing Facilities to Receive Patients with Confirmed COVID-19 Infection (PDF) – guidance for SNFs planning to designate a specific wing/unit to care for residents with suspected or confirmed COVID-19
- Detection and Management of COVID-19 Cases in Skilled Nursing Facilities (PDF)
- Infection Control Guidance for Local Public Health Response to Congregate Living Facilities with Suspected or Confirmed COVID-19 Cases (PDF)*
- Detection and Management of COVID-19 Cases in Congregate Living Facilities (PDF)*

*CDPH and CDSS are jointly conducting onsite visits to Adult and Senior Care licensees; these documents are intended for these licensees.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25.aspx
Wrap Up!

THANK YOU