Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

April 2, 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. Resources, Supply Chain & Request Process
III. Updated Testing Triage Tool
IV. Health Care Worker Return to Work Algorithm
V. Questions? Additional Issues?
VI. SNF & Long Term Care
   I. Accepting confirmed COVID-19 patients discharged from hospital
COVID-19 Situation Update - Santa Barbara County

- PHD actively investigating multiple case contacts with confirmed cases.
- Cases reported daily on [https://publichealthsbc.org/status-reports/](https://publichealthsbc.org/status-reports/)

<table>
<thead>
<tr>
<th>Recovery Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovering at home</td>
<td>65</td>
</tr>
<tr>
<td>Recovered</td>
<td>23</td>
</tr>
<tr>
<td>Pending</td>
<td>6</td>
</tr>
<tr>
<td>In the hospital</td>
<td>17*</td>
</tr>
</tbody>
</table>

* 13 in the ICU
COVID-19 Situation Update - California

California COVID-19 By The Numbers
April 1, 2020
Numbers as of March 31, 2020

CALIFORNIA COVID-19 SPREAD
8,155
Total Cases

Ages of Confirmed Cases
• 0-17: 90
• 18-49: 4,137
• 50-64: 2,131
• 65+: 1,764
• Unknown/Missing: 33

Gender of Confirmed Cases
• Female: 3,753
• Male: 4,267
• Unknown/Missing: 135

Hospitalizations
1,855/774 Confirmed COVID-19
3,168/642 Suspected COVID-19
171 Fatalities

Hospitalized/In ICU

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- 5:00 pm
- 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
<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 / request testing for facilities, HCW</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>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</td>
</tr>
</tbody>
</table>
Exposed Health Care Worker or First Responder

Summary

Asymptomatic health care workers (HCW) or first responders who have had close contact with a confirmed COVID-19 case (while not wearing recommended PPE) DO NOT REQUIRE immediate testing or quarantine. Management will be determined by their employer and public health, and will vary depending on the need for essential healthcare workers. They may either: Option 1) continue to work provided they remain symptom-free, AND wear a facemask while working, AND perform daily fever and symptom checks; OR: Option 2) self-quarantine AND perform daily fever and symptom checks. The processes outlined above should be performed for 14 days from last known exposure. If symptoms develop, the HCW or First Responder must immediately self-isolate, notify their employer, and notify Public Health.

Symptomatic health care workers (HCW) or first responders who have had close contact with a confirmed COVID-19 case (while not wearing recommended PPE) REQUIRE immediate testing and isolation. Those with a positive result must isolate until: 72 hours after fever has resolved without the use of fever reducing medications, AND other symptoms have improved significantly, AND at least 7 days have passed from onset of symptoms. Those with a negative result may either: Option 1) self isolate for at least 14 days from last known exposure AND perform daily fever/symptom check AND until 24 hours after fever has resolved without the use of fever reducing medications, AND other symptoms have improved significantly, OR: Option 2) return to work 24 hours after fever has resolved without the use of fever reducing medications, AND perform daily fever/symptom check.

Return To Work
Employee must follow precautions outlined in this algorithm AND wear a facemask at work for 14 days after last exposure. HCW who works with severely immunocompromised patients cannot return to work until 14 days after last exposure.

HCW or First Responder with prolonged close contact to confirmed COVID-19 case (or suspect-case pending results) without wearing recommended PPE

If symptoms become severe, provide guidance on how to seek medical care without exposing additional people. Wait for lab results.

COVID-19 TEST
Isolate While Pending

SYMPTOMATIC

ASYMPTOMATIC

NO COVID-19 TEST

Select From Following Options in Consultation with PHD.

Option 1: Return To Work
May continue to work if, for 14 days from last exposure: 1) Remain asymptomatic; AND 2) Perform daily fever/symptom check; AND 3) Wear a facemask at all times while at work

Option 2: Quarantine
1) Quarantine for 14 days from last exposure, AND; 2) Perform daily fever/symptom check

NEGATIVE

Select From Following Options in Consultation with PHD.

Option 1: Return To Work
1) 24 hours after fever has resolved without the use of fever reducers; AND 2) Perform daily fever/symptom check; AND 3) Seek medical evaluation if symptoms return

Option 2: Quarantine Until:
1) 24 hours after fever has resolved without the use of fever reducers; AND 2) Other symptoms have improved significantly

POSITIVE

Isolate until:
1) 7 days have passed from onset of symptoms; AND 2) 72 hours after fever has resolved without the use of fever reducers; AND 3) Other symptoms have improved significantly

Return To Work
1) Wear facemask for 14 days from last exposure; AND 2) Perform daily fever/symptom check; AND 3) Seek medical evaluation if symptoms return

Return To Work:
Must wear facemask at work for 14 days after last exposure, or until all symptoms are gone (whichever longer)

If HCW works with severely immunocompromised patients: Cannot return to work until 14 days after last exposure.
AFL 20-33 Interim Guidance for Transfer of Residents with Suspected or Confirmed COVID-19

Considerations for Transfer of Patients from Hospitals to SNFs
SNFs should prepare to receive patients that are clinically stable for discharge from hospitals in the following scenarios:

• **Patients with no clinical concern for COVID-19** may be transferred from hospitals to SNFs following usual procedures.
  - SNFs may not require a negative test result for COVID-19 as criteria for admission or readmission of residents hospitalized with no clinical concern for COVID-19.
  - Hospitals are NOT required to perform COVID-19 testing on patients solely for discharge considerations unless they develop new respiratory infection symptoms, in which case the patient is not likely to be ready for discharge.

• **Patients investigated for possible COVID-19**, with negative test results may be transferred from hospitals to SNFs following usual procedures.
  - Hospitals should conduct influenza testing as appropriate, and communicate results and any indication for continued transmission-based precautions upon transfer.

• **Patients with confirmed or suspected COVID-19** should not be sent to a SNF via hospital discharge, inter-facility transfer, or readmission after hospitalization without first consulting the local health department (LHD).
  - SNFs can be expected to accept a resident diagnosed with COVID-19 and who is still requiring transmission-based precautions for COVID-19 as long as the facility can follow Centers for Disease Control and Prevention (CDC) infection prevention and control recommendations for the care of COVID-19 patients, including adequate supplies of personal protective equipment (PPE).
    - LHD may direct placement of the patient at a facility that has already cared for COVID-19 cases, or that has a specific unit designated to care for COVID-19 residents.
  - Hospital discharge planners should provide advanced notice to the SNF for any transfer of a patient with COVID-19. If transmission-based precautions have been discontinued AND patients’ symptoms have resolved, patients can be discharged back to the facility they came from, regardless of the facility’s PPE supply and ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients.

• **Patients under investigation (PUI) for COVID-19, but test results pending**: At this time, PUIs should NOT be transferred to SNFs until test results are available.

[https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx)
Considerations for care of residents with suspected or confirmed COVID-19 infection who do not clinically require hospital transfer

SNFs should only transfer residents with suspected or confirmed COVID-19 infection to higher acuity healthcare settings when clinically indicated. Prior to transfer, SNFs must notify transport personnel and receiving facility about the suspected diagnosis. If clinically stable, residents with suspected or confirmed COVID-19 should remain at the SNF with appropriate infection prevention and control measures. SNFs should review CDPH guidance on facility preparations, and management of suspect or confirmed COVID-19 resident care outlined in AFL 20-25.1.

*Transmission-based precautions for COVID-19 should be used for at least 7 days from symptom onset AND 3 days of recovery, defined as being afebrile without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough after 72 hours would not be an indication for continuation of transmission-based precautions. Consideration should be given to extending transmission-based precautions for individuals with immunocompromising conditions.
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

- Total # PPE Request: 216
- Total # PPE Request filled: 138
- Total # Request PPE Pending: 60
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
New Resource Request Process

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

- 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!
Resource Request Form

• Make sure you put in a number for how much you want
• Order by single item not box or case
• To order multiple resources select multiple
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
### 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>
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| 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-HIP)          |                                                             | Can be worn for patient care activities except when performing or present for an aerosol generating procedure.                 |                                                                                                                                                                                                                            |
| Moist heat                                  |                                                             |                                                                                                                                 |                                                                                                                                                                                                                            |
| Ultraviolet germicidal irradiation (UVGI)   | No                                                         |                                                                                                                                 |                                                                                                                                                                                                                            |
| Vaporous hydrogen peroxide (V-HIP)          |                                                             |                                                                                                                                 |                                                                                                                                                                                                                            |
| Moist heat                                  |                                                             |                                                                                                                                 |                                                                                                                                                                                                                            |
CDC Optimizing PPE

## Strategies for Optimizing the Supply of PPE

| Eye Protection |
| Isolation Gowns |
| Facemasks |
| N95 Respirators |

**Implement 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

PPE Burn Rate Calculator

• CDC has provided an excel spreadsheet to help facilities and agencies calculate their PPE burn rate
  
Making Face Shields

Supplies:
- Binding covers for reports
- Egg crate foam
- Glue gun
- Blue tape
- Staples
- Cohesive bandage
SNF & Long Term Care – 9:30-10:00am

Things to discuss:

• Hospitals and SNFs alerting PHD about discharges to their facility or suspect cases
  • ReddiNet
• Accepting positive COVID-19 discharges
**AFL 20-33 Interim Guidance for Transfer of Residents with Suspected or Confirmed COVID**

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Wrap Up!

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