Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

April 23, 2020
8:30 – 9:30 am all facilities/agencies
9:30 -10 am SNF/LTC
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>Area</th>
<th>Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH COUNTY UNINCORPORATED AREA (includes Montecito, Summerland, and the City of Carpinteria)</td>
<td>21</td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>47</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>7</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>12</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>72</td>
</tr>
<tr>
<td>People incarcerated at the Federal Prison in Lompoc</td>
<td>99</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>116</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>35</td>
</tr>
<tr>
<td>UNINCORPORATED AREAS of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama, and the City of Guadalupe</td>
<td>23</td>
</tr>
<tr>
<td>Pending</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>440</strong></td>
</tr>
</tbody>
</table>

### Testing Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>440</td>
</tr>
<tr>
<td>Negative</td>
<td>1920</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Tests</strong></td>
<td><strong>2363</strong></td>
</tr>
</tbody>
</table>

### Confirmed Cases

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovering at home</td>
<td>186</td>
</tr>
<tr>
<td>Recovering in the hospital</td>
<td>41 (ICU=12)</td>
</tr>
<tr>
<td>Recovered</td>
<td>194</td>
</tr>
<tr>
<td>Pending information</td>
<td>14</td>
</tr>
<tr>
<td>Deaths</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong> *</td>
<td><strong>440</strong></td>
</tr>
</tbody>
</table>

* Health Care Workers = 54

[https://publichealthsbc.org/status-reports/](https://publichealthsbc.org/status-reports/)
COVID-19 in LTC Facilities (Staff/Residents) - CDPH Data

- Being reported on CDPH webpage
- Based on daily SNF reports to licensing

CDPH Data on SNFs

| LEISURE COURT NURSING CENTER | ORANGE | <11 |
| LEISURE GLEN POST ACUTE CARE CENTER | LOS ANGELES | <11 |
| LEMON GROVE CARE & REHABILITATION CENTER | SAN DIEGO | <11 |
| LIGHTHOUSE HEALTHCARE CENTER | LOS ANGELES | <11 |
| LOMPOC SKILLED NURSING AND REHABILITATION CENTER | SANTA BARBARA | <11 |
| LOMPOC VALLEY MEDICAL CENTER COMPREHENSIVE CARE CENTER D/P SNF | SANTA BARBARA | <11 |
| LOS ALTOS SUB-ACUTE AND REHABILITATION CENTER | SANTA CLARA | <11 |

[https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx)
COVID-19 in LTC facilities (staff/residents)
Santa Barbara

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>City</th>
<th>Sum of Staff or Contracted Staff COVID-19 Positive Count</th>
<th>Sum of Residents COVID-19 Positive Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lompoc Skilled Nursing and Rehabilitation</td>
<td>Lompoc</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Lompoc Comprehensive Care Center</td>
<td>Lompoc</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Samarkand (Memory Care)</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Maravilla (Assisted Living)</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Marian Extended Care</td>
<td>Santa Maria</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Atterdag Village</td>
<td>Solvang</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Buena Vista Care Center</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td></td>
</tr>
</tbody>
</table>

- Because our numbers are so low we are providing a range <11 meaning that there could be one or as many as ten confirmed cases at that facility.
- Actual numbers will be provided to LTC facilities via secure email.
COVID-19 Situation Update - California

California COVID-19 By The Numbers
April 22, 2020
Numbers as of April 21, 2020

CALIFORNIA COVID-19 SPREAD
35,396
Total Cases

Ages of Confirmed Cases
- 0-17: 768
- 18-49: 17,009
- 50-64: 9,517
- 65+: 8,035
- Unknown/Missing: 47

Gender of Confirmed Cases
- Female: 17,411
- Male: 17,718
- Unknown/Missing: 267

Hospitalizations
Confirmed COVID-19: 3,357/1,219 (Hospitalized/in ICU)
 Suspected COVID-19: 1,627/332 (Hospitalized/in ICU)
1,354 Fatalities

covid19.ca.gov

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
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 / testing at LTC 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> (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
## DOC Inventory Totals for COVID-19

<table>
<thead>
<tr>
<th>Item</th>
<th>Inventory Count (Reserve) 04/22/20</th>
<th>Inventory Count (Available for Distribution) 04/22/20</th>
<th>Total Shipped Out 04/20/20 to 04/22/20 (Includes pick-ups and deliveries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95</td>
<td>43,200</td>
<td>47,560</td>
<td>4,600</td>
</tr>
<tr>
<td>3M 1860</td>
<td>75,399</td>
<td>5,540</td>
<td></td>
</tr>
<tr>
<td>3M 1870</td>
<td>30,020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3M S210</td>
<td>20,480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3M 9210</td>
<td>2,880</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3M 9211</td>
<td>2,590</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sperian One-Fit</td>
<td>720</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moldex 2212G</td>
<td>29,320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gerson 1730</td>
<td>9,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gerson 2130</td>
<td>9,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total N95</strong></td>
<td><strong>121,439</strong></td>
<td><strong>135,630</strong></td>
<td></td>
</tr>
<tr>
<td><em>Defective</em> Kimberly Clark (Fluidshield Regular and Small; and Non-Fluidshield)</td>
<td>1,112,350</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Face masks</td>
<td>25,500</td>
<td>10,250</td>
<td>2,700</td>
</tr>
<tr>
<td>Surgical and Isolation Gowns</td>
<td>All sizes</td>
<td>1,200</td>
<td>3,757</td>
</tr>
<tr>
<td>Eye Protection</td>
<td>600</td>
<td>10,548</td>
<td>0</td>
</tr>
<tr>
<td>Gloves</td>
<td>120,700</td>
<td>151,050</td>
<td>4,200</td>
</tr>
<tr>
<td>Hand sanitizers</td>
<td>500</td>
<td>545</td>
<td>55</td>
</tr>
<tr>
<td>PPE Kits</td>
<td>4,340</td>
<td>1,995</td>
<td>0</td>
</tr>
</tbody>
</table>

*Defective Kimberly Clark N95 (Fluidshield Regular and Small; and Non-Fluidshield): allocation from the State consists of damaged elastic bands. Currently repairing masks utilizing tourniquet kits.

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

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!
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
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

# CDPH AFL 20-39 Optimizing Use of PPE

## Facemasks, Face Shields, and Eye Protection

Facemasks, face shields, and eye protection should be examined prior to use and discarded if visual inspection reveals concerns or damage. HCP should take care not to touch their face shield or eye protection, and immediately perform hand hygiene if they do. If removal is required, HCP should first leave the patient care area.

### Contingency Strategies

- Remove facemasks for visitors in public areas
- Restrict to use by HCP, rather than patients for source control
- Implement extended use

### Crisis Strategies

- Use beyond the manufacturer-designated shelf life, provided that visual inspection prior to use does not reveal concerns that prompt discarding
- Implement limited reuse when feasible by folding the outer surface inward against itself and storing between uses in a clean sealable paper bag or breathable container
- If no facemasks are available, use a face shield that covers the entire front (that extends to the chin or below) and sides of the face
- Consider use of homemade masks as a last resort, ideally with a face shield that covers the entire front and sides of the face

## Face Shields and Eye Protection

### Contingency Strategies

- Shift supplies from disposable to reusable devices
- Ensure appropriate cleaning and disinfection between uses if goggles or reusable face shields are used
- Implement extended use
- Dedicate a disposable face shield to one HCP if it will be reprocessed

### Crisis Strategies

- Use beyond the manufacturer-designated shelf life, provided that visual inspection prior to use does not reveal concerns that prompt discarding
- Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes

---

[https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-39.aspx](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-39.aspx)
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](https://app.smartsheet.com/b/form/386bce37fa7b4e21a5c11af7948fdb50)
So many AFLs…. So little time

AFL 20-42 – Acute Psychiatric Hospitals Reporting
AFL 20-43 - SNF COVID-19 Daily Reporting
AFL 20-44 – Expanding Access to Testing
AFL 20-45 – Hotels for Healthcare Workers
AFL 20-46 – Requests for staffing
AFL 20-44- Expanding Access to Testing

Priority 1:
- Hospitalized patients
- Symptomatic healthcare workers
- Persons identified for testing by public health contact investigations and disease control activities in high risk settings, including both residents and staff
  - E.g., congregate living facilities, correctional facilities

Priority 2:
- Screening of asymptomatic residents of congregate living facilities prior to admission or re-admission to congregate living facility
  - E.g., a hospitalized patient will be screened for COVID-19 prior to discharge to a congregate living facility
- Screening of asymptomatic healthcare workers
  - E.g., skilled nursing facility workers, hospital workers
- Symptomatic persons in essential health and public safety occupations
  - E.g., first responders, law enforcement, congregate living facility workers
- Symptomatic persons >65 years of age or with chronic medical conditions

Priority 3:
- Symptomatic persons in essential infrastructure occupations
  - E.g., utility workers, food supply workers, other public employees

Priority 4:
- Community-based testing of all low-risk symptomatic persons
- Surveillance testing of asymptomatic persons

- Guidelines from CDPH on expanding testing
- PHD is working on updating testing prioritization again!
- As testing capacity increases, testing should expand accordingly at the discretion of the Local Health Officer

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-44.aspx
Resuming Scheduled Surgeries

• On Wednesday 4/23/20 Governor Gavin Newsom announced plans to allow hospitals and health systems to resume delayed medical care (e.g. heart valve replacements, angioplasty and tumor removals, and key preventative services)

• PHD will be releasing letter with more information on 4/23/30

• Facilities should review guidelines set forth by CMS:
COVID-19 Laboratory Prioritization and Reporting Advisory
Update #6: Revised Submission Instructions and Testing Tiers

April 21, 2020

This provider advisory is issued in collaboration with healthcare partners to assure coordinated prioritized COVID-19 triage and testing instructions. This advisory is updated regularly to reflect changes in testing availability.

Patients with symptoms consistent with COVID-19 and close exposure to another known COVID-19 case should be managed as if they have COVID-19. Consider foregoing testing if it will not alter patient care or disposition.

Laboratory Testing
There are two sources of testing for suspect COVID-19 patients:

1. Public health laboratory (PHL) testing: Reserved for symptomatic Tier 1 patients. Call Disease Control to report you are testing a Tier 1 patient (805) 681-5280. This information will assist with disease control. Send specimens to any of the following:
   - PHL: note on requisition “Priority Tier 1 HCW (or other Tier 1 category).” Turnaround time is 3 to 30 hours.
   - Other commercial lab: use standard requisition
2. If you require assistance to access testing for a Tier 1 patient, please use the attached requisition form https://publichealthsbc.org/healthcare-professionals/call 805-681-5280, and we will facilitate testing through the Public Health Laboratory.

2. Commercial laboratory testing: Tier 2 patients. Use standard requisition process. Turnaround time currently 1-3 days.

Reporting Criteria
- Tier 1: Call Disease Control at (805) 681-5280 to report case testing. Enter case into CalREDIE if test is positive.
- Tier 2: Report only positive cases via CalREDIE
- If you do not have a CalREDIE account and have a positive result call Disease Control at (805) 681-5280

General Instructions
- All CDC PPE guidance for office staff and providers must be followed for suspect cases
- Use Dacron swab with plastic stem and regular viral transport media vial
- Collect specimen only if productive cough is present. Do not induce sputum
- Use sterile container
- Keep specimen in refrigerator if unable to send immediately

Tier 1
- Symptomatic residents of congregate living facilities (e.g. jails, shelters, long-term care facilities, skilled nursing facilities), hospitalized or not hospitalized.
- Symptomatic health care, home care, or congregate living workers, or first responder.
- Contacts of confirmed cases.

Tier 2
- Symptomatic persons, at provider discretion, priority to those 60 and older with comorbidities
- Patients who are hospitalized or severely ill, regardless of age or comorbidities are prioritized by hospitals

https://publichealthsbc.org/healthcare-professionals/
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 life.

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.

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.

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://publichealthsbc.org/healthcare-professionals/
**Draft Discharge Criteria**

**Discharge Criteria for Patients with Laboratory Confirmed COVID-19 going to SNF/LTC and Congregate Living Settings (4/21/20)**

<table>
<thead>
<tr>
<th>Receiving Institution</th>
<th>Discharge Criteria</th>
<th>Precautions Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Facility</td>
<td>If patient is being RETURNED to the SNF/LTC of origin. Patient may be transferred when clinically indicated.</td>
<td>Continue standard, contact, and droplet transmission-based precautions at the receiving facility. ¹</td>
</tr>
<tr>
<td>Intermediate Care Facility</td>
<td>If patient is a new admission to the receiving SNF/LTC. Patients with confirmed COVID-19 may be transferred if they meet one of the 3 criteria below.</td>
<td></td>
</tr>
<tr>
<td>Acute Living</td>
<td>If patient is being transferred to a congregate living (non-medical setting): Patients with confirmed COVID-19 may only be transferred when there are no transmission-based precautions (must meet criteria #2 or #3). If the institution can follow transmission-based precautions, then any of the 3 criteria below are acceptable.</td>
<td></td>
</tr>
<tr>
<td>Congregate Living (Non-medical)</td>
<td>¹ 10 days have passed since admission AND no fever x 72 hours without the use of fever reducing medications.</td>
<td>Continue standard, contact, and droplet transmission-based precautions at the receiving facility. ¹</td>
</tr>
<tr>
<td></td>
<td>² Resolution of fever without the use of fever-reducing medications AND improvement of respiratory symptoms (e.g. cough, shortness of breath), AND two serial negative tests for SARS-CoV-2, at least 24 hours apart.</td>
<td>No transmission-based precautions required for transfer.</td>
</tr>
<tr>
<td></td>
<td>³ 14 days have passed since admission AND no fever x 72 hours without the use of fever reducing medications.</td>
<td>No transmission-based precautions required for transfer.</td>
</tr>
</tbody>
</table>

Facilities should be prepared to accept confirmed COVID-19 patients when the transfer requirements are met.

¹ Transmission-based precautions should be continued for 14 days after hospital admission. Patient should be preferably placed in a location designated to care for COVID-19 patients. The patient may be placed in a shared room with other confirmed COVID patients. Patients should not be transferred if the receiving facility cannot maintain transmission-based precautions.

² Discharge criteria can be changed by Santa Barbara County Public Health Department at any time.
SNF & Long Term Care – 9:30- 10:00am

Items for discussion:
- Use of cloth masks within facility (staff/residents)
- PHD reporting LTC staff/resident COVID-19 #s to facilities
- CMS Memo: reporting to CDC, informing residents families
- Potential for SNF in south county to accept COVID-19 discharges
COVID-19 in LTC Facilities (Staff/Residents) - CDPH Data

- Being reported on CDPH webpage
- Based on daily SNF reports to licensing

CDPH Data on SNFs

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>City</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure Court Nursing Center</td>
<td>Orange</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Leisure Glen Post-Acute Care Center</td>
<td>Los Angeles</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Lemon Grove Care &amp; Rehabilitation Center</td>
<td>San Diego</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Lighthouse Healthcare Center</td>
<td>Los Angeles</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Lompoc Skilled Nursing and Rehabilitation Center</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Lompoc Valley Medical Center Comprehensives Care InF SNF</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Los Altos Sub-Acute and Rehabilitation Center</td>
<td>Santa Clara</td>
<td>&lt;11</td>
</tr>
</tbody>
</table>

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx
## COVID-19 in LTC facilities (staff/residents)

### Santa Barbara

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>City</th>
<th>Sum of Staff or Contracted Staff COVID-19 Positive Count</th>
<th>Sum of Residents COVID-19 Positive Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lompoc Skilled Nursing and Rehabilitation</td>
<td>Lompoc</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Lompoc Comprehensive Care Center</td>
<td>Lompoc</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Samarkand (Memory Care)</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Maravilla (Assisted Living)</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Marian Extended Care</td>
<td>Santa Maria</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Atterdag Village</td>
<td>Solvang</td>
<td>&lt;11</td>
<td></td>
</tr>
<tr>
<td>Buena Vista Care Center</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td></td>
</tr>
</tbody>
</table>

- Because our numbers are so low we are providing a range <11 meaning that there could be one or as many as ten confirmed cases at that facility
- Actual numbers will be provided to LTC facilities via secure email
AFL 20-43 SNF Daily Reporting

- CDPH requests reporting information form SNFs regarding staffing levels, number of COVID-19 patients (confirmed/suspect), equipment availability and other needs of the facility

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-43.aspx#
Resident and Resident Representative Reporting
In addition to requiring reporting to CDC, in rulemaking that will follow, we will also be requiring that facilities notify its residents and their representatives to keep them informed of the conditions inside the facility. This is separate from the reporting required to CDC in that this information will be shared by the nursing home directly with residents and their representatives. At a minimum, once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours. Facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered. This information must be reported in accordance with existing privacy regulations and statute.

In rulemaking that will follow this memorandum, failure to report resident or staff incidences of communicable disease or infection, including confirmed COVID-19 cases (or Persons Under Investigation for COVID-19), or provide timely notification to residents and their representatives of these incidences, as required, could result in an enforcement action against the nursing home by CMS.
DSS PIN 20-13-ASC

Notification to families when a person tests positive for COVID-19

• CCLD advises ASC licenses to provide immediate notice to families of all persons in care
• Not disclose any personal identifiable information or PHI

Adult Care Facilities Informational Call

- What is COVID-19?
- Quarantine and Isolation of Adult Clients/Residents
- Assessing Emotional Health of Clients/Residents
- Activities and Client/Resident Engagement
- Isolation Protocol: Best Practices
- Best Practices for Self-Support

You are invited to join one of the following calls:

Adult Care Facilities Informational Call

April 23, 2020 (callers may call in beginning at 12:45PM)
1:00PM-2:00PM
Call-In Number: 888-942-8619
Passcode: 6925913

April 23, 2020 (callers may call in beginning at 2:45PM)
3:00PM-4:00PM
Call-In Number: 877-709-5345
Passcode: 6629238

Wrap Up!

THANK YOU