Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

April 30, 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
   I. Expansions of Testing
   II. Laboratory Prioritization
   III. Discharge and Transfer Criteria
   IV. Resuming Services
   V. Serology Testing

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>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH COUNTY UNINCORPORATED AREA</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Summerland and the City of Carpinteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ISLA VISTA</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREA OF THE GOLETA VALLEY</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>AND GAVIOTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANTA YNEZ VALLEY</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Including the Cities of Solvang &amp; Buellton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and the communities of Santa Ynez, Los</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alamos, Los Olivos and Ballard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY OF LOMPOC</td>
<td>80</td>
<td>1</td>
</tr>
<tr>
<td>People incarcerated at the Federal Prison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in Lompoc</td>
<td>105</td>
<td>1</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>130</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>36</td>
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<tr>
<td>UNINCORPORATED AREAS</td>
<td>25</td>
<td>1</td>
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<tr>
<td>Of Sisquoc, Casmalia, Garey, Cuyama, New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuyama, and the City of Guadalupe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pending</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>485</td>
<td>8</td>
</tr>
</tbody>
</table>

### Testing Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>485</td>
</tr>
<tr>
<td>Negative</td>
<td>3886</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>3</td>
</tr>
<tr>
<td>Total Tests</td>
<td>4374</td>
</tr>
</tbody>
</table>

### Confirmed Cases

- Recovering at home: 81
- Recovering in the hospital: 33 (ICU: 11)
- Recovered: 360
- Pending information: 3
- Deaths: 8
- Total: 485

*Health Care Workers: 64*

[https://publichealthsbc.org/status-reports/](https://publichealthsbc.org/status-reports/)
California COVID-19 By The Numbers

April 29, 2020
Numbers as of April 28, 2020

CALIFORNIA COVID-19 SPREAD
46,500
Total Cases

Ages of Confirmed Cases
• 0-17: 1,263
• 18-49: 22,596
• 50-64: 12,153
• 65+: 10,413
• Unknown/Missing: 75

Gender of Confirmed Cases
• Female: 23,154
• Male: 23,045
• Unknown/Missing: 301

Hospitalizations
Confirmed COVID-19
3,495/1,186 Hospitalized/In ICU

Suspected COVID-19
1,516/326 Hospitalized/In ICU

1,887 Fatalities

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

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

https://coronavirus.jhu.edu/us-map
COVID-19 Situation Update - Global

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
- Supporting individuals in hotels that are unable to isolate at home or have been discharged from the hospital
# 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</td>
<td></td>
</tr>
<tr>
<td></td>
<td>report PUI / testing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>at LTC facilities, HCW,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>report respiratory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>outbreak at LTC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>facility</td>
<td></td>
</tr>
<tr>
<td>EMS Duty Officer</td>
<td>After hours requests</td>
<td>805-694-8301</td>
</tr>
<tr>
<td></td>
<td>for PPE and assistance</td>
<td></td>
</tr>
<tr>
<td>PHD Department Operations</td>
<td>8:00 am – 5:00 pm</td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a></td>
</tr>
<tr>
<td>Center (DOC)</td>
<td>7 days a week!</td>
<td>(805) 696-1106 – DOC Operations</td>
</tr>
<tr>
<td></td>
<td>Please use email for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>communications</td>
<td></td>
</tr>
<tr>
<td></td>
<td>regarding COVID-19!</td>
<td></td>
</tr>
</tbody>
</table>
Expansion of Testing

• Community-Based Testing Sites
  • Tentative start date week of May 4th
  • First site will be in Santa Maria and will be rotated through out the county
  • Appointment only- no walk-ins
  • Prioritize persons with one or more COVID-19 symptoms and asymptomatic essential workers

• AMR COVID-19 Transportation & Specimen Collection Unit
Outpatient Testing Locations

- PHD is compiling a list of outpatient providers that are conducting SARS-CoV-2 testing
- Collecting information for internal use and potential to be placed on the webpage for public
- Look for an email later today
Laboratory Prioritization

COVID-19 Laboratory Prioritization and Reporting Advisory

Update #7: Revised Priority Test Submission and Priority Testing Tiers

April 28, 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 forgoing 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 investigations.
   - Send Tier 1 specimens to any of the following:
     - PDL: 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
     - If you require assistance to access testing for a Tier 1 patient, please use requisition form found here: https://publichealthsb.org/healthcare-professionals/, and call 805-681-5280. Testing will be facilitated through the Public Health Laboratory.

2. Commercial laboratory testing: All other Tiers Use standard requisition process. Turnaround time 1-4 days.

Reporting Requirements

- Tier 1: Call Disease Control at (805) 681-5280 to report case testing. Enter case into CaREDE if test is positive
- Tier 2-4: Report only positive cases via CaREDE
- If you do not have a CaREDE account and have a positive result call Disease Control at (805) 681-5280

Specimen Instruction

1. All CDC PPE guidance for office staff and providers must be followed for suspect cases
2. Collect respiratory specimen: nasopharyngeal (NP) only
   a. Use Dacron swab with plastic stem and regular viral transport media via
3. Collect sputum only if productive cough is present. Do not induce sputum
   a. Use sterile container
4. Keep specimen in refrigerator if unable to send immediately

Tier 1
- Hospitalized patients
- Symptomatic healthcare or home care workers
- Contacts of confirmed cases identified as being in high risk settings by public health investigations
- Symptomatic staff or residents of congregate living facilities
  - e.g., jails, shelters, long-term care facilities, skilled nursing facilities

Tier 2
- Symptomatic persons, at provider discretion, priority to those 60 and older with comorbidities
- 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
- Symptomatic persons in essential health and public safety occupations, including first responders and law enforcement

Tier 3
- Symptomatic persons in essential infrastructure occupations
  - E.g., utility workers, food supply workers, other public employees
- Screening of asymptomatic healthcare workers
- Screening of asymptomatic hospital staff and workers

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

Discharge & Transfer Criteria

This guidance is provided by the Santa Barbara Public Health Department in order to maintain standards for coordinated discharge of COVID-19 positive and non-COVID patients from hospitals and emergency departments to skilled nursing, congregate care settings, and homes. This guidance will change according to current guidance from CDPH and the CDC.

Facilities may choose to implement policies that provide stricter guidelines for standard, contact, or droplet precautions and isolation periods. The Public Health Department is available for consultation regarding each facility’s individual situation and residents.

The following discharge guidance is covered in this document:

- Patients with Laboratory Confirmed COVID-19 Discharged to SNF/LTC and Congregate Living
- Patients without COVID-19 Discharged to SNF/LTC and Congregate Living
- Patients Transferred from SNF/LTC to another SNF/LTC
- Patients with Laboratory Confirmed COVID-19 Discharged to Non-Congregate Isolation Settings
- Patients Awaiting Laboratory Results Discharged to PHD Non-Congregate Isolation Settings
- Patients with Laboratory Confirmed COVID-19 Discharged to Home Settings

https://countyofsbs.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/SantaBarbaraPHD_Discharge_Criteria.pdf
Resuming Non-Essential Procedure & Services

CDPH Guidance- Resuming California’s Deferred and Preventive Health Care
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx

Provider Alert: Guidance on Resuming Non-Emergency Essential Procedures and Surgeries

On April 22, 2020, Governor Newsom announced plans to allow hospitals and health systems to resume delayed medical care for Californians – such as heart valve replacements, angioplasty and tumor removals, and key preventative care services, such as colonoscopies.

Hospitals and health care systems are allowed to resume scheduling non-emergency essential surgeries and prioritize high-complexity chronic disease management when these can be done safely, with the resources required, and without compromising the ability to quickly respond to a surge in COVID-19 cases.


- Ensure physical distancing for staff and patients within the facility.
- Ensure patient laboratory testing for COVID-19 within 7 days prior to surgery.
- Screen all staff, patients and vendors for minor symptoms and temperature upon entry to the facility.
- Healthcare providers and workers wear surgical facemasks at all times
- Patients should wear cloth face coverings or surgical masks.
- Be prepared with a reliable commercial source of PPE. Continue to conserve PPE and seek additional PPE from vendors.
- A positive result in a patient or staff member at your facility will result in a Public Health contact investigation, contact tracing, and potential isolation and quarantine your patients and staff.
- Prepare to cease these non-emergency essential procedures if there is a local surge of COVID cases.
Serology Testing

https://countyofsb.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Provider%20Alert_Serology%20Testing_FINAL.pdf

Provider Alert: SARS-CoV-2 Serology Testing Information
April 27, 2020

Key Messages
- Results from serologic tests should not be used as the basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.
- Some serology tests are being falsely marketed as "FDA authorized" or "FDA approved" and as CLIA-waived point of care (POC) tests. No serology tests are currently approved for use in the POC setting.
- At the current time, healthcare providers should report any serology test results (positive and negative) to Santa Barbara County Public Health Department via CoVIDIE.
- Laboratories should report only the results from serologic tests that have an FDA Emergency Use Authorization (EUA).

Situation
There is great interest in using serology tests to determine past or present SARS-CoV-2 infection and immunity in patients. The clinical value of serologic antibody testing has not been clearly demonstrated. Serologic testing should not be used routinely to assess patients for acute infection or long-term immunity.
- Serologic testing should not be used to diagnose acute infection.
- False negative results can occur, particularly early in infection.
- False positive results are also possible due to potential cross-reactivity with routine coronaviruses that cause mild respiratory infection (e.g. HKU1, NL63, OC43, 229E).
- At this point, serologic testing for the presence of SARS-CoV-2 specific antibodies has not been determined to provide reliable evidence of immunity.
- Providers should use caution when interpreting the results of serologic tests for SARS CoV-2.
CMS COVID-19 Calls

• May 1st & 8th – Lessons from the Front Lines
• May 5th – Home Health & Hospice
• May 5th – Office Hours Call- time to asks questions
• May 6th – Nursing Homes Call

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
Resource Shortages

- Public Health Department is your last resort for resources you must exhaust your established vendors and look for additional vendors prior to making a request from PHD
- Resources are extremely limited and we are getting less and less from the state cache
  - Not able to provide gowns or hand sanitizer at this point in time
- Developing a list of vendors that facilities and agencies can use
To request resources: http://www.countyofsfb.org/phd/epp/forms.sbc

PHD PPE Resources

Total # PPE Request: 341
Total # PPE request filled: 289
Total # Request PPE Pending: 19

**DOC Inventory Totals for COVID-19**

<table>
<thead>
<tr>
<th>PPE Item</th>
<th>Inventory Count (Reserve) 04/29/20</th>
<th>Inventory Count (Available for Distribution) 04/29/20</th>
<th>Total Shipped Out 04/27/20 to 04/28/20 (Includes pick-ups and deliveries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95</td>
<td>43,200</td>
<td>42,000</td>
<td>16,010</td>
</tr>
<tr>
<td>3M 1860</td>
<td>75,329</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3M 1870</td>
<td>28,140</td>
<td>20,480</td>
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</tr>
<tr>
<td>3M 8210</td>
<td>2,880</td>
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<tr>
<td>3M 9210</td>
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<td>0</td>
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<tr>
<td>Respirator 911</td>
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</tr>
<tr>
<td>Sperian One-Fit 900</td>
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<tr>
<td>Sperian Secure-Gard ML</td>
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<td>14,980</td>
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<tr>
<td>Moldex 2212G</td>
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<tr>
<td>Gerson 2130</td>
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<td>1,000</td>
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<tr>
<td>Total N95</td>
<td>121,439</td>
<td>146,320</td>
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*Defective Kimberly Clark N95 (Fluidshield Regular and Small; and Non-Fluidshield)

1,106,015
0

*Defective Kimberly Clark N95 (Fluidshield Regular and Small; and Non-Fluidshield) allocation from the State consists of damaged elastic bands. The defective masks are currently being repaired by the utilization of tourniquet kits.

**Procedure Facemasks**
- All models: 25,500 (2,700)
- All sizes: 1,200 (22)

**Eye Protection**
- Eye glasses: 600 (333)
- Face shields: 13,633 (3)

**Gloves**
- All sizes & models: 120,700 (4,000)

**Hand sanitizers**
- All sizes: 100 (245)

**Germicidal wipes**
- All models: 20 (96)

**PPE Kits**
- All models: 4,440 (1,775)
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

<table>
<thead>
<tr>
<th>Situation Report Forms for Healthcare Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation Report Forms</td>
</tr>
<tr>
<td>All Updated 3/24/20 for the use during COVID-19 response.</td>
</tr>
<tr>
<td>We ask that all facilities/agencies complete a situation report weekly and whenever you need to submit a resource request.</td>
</tr>
<tr>
<td>Outpatient Provider Situation Report Forms:</td>
</tr>
<tr>
<td>- Delight Center Situation Report</td>
</tr>
<tr>
<td>- CNHC (HCCS, FMC, CHC), Urgent Care, Private Practice Situation Report</td>
</tr>
<tr>
<td>- Ambulatory Surgery Center Situation Report</td>
</tr>
<tr>
<td>- Home Health &amp; Hospice Agency Situation Report</td>
</tr>
<tr>
<td>- First Responder Situation Report</td>
</tr>
<tr>
<td>Inpatient Provider Situation Report Forms:</td>
</tr>
<tr>
<td>- Hospital Situation Report</td>
</tr>
<tr>
<td>- Skilled Nursing Facility/CORS Assisted Living/CORF Situation Report</td>
</tr>
<tr>
<td>Non-Medical Situation Report Form:</td>
</tr>
<tr>
<td>- Non-Medical Situation Report</td>
</tr>
</tbody>
</table>

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 backorder 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.

- 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!
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

SNF & Long Term Care – 9:30- 10:00am

Items for discussion:

• Discharge and transfer criteria
• Questions? Additional Topics?
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#
<table>
<thead>
<tr>
<th>Facility Name</th>
<th>County</th>
<th>HCW Confirmed COVID-19</th>
<th>Resident Confirmed COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTO LUCERO TRANSITIONAL CARE</td>
<td>SANTA BARBARA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ATTERDAG CARE CENTER</td>
<td>SANTA BARBARA</td>
<td>0</td>
<td>0</td>
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<tr>
<td>BUENA VISTA CARE CENTER</td>
<td>SANTA BARBARA</td>
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<td>0</td>
</tr>
<tr>
<td>CASA DORINDA</td>
<td>SANTA BARBARA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COUNTRY OAKS CARE CENTER</td>
<td>SANTA BARBARA</td>
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<td>0</td>
</tr>
<tr>
<td>LOMPOC SKILLED NURSING &amp; REHABILITATION CENTER</td>
<td>SANTA BARBARA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LOMPOC VALLEY MEDICAL CENTER</td>
<td>SANTA BARBARA</td>
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<td>0</td>
</tr>
<tr>
<td>LOMPOC VALLEY MEDICAL CENTER COMPREHENSIVE CARE CENTER D/P SNF</td>
<td>SANTA BARBARA</td>
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<td>0</td>
</tr>
<tr>
<td>MARIAN REGIONAL MEDICAL CENTER DP/SNF</td>
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<td>0</td>
<td>&lt;11</td>
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<tr>
<td>MISSION TERRACE CONVALESCENT HOSPITAL</td>
<td>SANTA BARBARA</td>
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<tr>
<td>SAMARKAND SKILLED NURSING FACILITY</td>
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<tr>
<td>SANTA MARIA CARE CENTER</td>
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</tr>
<tr>
<td>THE CALIFORNIAN</td>
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<td>VALLE VERDE HEALTH FACILITY</td>
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</tr>
<tr>
<td>VILLA MARIA POST ACUTE</td>
<td>SANTA BARBARA</td>
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Discharge & Transfer Criteria

This guidance is provided by the Santa Barbara Public Health Department in order to maintain standards for coordinated discharge of COVID-19 positive and non-COVID patients from hospitals and emergency departments to skilled nursing, congregate care settings, and homes. This guidance will change according to current guidance from CDPH and the CDC.

Facilities may choose to implement policies that provide stricter guidelines for standard, contact, or droplet precautions and isolation periods. The Public Health Department is available for consultation regarding each facility’s individual situation and residents.

The following discharge guidance is covered in this document:

- Patients with Laboratory Confirmed COVID-19 Discharged to SNF/LTC and Congregate Living
- Patients without COVID-19 Discharged to SNF/LTC and Congregate Living
- Patients Transferred from SNF/LTC to another SNF/LTC
- Patients with Laboratory Confirmed COVID-19 Discharged to Non-Congregate Isolation Settings
- Patients Awaiting Laboratory Results Discharged to PHD Non-Congregate Isolation Settings
- Patients with Laboratory Confirmed COVID-19 Discharged to Home Settings

https://countyofsfb.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/SantaBarbaraPHD_Discharge_Criteria.pdf
Wrap Up!

THANK YOU