DO MUTE
Your Phone

DO NOT HOLD
Conference Call
Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

April 9, 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

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Confirmed Cases as of 4/8/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH COUNTY UNINCORPORATED AREA includes communities of Montecito, Summerland and the City of Carpinteria</td>
<td>16</td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>33</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>5</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>10</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>30</td>
</tr>
<tr>
<td>Inmates at Federal Prison in Lompoo</td>
<td>30</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>59</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>24</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>228</strong></td>
</tr>
</tbody>
</table>

**Testing Status as of 4/6/2020**

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>228</td>
</tr>
<tr>
<td>Negative</td>
<td>1345</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Tests</strong></td>
<td><strong>1576</strong></td>
</tr>
</tbody>
</table>

**Confirmed Cases**

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovering at home</td>
<td>110</td>
</tr>
<tr>
<td>Recovered</td>
<td>69</td>
</tr>
<tr>
<td>Recovering in the hospital</td>
<td>37</td>
</tr>
<tr>
<td>Pending information</td>
<td>10</td>
</tr>
<tr>
<td>Deaths</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>228</strong></td>
</tr>
</tbody>
</table>

* Health Care Workers = 37

https://publichealthsbc.org/status-reports/
COVID-19 Situation Update - California

California COVID-19 By The Numbers
April 8, 2020
Numbers as of April 7, 2020

CALIFORNIA COVID-19 SPREAD
16,957
Total Cases

Ages of Confirmed Cases
• 0-17: 222
• 18-49: 8,289
• 50-64: 4,639
• 65+: 3,751
• Unknown/Missing: 56

Gender of Confirmed Cases
• Female: 8,108
• Male: 8,488
• Unknown/Missing: 361

Hospitalizations
Confirmed COVID-19
2,714/1,154
Hospitalized/in ICU

Suspected COVID-19
3,078/522
Hospitalized/in ICU

442
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 - Global Cases

https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
Calif. nursing home hit by coronavirus evacuated after staff fails to show for work

- Tuesday:
  - 1 CNA of 13 scheduled showed up
  - Riverside University Health System and Kaiser sent 33 nurses to help care for residents
  - 34 residents confirmed COVID
  - 16 staff confirmed COVID

- Wednesday:
  - 83 residents moved
  - Over 30 ambulances used

The skilled nursing facilities receiving Magnolia Rehabilitation patients will be closed off to new patients, according to the county. Also, staff at those facilities will not be allowed to work elsewhere, sick patients will be isolated, all employees will use personal protective equipment and staff will closely monitor patients.

A patient at the Magnolia Rehabilitation and Nursing Center in Riverside is evacuated to a waiting ambulance Wednesday morning April 8, 2020. (Photo by Will Lester, Inland Valley Daily Bulletin/SCNG)


https://vimeo.com/405617776
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> (805) 696-1106 – DOC Operations</td>
</tr>
</tbody>
</table>
April 3rd Health Officer Order

ACCORDINGLY, UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTION 101040, 101085, AND 120175, TITLE 17 CALIFORNIA CODE OF REGULATIONS SECTION 2501, THE HEALTH OFFICER OF THE COUNTY OF SANTA BARBARA ORDERS:

1. This Order is effective 5:00 p.m. (PDT) Friday April 3, 2020 and continuing until 5:00 p.m. (PDT), on April 30, 2020 or until it is extended, rescinded, superseded, or amended in writing by the County of Santa Barbara Health Officer (“Health Officer”). This Order applies in the incorporated and unincorporated areas of Santa Barbara County (“County”).

2. Temperature screening. All individuals entering the Licensed Facilities or Other Agencies, listed in Attachment A, such as hospitals, skilled nursing facilities, long term care facilities, hospice facilities, home health agencies, EMS providers, home care organizations, and dialysis providers submit to a temperature screening, by the least intrusive means as possible, prior to entering these locations or commencing services in the community.

3. Self-Evaluation. All individuals prior to entering, or provide services in the community, for the Licensed Facilities or Other Agencies, listed in Attachment A, are to self-evaluate for mild to moderate Symptoms related to COVID-19 or other respiratory illness, including sore throat, runny nose, fever, chills, not feeling well, sneezing and coughing, gastro-intestinal symptoms such as soft stool or stomach cramps, listed in Attachment B.

4. Prohibition of Entry. No individual shall enter, or provide services in the community, for a Licensed Facility or Other Agency, listed in Attachment A, if a temperature screening of the individual is 100.0° F or 37.8° C or greater, or subjective fever; or if through the self-evaluation described in Attachment B the individual identifies he or she has Symptoms.

The Health Officer orders that all individuals entering the Licensed Entities or Other Agencies listed below submit to a temperature screening, by the least intrusive means as possible; and conduct a self-evaluation for COVID-19 symptoms, prior to entering these locations:

- Hospitals including General Acute Care
- Psychiatric Health Facilities
- Skilled Nursing Facilities
- Intermediate Care Facilities of all license types
- Hospice Facilities
- Home Health and Hospice Agencies
- Home Care Organizations
- Chronic Dialysis Clinic
- Federally Qualified Health Care Centers
- Community Clinics
- Ambulatory Surgical Centers
- Residential Care Facilities for the Elderly
- Residential Facility Chronically Ill
- Social Rehabilitation Facility
- Continuing Care Retirement Communities
- Urgent Care Centers
- EMS Providers
- Adult Residential Care Facilities (ARF) all license types
COVID-19 Treatment Algorithm for 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) WILL NOT BE TESTED IMMEDIATELY.

Option 1) Self-quarantine for 14 days, AND perform daily fever and symptom checks, AND seek medical evaluation if symptoms present.

Option 2) Return to work, provided employees remain asymptomatic, AND for 14 days: perform daily fever and symptom checks, AND wear face mask at all times while at work, AND seek medical evaluation if symptoms present.

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 who test positive must isolate until 7 days have passed from onset of symptoms, AND 72 hours after fever has resolved without the use of fever reducers, AND other symptoms have improved significantly. Afterwards, they may return to work if they wear face mask at work for 14 days after last exposure, or until all symptoms are gone (whichever longer). If HCW works with severely immunocompromised patients they cannot return to work until 14 days after last exposure.

Symptomatic individuals who test negative will quarantine until 24 hours have passed since last fever has resolved without the use of fever reducers, AND other symptoms have improved significantly. May return to work, provided they wear a face mask for 14 days from last exposure, AND perform daily fever/symptom check, AND seek medical evaluation if symptoms return.

Symptomatic health care workers (HCW) or first responders who have NO KNOWN CONTACT may be tested or instructed to self-isolate. Follows steps indicated in treatment algorithm.

Algorithm: Persons Exposed in Community Setting or Household

Person exposed to Confirmed COVID 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:

ASYMPTOMATIC

- COVID TEST
  - Satisfy while pending.

- NO TEST
  - Isolate 14 days post contact with infectious person. Recheck daily fever/symptom check. Seek medical evaluation if symptoms present.

- NO HD required

SYMPTOMATIC

- If symptoms become severe, provide guidance on how to seek medical care without exposing additional people.

- NO COVID TEST

NEGATIVE

- Isolate for 14 days post contact with infectious person. AND: At least 7 days from onset of symptoms, AND: 72 hours after fever resolved without the use of fever reducers and/or respiratory symptoms have improved significantly.

- NO HD required

POSITIVE

- Isolate for at least 7 days from onset of symptoms. AND: 72 hours after fever resolved without the use of fever reducers and/or respiratory symptoms have improved significantly.

- YES HD required

Treat as Presumptive COVID

- Isolate for 14 days post contact with infectious person. AND: At least 7 days from onset of symptoms, AND: 72 hours after fever resolved without the use of fever reducers and/or respiratory symptoms have improved significantly.

- NO HD required

*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 as defined as follows: At least 72 hours after fever resolved without the use of fever reducers, and improvement in respiratory symptoms, and at least 7 days have passed since symptoms first appeared. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
COVID-19 Testing Criteria - March 23, 2020

<table>
<thead>
<tr>
<th>Phone or In-Person Triage Questions</th>
<th>YES</th>
<th>NO*</th>
<th>Points Alotted</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a fever (above 100.4F)?</td>
<td>YES</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a new cough?</td>
<td></td>
<td></td>
<td>YES=1</td>
<td></td>
</tr>
<tr>
<td>Do you have new shortness of breath or pain with taking a deep breath?</td>
<td></td>
<td></td>
<td>YES=1</td>
<td></td>
</tr>
<tr>
<td>Do you have new gastrointestinal symptoms such as diarrhea, vomiting or abdominal pain?</td>
<td>YES=1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the answer is NO to all of the above questions, the patient is not a candidate for COVID-19 Testing. If the answer is YES to any of the above, proceed with the next section (below).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Have you had close contact with a person with documented COVID-19 infection?</strong></td>
<td>YES</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you age 60 or older?</td>
<td>YES</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any underlying chronic lung disease, such as COPD, Fibrosis, etc.?</td>
<td>YES</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any of the following conditions:</td>
<td></td>
<td></td>
<td>YES=1</td>
<td></td>
</tr>
<tr>
<td>a. Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cerebrovascular disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Chronic cardiac disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Other conditions that may lower your immunity (e.g., HIV) or medications that may lower your immunity, such as steroids, immunotherapy, chemotherapy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patients who score 5 or more points may be candidates for COVID-19 testing if other sources of illness have been ruled out. It will be up to the provider to determine what additional evaluation should be performed prior to COVID testing, but other considerations for an in person assessment include the following: pulse ox, temp., point of care flu testing, CBC, etc.

Any patient referred for COVID testing should be wearing a face mask and should be quarantined at home until the test results are known.

*NO responses don’t earn any points

**Close contact is defined as being in close proximity (within 6 feet) of a COVID-19 case for a prolonged period of time. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 patient or having direct contact with infectious secretions of a COVID-19 case.
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 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.

**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/](https://publichealthsbc.org/healthcare-professionals/)
The California Department of Public Health (CDPH) will provide additional guidance on the specifics of how the State plans to transport, decontaminate, and reissue used N95 respirators. Below is guidance for how to preserve used N95 respirators now in order for them to be decontaminated in the very near future.

On-Site Collection

1. Your hospital should create a N95 respirator collection station at the point of generation (i.e. hospital floor/unit).
   - Any N95 or N95-equivalent respirator that does not contain cellulose-based materials is compatible with the Battelle Decontamination System.
   - All compatible N95 respirators must be free of any visual soiling or contamination (e.g. blood, bodily fluids, makeup).
   - Compatible N95 respirators that are visually soiled or damaged should not be collected for decontamination and will be disposed of and not returned after decontamination.

2. Each station should have a bag provided by the healthcare facility to collect compatible N95 respirators.
   - Bags are for compatible N95 respirators only. Do not put other personal protective equipment (such as gloves), paper towels, or waste in the collection bag.

3. With a permanent marker, each compatible N95 respirator should be labeled with a three-digit site code and a 2-digit location identifier (as shown below). The unique site code corresponds to the hospitals last three digits of their CDPH license number. Your organization may designate the location identifier to correspond to a specific location/floor/unit within your site.

   _______ _______ -- _______ _______
   Site Code ID     Site Location ID
April 8, 2020

TO: Ambulatory Surgery Centers (ASCs)

SUBJECT: ASC Ventilator Inventory Survey

All Facilities Letter (AFL) Summary

This AFL requests all ASCs to complete a survey on ventilator inventory to assist with Coronavirus Disease 2019 (COVID-19) efforts.

The California Department of Public Health (CDPH) is taking inventory of ventilators (e.g., anesthesia, medical, and transport) from ASCs across the state, that may be able to be redeployed to hospitals and other facilities caring for COVID-19 patients. ASCs that are already involved in regional/Medical Health Operational Area Coordinator (MHOAC) plans or ASCs that are part of a hospital surge plan should continue with those arrangements; however, CDPH requests all ASCs complete this survey, regardless of involvement in regional/MHOAC plans or hospital surge plans.

CDPH requests that the following information be reported by completing the Ventilator Inventory Survey:

1. ASC involvement with regional, MHOAC, or hospital surge plans
2. ASCs ability to provide ventilators
3. The number of each type of ventilators available (anesthesia, medical, transport)
4. ASCs interest in donating or selling ventilators

Please complete the Ventilator Inventory Survey by 5:00 P.M., Wednesday, April 15, 2020 for your facility.

For ASCs interested in donating or selling medical commodities to the State, please visit the State of California COVID-19 Medical Supply website.

If you have any questions about this AFL, please contact the CDPH Duty Officer at CHCQDutyOfficer@cdph.ca.gov.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-37.aspx
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

<table>
<thead>
<tr>
<th>PPE Resource Requests</th>
<th>Total # PPE Request Filled</th>
<th>Total # PPE Cancelled</th>
<th>Total # Request PPE Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>246</td>
<td>29</td>
<td>20</td>
<td>197</td>
</tr>
</tbody>
</table>

### DOC Inventory Totals for COVID-19

<table>
<thead>
<tr>
<th>N95s</th>
<th>Inventory Count 04/08/20</th>
<th>Total Shipped Out 04/06/20 to 04/08/20 (includes pick-ups and deliveries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M 1860</td>
<td>8,540</td>
<td>111,080</td>
</tr>
<tr>
<td>3M 1800S (small size)</td>
<td>110,980</td>
<td></td>
</tr>
<tr>
<td>3M 1870</td>
<td>111,480</td>
<td></td>
</tr>
<tr>
<td>3M 8210</td>
<td>20,650</td>
<td></td>
</tr>
<tr>
<td>3M 9210</td>
<td>2,400</td>
<td></td>
</tr>
<tr>
<td>3M 9211</td>
<td>6,950</td>
<td></td>
</tr>
<tr>
<td>Sperian One-Fit</td>
<td>720</td>
<td></td>
</tr>
<tr>
<td>Moldex 2212GN95</td>
<td>29,760</td>
<td></td>
</tr>
<tr>
<td><strong>Total N95s</strong></td>
<td><strong>291,500</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Defective Kimberly Clark (Fluidshield Regular and Small; and Non-Fluidshield) 1,107,195**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Facemasks</th>
<th>Surgical and Isolation Gowns</th>
<th>Eye Protection</th>
<th>Gloves (Nitrile)</th>
<th>Hand sanitizers</th>
<th>PPE Kits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McKesson</td>
<td>All sizes</td>
<td>Eye glasses</td>
<td>All sizes &amp; models</td>
<td>All sizes</td>
<td>All models</td>
</tr>
<tr>
<td></td>
<td>Kimberly Clark</td>
<td></td>
<td>Eye goggles</td>
<td>159,550</td>
<td>1,705</td>
<td>11,342</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Face shields</td>
<td>Face shields</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Defective Kimberly Clark N95 (Fluidshield Regular and Small; and Non-Fluidshield); allocation from the State consists of damaged elastic bands. Currently examining avenues to repair elastic bands to potentially distribute as procedure masks.**
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
**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

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
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>
<tbody>
<tr>
<td>Ultraviolet germicidal irradiation (UVGI)</td>
<td>Yes</td>
<td>Can be worn for any patient care activities</td>
<td>• Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the FFR.</td>
</tr>
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<td></td>
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<td>• Avoid touching the inside of the FFR.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Use a pair of clean (non-sterile) gloves when donning and performing a user seal check.</td>
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<td></td>
<td>• Visually inspect the FFR to determine if its integrity has been compromised.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td>Vaporous hydrogen peroxide (V-HP)</td>
<td></td>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td>Moist heat</td>
<td></td>
<td>Can be worn for patient care activities except when performing or present for an aerosol generating procedure</td>
<td>• 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.</td>
</tr>
</tbody>
</table>

CDC Optimizing PPE

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
SNF & Long Term Care – 9:30-10:00am

Things to discuss:

- Staffing at facilities - shortages, staff only working at one facility
  - Riverside evacuation of SNF due to staff not reporting to work
- Reporting respiratory outbreaks to Public Health Disease Control
- CMS guidance about use of face mask at all times in facility
Calif. nursing home hit by coronavirus evacuated after staff fails to show for work

- Tuesday:
  - 1 CNA of 13 scheduled showed up
  - Riverside University Health System and Kaiser sent 33 nurses to help care for residents
  - 34 residents confirmed COVID
  - 16 staff confirmed COVID

- Wednesday:
  - 83 residents moved
  - Over 30 ambulances used

https://vimeo.com/405617776

The skilled nursing facilities receiving Magnolia Rehabilitation patients will be closed off to new patients, according to the county. Also, staff at those facilities will not be allowed to work elsewhere, sick patients will be isolated, all employees will use personal protective equipment and staff will closely monitor patients.

A patient at the Magnolia Rehabilitation and Nursing Center in Riverside is evacuated to a waiting ambulance Wednesday morning April 8, 2020. (Photo by Will Lester, Inland Valley Daily Bulletin/SCNG)
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

• Call to Disease Control and report outbreak
  • They will ask you to complete a line list
4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.
   • For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.
   • Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.
   • If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
   • Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.
   • When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.
Wrap Up! 

THANK YOU