Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

May 14, 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

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Daily Cases</th>
<th>Total Confirmed Cases</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH COUNTY UNINCORPORATED AREA Includes communities of Montecito, Summerland and the City of Carpinteria</td>
<td>0</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>0</td>
<td>69</td>
<td>1</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>0</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ISLA VISTA</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</td>
<td>0</td>
<td>15</td>
<td>1</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>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>CITY OF LOMPOC and the communities of Mission Hills and Vandenberg Village</td>
<td>1</td>
<td>93</td>
<td>2</td>
</tr>
<tr>
<td>FEDERAL PRISON IN LOMPOC</td>
<td>0</td>
<td>895</td>
<td>2</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>4</td>
<td>190</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>1</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREAS of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama, and the City of Guadalupe</td>
<td>0</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Pending</td>
<td>0</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>1376</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

[https://publichealthsbc.org/status-reports/](https://publichealthsbc.org/status-reports/)
# COVID-19 Situation Update - Santa Barbara County

<table>
<thead>
<tr>
<th>Community</th>
<th>Federal Prison in Lompoc</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Cases</td>
<td>69</td>
<td>719</td>
</tr>
<tr>
<td>Recovered Cases</td>
<td>394</td>
<td>95</td>
</tr>
<tr>
<td>Recovering at Home</td>
<td>43</td>
<td>-</td>
</tr>
<tr>
<td>Recovering in Hospital</td>
<td>26</td>
<td>-</td>
</tr>
<tr>
<td>Recovering in ICU</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Pending Information</td>
<td>10</td>
<td>78</td>
</tr>
<tr>
<td>Deaths</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

### Cases by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17</td>
<td>25</td>
</tr>
<tr>
<td>18 - 29</td>
<td>215</td>
</tr>
<tr>
<td>30 - 49</td>
<td>632</td>
</tr>
<tr>
<td>50 - 69</td>
<td>432</td>
</tr>
<tr>
<td>70+</td>
<td>72</td>
</tr>
<tr>
<td>Total</td>
<td>1376</td>
</tr>
</tbody>
</table>

### Testing Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>1376</td>
</tr>
<tr>
<td>Negative</td>
<td>8062</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>92</td>
</tr>
<tr>
<td>Total Tests</td>
<td>9530</td>
</tr>
</tbody>
</table>

### Positive Cases by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>222</td>
</tr>
<tr>
<td>Male</td>
<td>1142</td>
</tr>
<tr>
<td>Unknown</td>
<td>12</td>
</tr>
<tr>
<td>Pending</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1376</td>
</tr>
</tbody>
</table>

[https://publichealthsbc.org/status-reports/](https://publichealthsbc.org/status-reports/)

California COVID-19 By The Numbers

May 13, 2020

Numbers as of May 12, 2020

CALIFORNIA COVID-19 SPREAD

71,141

Total Cases

Ages of Confirmed Cases

- 0-17: 2,672
- 18-49: 35,567
- 50-64: 17,701
- 65+: 15,098
- Unknown/Missing: 103

Gender of Confirmed Cases

- Female: 34,851
- Male: 35,845
- Unknown/Missing: 445

Hospitalizations

Confirmed COVID-19

Hospitalized: 3,301
In ICU: 1,075

Suspected COVID-19

Hospitalized: 1,244
In ICU: 239

2,934

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

Total Cases: 1,364,061
Total Deaths: 82,246

28 states report more than 10,000 cases of COVID-19.

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.

Last updated on May 13, 2020

COVID-19 Situation Update - Global

Total Confirmed: 4,379,973

Confirmed Cases by Country/Region/Sovereignty:
- 1,391,298 US
- 252,245 Russia
- 234,431 United Kingdom
- 228,691 Spain
- 222,104 Italy
- 192,081 Brazil
- 178,184 France
- 174,098 Germany
- 143,114 Turkey
- 114,333 Iran

Global Deaths: 298,185

https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
PHD Department Operations Center (DOC)

- 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 and additional testing
- Orders and prioritizes resources for distribution
- Supporting symptomatic homeless individuals with alternate sheltering
- 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&lt;br&gt;Used to contact and report PUI/ testing at LTC facilities, HCW, report respiratory outbreak at LTC facility</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!&lt;br&gt;Please use email for any communications regarding COVID-19!</td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a>&lt;br&gt;(805) 696-1106 DOC Operations</td>
</tr>
</tbody>
</table>
Community-Based Testing Sites

• Santa Maria Fairpark started on May 5th
• Santa Barbara- Earl Warren on May 7th
• Lompoc- Anderson Recreation Center on May 8th
• Can test approx. 130 at each site each day
• Open 5 days a week from 7 am- 7 pm. Days and times for appointments will be adjusted based on community needs
  • https://lhi.care/covidtesting
  • 888-634-1123
• FAQs can be found on webpage: https://publichealthsbc.org/testing/
Serology Testing - CDPH

<table>
<thead>
<tr>
<th>What should COVID-19 serology testing(^1) be used for?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Determine prevalence</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Surveillance studies to determine population-level estimates of exposure to SARS-CoV-2 (i.e., prevalence) in a community, typically through a serologic survey. A positive serology test cannot distinguish between ongoing (active) or past COVID-19 infection.</td>
</tr>
<tr>
<td><strong>Identify Convalescent Plasma Donors</strong></td>
</tr>
<tr>
<td>Possible</td>
</tr>
<tr>
<td>Individuals who have recovered from COVID-19 infection (viral RNA negative) and are COVID-19 serology positive can potentially donate plasma.</td>
</tr>
<tr>
<td><strong>Identify false negative PCR</strong></td>
</tr>
<tr>
<td>Possible</td>
</tr>
<tr>
<td>As an indicator of SARS-CoV-2 infection when viral RNA test is negative. If there is high clinical suspicion for COVID-19 and SARS-CoV-2 viral RNA test is negative, a positive serology test would provide support for COVID-19 infection. However, a negative serology result does not exclude COVID-19 infection since it can take 2-3 weeks after symptom onset for antibodies to develop.</td>
</tr>
<tr>
<td><strong>Indicator of prior COVID-19 infection</strong></td>
</tr>
<tr>
<td>Possible</td>
</tr>
<tr>
<td>Given the limited availability of COVID-19 viral RNA testing, many individuals who had symptoms suggestive of COVID-19 could not be tested at the time. A positive serology test would provide support for a prior COVID-19 infection.</td>
</tr>
</tbody>
</table>

\(^1\)It is important to select a serology test that has been fully validated using plasma or serum from confirmed COVID-19 infected individuals or well-characterized reference samples. For a list of FDA EUA approved tests, see this link: [https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/05/serology-indications_5-5-2020_final.pdf](https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/05/serology-indications_5-5-2020_final.pdf)
What should COVID-19 serology NOT be used for?

<table>
<thead>
<tr>
<th>COVID-19 TEST</th>
<th>Viral RNA</th>
<th>Serology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnose COVID</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Identify asymptomatic shedders</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Prior to hospital admission</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Prior to high-infectivity risk procedure**</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Return to congregant setting</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Return-to-Work</td>
<td>Yes</td>
<td>NO</td>
</tr>
</tbody>
</table>

COVID-19 Serology Testing

Guidelines for Use

Yes

- Epidemiologic studies to determine prevalence of COVID-19 in a community (serologic survey)

Maybe

- Identify potential convalescent plasma donors
- Identify false negative COVID-19 viral RNA results
- Evaluate individuals with prior COVID-19 symptoms who could not be tested at the time they were ill

DO NOT USE COVID-19 SEROLOGY

No

- Sole basis to diagnose or exclude COVID-19
- Screen for asymptomatic shedders
- Determine COVID-19 immunity
- Guide PPE use or infection control measures
- Return to congregant setting
- Make decisions about employment, i.e. return-to-work, hiring, duty assignment, etc.
Remdesivir

- Santa Barbara received a very small allocation
- Will be allocated through SMRC and will work with hospitals

COVID-19 Laboratory Prioritization and Reporting Advisory
Update #8: Revised Priority Test Submission and Priority Testing Tiers
May 11, 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: If you do not have a CaREDIE account call Disease Control at (805) 681-5280

<table>
<thead>
<tr>
<th>Tier</th>
<th>Patient Type</th>
<th>How to Report</th>
<th>Laboratory Testing Resource</th>
</tr>
</thead>
</table>
| Tier 1 | Symptomatic patient in congregate setting | Call Disease Control at (805) 681-5280 to report case testing Enter case(s) in CaREDIE | Send samples as directed by Disease Control to:  
  • Commercial lab  
  If using PDL: note “Priority Tier 1 Congregate Setting”  
  OR if directed by Disease Control:  
  • Public Health Lab  
  Use requisition form found here: https://publichealthsbc.org/healthcare-professionals/ |
| Tier 1 | All other Tier 1 patients in non-congregate settings | Report all tested cases in CaREDIE | Use commercial lab and corresponding lab requisition form |
| Tier 2 | All Tier 2 patients | Report all tested cases in CaREDIE | Use commercial lab and corresponding lab requisition form |
### Tier 1

**Testing Modality: PCR with or without Serology**
- Hospitalized patients
- Symptomatic and asymptomatic healthcare workers, first responders, and other social service employees
- Symptomatic and asymptomatic persons >65 years of age OR any age with chronic medical conditions that increase the risk of severe COVID-19 illness
- Persons identified for testing by public health contact investigations and disease control activities in high risk settings
- Screening of asymptomatic residents or employees of congregate living facilities including:
  - After positive cases have been identified in a facility
  - Prior to resident admission or re-admission to a facility
- Symptomatic and asymptomatic persons in essential occupations
  - E.g., utility workers, grocery store workers, food supply workers, other public employees
- Lower risk symptomatic persons

### Tier 2

**Testing Modality: PCR with or without Serology**
- Lower risk asymptomatic persons

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**Community Surveillance**

**Test Modality: PCR or Serology**
- Surveillance testing of asymptomatic persons as part of community or regional surveillance programs.

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**Note**

All testing should be accompanied by a seamless plan for follow-up of disclosure of test results and linkage to care.

Testing of asymptomatic persons in healthcare, occupational, and congregate settings is not a requirement, but may be done if needed to control or prevent the spread of COVID-19. Additionally, in congregate settings, decisions should be made for how results will be used for infection control, resident placement, staff and resident cohorting, continuity of care when residents are transferred to other congregate settings, and frequency of repeat testing of residents and staff who test negative.

**Quarantine/isolation**

Ill persons should stay home and away from others until there has been no fever without the use of fever-reducing medications, there has been improvement in respiratory symptoms (e.g., cough, shortness of breath) for at least 3 days; AND it is at least 10 days since symptoms first appeared, i.e., the minimum length of time will be 10 days.
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
To request resources:
http://www.countyofsfb.org/phd/epp/forms.sbc
Resource Request Process

http://www.countyofsfb.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!

Situation Report Forms for Healthcare Partners

Situation Report Forms
All Updated 3/24/20 for the use during COVID-19 response.

We ask that all facilities/agencies comply with the situation report weekly or whenever you need to submit a request.

Outpatient Provider Situation Report Forms:
- Delegates Center Situation Report
- Clinics (MMC, FHCSC, CHC), Urgent Care, Private Practice Situation Report
- Ambulatory Surgery Center Situation Report
- Home Health & Hospice Agency Situation Report
- EMT Provider Situation Report

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

Non-Medical Situation Report Form:
- Non-Medical Situation Report

Resource Request Process
Requests for PPE and other scarce medical resources are going through our Scarce Medical Resource Committee. All organizations wanting to make a resource request will need to complete a situation report. Once the situation report is completed, you will be automatically linked to the resource request form. We will not 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.
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 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:

• AFL 20-43.1
• AFL 20-52
• Reporting to CDPH and Santa Barbra PHD and now CDC
• Screening prior to facility entrance
• Additional questions? Topics?
AFL 20-43.1 SNF Daily Reporting

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

• AFL updated on May 13 to reflect CMS new interim final rule effective May 8

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-43.aspx#
AFL 20-43.1 SNF Daily Reporting

- SNFs report COVID-19 facility data to CDC
  - CDPH will report this data on behalf of facilities
  - SNFs must first enroll in NHSN and confer rights to NHSN CDPH group
  - Enroll in NHSN no later than May 17, 2020 confer rights no later than May 22, 2020
AFL 20-52 Mitigation Plan Implementation

Facility Mitigation Plans

Due to the higher risk of severe illness and death from COVID-19 among elderly persons and those with chronic medical conditions, CDPH is requiring all SNFs to expand their existing infection control policies to include the development and implementation of a CDPH approved COVID-19 mitigation plan. SNFs must submit a mitigation plan to CDPH within 21 calendar days. Failure to implement an approved COVID-19 mitigation plan may result in an immediate jeopardy. The mitigation plan must include the following six elements:

1. **Testing and Cohorting.** The SNF will develop a plan in conjunction with CDPH and their local health department (LHD) for regular testing of residents and staff, including how test results will be used to inform resident and HCP cohorting.

2. **Infection Prevention and Control.** The SNF must have a full-time, dedicated Infection Preventionist (IP). This can be achieved by more than one staff member sharing this role, but a plan must be in place for infection prevention quality control. CDPH’s Healthcare-Associated Infections Program has developed training materials for SNF IP staff. The SNF must ensure HCPs receive infection prevention and control training and can work with the department to develop a reasonable implementation timeline and plan to bring on the necessary IP staff.

3. **Personal Protective Equipment (PPE).** The SNF must have a plan for adequate provision of PPE, including types that will be kept in stock, duration the stock is expected to last and information on established contracts or relationships with vendors for replenishing stock.

4. **Staffing Shortages.** The SNF must have policies in place to address HCP shortages, including contingency and crisis capacity strategies.

5. **Designation of Space.** The SNF must have policies in place for dedicated spaces within the facility to ensure separation of infected patients and for eliminating movement of HCP among those spaces to minimize transmission risk. If the facility cannot designate space, they are to communicate the limitation to their local public health department and CDPH Licensing district office.

6. **Communication.** A designated staff member has been assigned responsibility for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility.

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx
AFL 20-52 Mitigation Plan Implementation

Mitigation Plan Visit
Each facility will receive a visit from CDPH to validate its certification at least every six to eight weeks. If CDPH determines that facility is not implementing its approved mitigation plan and identifies unsafe practices that have or are likely to cause harm to patients, CDPH may take enforcement action including calling an immediate jeopardy situation which may result in a civil penalty.

Testing
Polymerase Chain Reaction (PCR) testing for COVID-19 infection is becoming more readily available at hospitals, academic, commercial, and public health laboratories across California. Governor Newsom and the Testing Task Force are committed to rapidly expanding the availability of testing across California, ensuring that more Californians get tested. Counties and facilities should refer to AFL 20-44.1 for guidance on expanded access to testing when prioritizing COVID-19 testing for SNF staff and residents. If necessary, CDPH can assist facilities with acquiring access to testing.

Contingency and Crisis Strategies to Address Staffing Shortages
The Centers for Disease Control and Prevention (CDC) released guidance on mitigating HCP staffing shortages for healthcare facilities experiencing staffing shortages due to HCP exposures, illness, or need to care for family members at home. This guidance includes contingency and crisis capacity strategies that healthcare systems and facilities can consider in coordination with their local health departments (LHD).

SNFs should plan for implementing contingency capacity strategies when anticipating staffing shortages, including, but not limited to, the following:

- Determining the minimum number of staff needed to provide a safe work environment and patient care.
- Identifying additional HCP to work in the facility pursuant to state emergency waivers or changes in licensing or certification requirements.
- Contacting the Medical Health Coordination Center call-in line for immediate staffing needs. All facilities must report directly to the coordination center before proceeding to evacuation.
- SNF will provide CDPH District Office with list of available positions they are hiring for and CDPH may assist in connecting with available health care workers in the area.
- CDPH will work with SNFs to address social factors that might prevent HCP from reporting to work such as transportation or housing if HCP live with vulnerable individuals and provide the SNF with any available solutions for the geographic area.
- Developing plans to allow asymptomatic HCP who have had an unprotected exposure to COVID-19 to continue to work under specified conditions.
Testing Strategies

• Santa Barbara PHD is working on guidance document for testing at long term care facilities
• CDPH should be releasing guidance this week on testing strategies as well
• Survey will be sent out to all SNFs:
  • Who is your lab vendor?
  • Do you have staff that can conduct the testing?
  • Amount of specimen collection kits your facility has?
CDPH Weekly SNF Infection Prevention Calls

Beginning May 7, 2020, CDPH will be hosting weekly SNF Infection Prevention Calls to discuss COVID-19 updates. The calls will be focused on infection prevention guidance and it is recommended that SNF infection preventionist staff attend. SNFs and local health departments are also encouraged to attend. The teleconference calls will be held:

- Time: Thursdays, 12:00 P.M. - 1:00 P.M.
- Dial-in: 1-877-226-8163
- Access Code: 513711

If you have any questions about this AFL, please contact the CDPH Healthcare-Associated Infections Program via email at HAIProgram@cdph.ca.gov.
Wrap Up!

THANK YOU