Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

May 20, 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
   I. Cloth facemasks in Assisted Living
   II. SNF Testing Plan
   III. Outbreak Response
# COVID-19 Situation Update - Santa Barbara County

## Geographic Area as of 5/20/2020

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Daily Cases</th>
<th>Total Confirmed Cases</th>
<th>Recovered by Region</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOUTH COUNTY UNINCORPORATED AREA</strong> Includes communities of Montecito, Summerland and the City of Carpinteria</td>
<td>0</td>
<td>24</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td><strong>CITY OF SANTA BARBARA</strong> and the unincorporated area of Mission Canyon</td>
<td>0</td>
<td>77</td>
<td>67</td>
<td>1</td>
</tr>
<tr>
<td><strong>CITY OF GOLETA</strong></td>
<td>0</td>
<td>11</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td><strong>COMMUNITY OF ISLA VISTA</strong></td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</strong></td>
<td>0</td>
<td>16</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td><strong>SANTA YNEZ VALLEY</strong> Including the Cities of Solvang &amp; Buellton, and the communities of Santa Ynez, Los Alamos, Los Olivos and Ballard</td>
<td>0</td>
<td>10</td>
<td>6</td>
<td>0</td>
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<tr>
<td><strong>CITY OF LOMPOC</strong> and the communities of Mission Hills and Vandenberg Village</td>
<td>0</td>
<td>102</td>
<td>87</td>
<td>2</td>
</tr>
<tr>
<td><strong>FEDERAL PRISON IN LOMPOC</strong></td>
<td>0</td>
<td>970</td>
<td>675</td>
<td>2</td>
</tr>
<tr>
<td><strong>CITY OF SANTA MARIA</strong></td>
<td>2</td>
<td>232</td>
<td>175</td>
<td>2</td>
</tr>
<tr>
<td><strong>COMMUNITY OF ORCUTT</strong></td>
<td>0</td>
<td>41</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td><strong>UNINCORPORATED AREAS</strong> of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama, and the City of Guadalupe</td>
<td>1</td>
<td>29</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>Out of County</td>
<td>—</td>
<td>—</td>
<td>5</td>
<td>—</td>
</tr>
<tr>
<td>Pending</td>
<td>0</td>
<td>7</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3</td>
<td>1520</td>
<td>1118</td>
<td>11</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>Case Type</th>
<th>Community</th>
<th>Federal Prison in Lompoc</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Cases</td>
<td>95</td>
<td>293</td>
<td>388</td>
</tr>
<tr>
<td>Recovered Cases</td>
<td>443</td>
<td>675</td>
<td>1118</td>
</tr>
<tr>
<td>Recovering at Home</td>
<td>67</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Recovering in Hospital</td>
<td>28</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Recovering in ICU</td>
<td>10</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pending Information</td>
<td>3</td>
<td>0</td>
<td>3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Daily</th>
<th>Total Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>18 - 29</td>
<td>0</td>
<td>124</td>
</tr>
<tr>
<td>30 - 49</td>
<td>2</td>
<td>181</td>
</tr>
<tr>
<td>50 - 69</td>
<td>1</td>
<td>167</td>
</tr>
<tr>
<td>70+</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td>Suppressed</td>
<td>0</td>
<td>970</td>
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<table>
<thead>
<tr>
<th>Testing Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>1520</td>
</tr>
<tr>
<td>Negative</td>
<td>12202</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>108</td>
</tr>
<tr>
<td>Total Tests</td>
<td>13830</td>
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</table>

<table>
<thead>
<tr>
<th>Positive Cases by Sex</th>
<th>Daily</th>
<th>Total Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>2</td>
<td>252</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>1253</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Pending</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

[https://publichealthsbc.org/status-reports/](https://publichealthsbc.org/status-reports/)
California COVID-19 By The Numbers
May 20, 2020
Numbers as of May 19, 2020

CALIFORNIA COVID-19 SPREAD
84,057 Total Cases

Ages of Confirmed Cases
- 0-17: 3,657
- 18-49: 42,591
- 50-64: 20,468
- 65+: 17,232
- Unknown/Missing: 109

Gender of Confirmed Cases
- Female: 41,226
- Male: 42,336
- Unknown/Missing: 495

Hospitalizations
Confirmed COVID-19
- Hospitalized: 3,047
- In ICU: 1,068

Suspected COVID-19
- Hospitalized: 1,634
- In ICU: 277

3,436 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

COVID-19 Situation Update - Global

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

- **Open Monday-Friday -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</td>
<td><strong>805-681-5280</strong></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><strong>805-694-8301</strong></td>
</tr>
<tr>
<td>PHD Department Operations Center (DOC)</td>
<td>8:00 am – 5:00 pm Monday- Friday Please use email for any communications regarding COVID-19!</td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a> <strong>(805) 696-1106</strong> DOC Operations</td>
</tr>
</tbody>
</table>
Community-Based Testing Sites

• Locations:
  • Santa Maria Fairpark
  • Santa Barbara- Earl Warren
  • Lompoc- Anderson Recreation Center
• Can test approx. 130 at each site each day
• PCR test not serology
• Potentially with us into July
• 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/
More Conference Calls.... CMS

Events

- COVID-19: Lessons from the Front Lines Calls — May 22 and 29
- COVID-19: Home Health and Hospice Call — May 26
- COVID-19: Office Hours Call — May 26
- COVID-19: Nursing Home Call — May 27
- COVID-19: Dialysis Organization Call — May 27
- COVID-19: Nurses Call — May 28

Reopening – Phase 2

https://recoverysbc.org/the-rise-guide/
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 Monday and Thursday
- 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
PPE for Dentists

• California Dental Association has secured limited quantities of critical PPE
• PHD will no longer be providing PPE to dentists. Encourage to work with CDA
• What you need to know about CDA PPE:
  • Products were provided from the state’s emergency resources.
  • To support as many California dentists as possible, **there will be quantity restrictions** in place on each product.
  • The products themselves are being offered at no cost, but there will be a small charge to offset the shipping and handling costs.
  • Orders will be fulfilled on a first come, first served basis and **only while supplies last**.
  • To ensure products are being distributed to licensed dentists within the state (regardless of membership status), dentists will **need to have a FREE TDSC.com account** and upload **proof of licensure** to place an order.
To request resources:
http://www.countyofsb.org/phd/epp/forms.sbc

<table>
<thead>
<tr>
<th>DOC Inventory Totals for COVID-19</th>
<th>Inventory Count [Reserve] 05/19/20</th>
<th>Inventory Count [Available for Distribution] 05/19/20</th>
<th>Total Shipped Out 05/18/20 to 05/19/20 (includes pick-ups and deliveries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95</td>
<td>3M 18605</td>
<td>43,200</td>
<td>40,220</td>
</tr>
<tr>
<td></td>
<td>3M 1860</td>
<td>75,359</td>
<td>11,025</td>
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<tr>
<td></td>
<td>3M 1870</td>
<td>22,320</td>
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<tr>
<td></td>
<td>3M 8210</td>
<td>20,480</td>
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<tr>
<td></td>
<td>3M 9210</td>
<td>2,880</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3M 9211</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3M 9502+</td>
<td>0</td>
<td>39,950</td>
</tr>
<tr>
<td></td>
<td>Gerson 1730</td>
<td>0</td>
<td>7,200</td>
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<tr>
<td></td>
<td>Gerson 2130</td>
<td>0</td>
<td>1,000</td>
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<tr>
<td></td>
<td>Moldex 2212G</td>
<td>0</td>
<td>29,520</td>
</tr>
<tr>
<td></td>
<td>Sperian One Fit</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Sperian Sal-T-Fit Plus</td>
<td>0</td>
<td>820</td>
</tr>
<tr>
<td></td>
<td>Secure-Gard ML</td>
<td>0</td>
<td>14,980</td>
</tr>
<tr>
<td></td>
<td><strong>Total N95</strong></td>
<td><strong>121,439</strong></td>
<td><strong>187,515</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Defective Kimberly Clark</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Fluidshield Regular and Small; and Non-Fluidshield)</td>
<td>0</td>
<td>1,033,200</td>
</tr>
<tr>
<td></td>
<td><strong>Retrofitted Kimberly Clark</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(Fluidshield Regular and Small; and Non-Fluidshield)</td>
<td>0</td>
<td>7,565</td>
</tr>
<tr>
<td>Procedure Facemasks</td>
<td>All models</td>
<td>25,500</td>
<td>590</td>
</tr>
<tr>
<td></td>
<td><strong>Total N95</strong></td>
<td><strong>121,439</strong></td>
<td><strong>187,515</strong></td>
</tr>
<tr>
<td>PPE Gowns and Coveralls</td>
<td>All sizes and types</td>
<td>1,209</td>
<td>2,232</td>
</tr>
<tr>
<td>Eye Protection</td>
<td>Eye glasses</td>
<td>600</td>
<td>13,727</td>
</tr>
<tr>
<td></td>
<td>Eye goggles</td>
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</tr>
<tr>
<td></td>
<td>Face shields</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td>All sizes &amp; models</td>
<td>120,700</td>
<td>267,812</td>
</tr>
<tr>
<td>Hand Sanitizers</td>
<td>All sizes</td>
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<td>Healthcare Disinfectant Wipes</td>
<td>All models</td>
<td>20</td>
<td>1,039</td>
</tr>
<tr>
<td>owns</td>
<td>All models</td>
<td>4,340</td>
<td>1,615</td>
</tr>
<tr>
<td>PPE Kits</td>
<td>All models</td>
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<td>1,615</td>
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<tr>
<td>Nasopharyngeal Swabs</td>
<td>All models</td>
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<td>43,800</td>
</tr>
<tr>
<td>Viral Transport Media</td>
<td>All models</td>
<td>0</td>
<td>8,720</td>
</tr>
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</table>

Note: The data above reflects the inventory counts as of 05/19/20, and the total shipped out includes pick-ups and deliveries up to 05/18/20.
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!
SNF & Long Term Care – 9:30- 10:00am

Items for discussion:
• Cloth face masks use by staff in assisted living
• CMS Reopening SNFs Guidance- May 18th
• AFL 20-52 – SNF Mitigation Plan
  • Testing plan requirements for SNFs
  • Still waiting on CDPH AFL
Cloth Facemasks in Assisted Living

Source Control (no COVID-19 within facility)

- As part of source control efforts, personnel should wear a facemask (or cloth face covering if facemask not available) at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for healthcare personnel as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are shortages of facemasks, facemasks should be prioritized for healthcare personnel and then for residents with symptoms of COVID-19 (as supply allows). Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.
  - All personnel should be reminded to practice social distancing (e.g., remain at least 6 feet apart while in break rooms and common areas, cancel non-essential meetings).

COVID-19 identified or suspected in staff or resident:

- For situations where close contact between any (symptomatic or asymptomatic) resident cannot be avoided, personnel should at a minimum, wear eye protection (goggles or face shield) and an N95 or higher-level respirator (or a facemask if respirators are not available or personnel are not fit tested).
  - Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated. If personnel have direct contact with the resident, they should also wear gloves. If available, gowns are also recommended but should be prioritized for activities where splashes or sprays are anticipated or high-contact resident-care activities that provide opportunities for transfer to pathogens to hands and clothing of personnel (e.g., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care).
  - Personnel who do not interact with residents (e.g., not within 6 feet) and do not clean patient environments or equipment do not need to wear PPE. Consistent with the guidance for the general public, however, they should wear a cloth face covering for source control.

CMS Memo- Nursing Home Reopening Recommendations – May 18th

**SUBJECT:** Nursing Home Reopening Recommendations for State and Local Officials

**Memorandum Summary**

- CMS is committed to taking critical steps to ensure America’s nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).

- **Recommendations for State and Local Officials:** CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
  - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence:** Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
  - **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
  - **Restoration of Survey Activities:** Recommendations for restarting certain surveys in each phase.

- **Access to adequate testing:** The facility should have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components:
  - The capacity for all nursing home residents to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuation of weekly re-testing of all nursing home residents until all residents test negative;
  - The capacity for all nursing home staff (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community);
  - Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
  - An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly.

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. In the event 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
SNF COVID-19 Testing Strategies

Implementing testing in SNF’s will require:

• Contract with laboratory to process specimens
• Testing supplies (usually from lab)
• Trained staff (nasal mid-turbinate or anterior nares are acceptable)
• Medical director to order and receive results
• Method to receive results for staff
• Ability to refrigerate specimens while waiting for pick up and/or cooler container for transporting
PHD Role

- Partner to coordinate with SNF during an outbreak and provide disease control guidance and support
- Perform limited testing of symptomatic resident samples for quicker turn around time if needed
- Support with PPE if needed
- Receive reports of positive cases and work to assure plan in place if facility is unable to safely care/isolate for resident
CMS Guidance for SNF Testing: 5-18-20

- **Access to adequate testing:** The facility should have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components:
  - The capacity for **all nursing home residents** to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
  - The capacity for **all nursing home staff** (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community);
  - Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
  - An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.
  - A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).
3. The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility.

Testing of residents

- If testing capacity allows, **facility-wide PPS of all residents** should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience from nursing homes with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic residents with SARS-CoV-2 present as well. PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility. If undertaking facility-wide PPS, facility leadership should be prepared for the potential to identify multiple asymptomatic residents with SARS-CoV-2 infection and make plans to cohort them.

- If testing capacity is not sufficient for facility-wide PPS, performing PPS on **units with symptomatic residents** should be prioritized.

- If testing capacity is not sufficient for unit-wide PPS, testing should be prioritized for **symptomatic residents and other high-risk residents**, such as those who are admitted from a hospital or other facility, roommates of symptomatic residents, or those who leave the facility regularly for dialysis or other services.

Testing of nursing home HCP

- If testing capacity allows, PPS of all HCP should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience suggests that, despite HCP symptom screening, when COVID-19 cases are identified in a nursing home, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. HCP likely contribute to introduction and further spread of SARS-CoV-2 within nursing homes.

- CDC recommends **HCP with COVID-19 be excluded from work**. Facility leadership and local and state health departments should have a plan for meeting staffing needs to provide safe care to residents while infected HCP are excluded from work. If the facility is in Crisis Capacity and facing staffing shortages, see CDC guidance on [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) for additional considerations.
4. Repeat testing may be warranted in certain circumstances.

After initial PPS has been performed for residents and HCP (baseline) and the results have been used to implement resident cohorting and HCP work exclusions, nursing homes may consider retesting under the following circumstances:

Retesting of residents

- Retest any resident who develops symptoms consistent with COVID-19.
- Retest all residents who previously tested negative at some frequency shortly (e.g., 3 days) after the initial PPS, and then weekly to detect those with newly developed infection; consider continuing retesting until PPSs do not identify new cases.
- If testing capacity is not sufficient for retesting all residents, retest those who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates) or HCP.
- Use retesting to inform decisions about when residents with COVID-19 can be moved out of COVID-19 wards. See CDC guidance on Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings for additional information.

Retesting of nursing home HCP

- Retest any HCP who develop symptoms consistent with COVID-19.
- Retest to inform decisions about when HCP with COVID-19 can return to work. See CDC guidance on Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 for additional details.
- Consider retesting HCP at some frequency based on community prevalence of infections (e.g., once a week).

If testing capacity is not sufficient for retesting all HCP, consider retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.
Surveillance: Targeted testing

If we cannot test all staff or all residents, identify those at higher risk, for example:

- Residents that leave the facility for dialysis, radiation, PT, or other activities
- Staff that work at multiple facilities
- Staff that have high frequency of interactions with residents
- Staff that are close contacts with positive or quarantined individuals
Another way to conduct fewer tests is to use “Pooled” tests:

• Samples taken from up to 8 patients or healthcare workers are placed in viral media transport tube.
• Names of all individuals in this “pool” are recorded on specimen requisition
• If positive result from a “pool”, then individuals in the pool are put on isolation precautions, PPE, and retested
SNF Testing Strategies

Strategy 1: Facilities with 1 COVID infected staff or resident

- a. Test of all LTCF residents and healthcare workers.
- b. Cohort all COVID-positive residents as outlined in Section D
- c. Collaborate with SBPHD or CDPH Licensing on a virtual or in-person infection control assessment.
- d. Re-testing all or a target group of COVID-negative residents and staff weekly until no new cases are identified. Retesting strategies may differ based on the specific outbreak situation and circumstances at each facility and should be tailored in consultation with SBPHD.
Strategy 2: Routine Surveillance for Cases

- Perform a single baseline COVID-19 test on all residents and staff
- After baseline test, each week choose a different sample of (at least XX - example: 10-20%) asymptomatic residents and staff (larger percentage for small facilities).
- The SBPHD will provide a guide that includes instructions on how to select higher risk residents and staff for testing.
- Continue sampling of residents weekly if testing is negative.
- If sampling identifies any positive staff or residents, confirm result with additional test.
- If repeat test is positive, initiate strategy 1.
More conference calls!!!

CDPH SNF Call (Weekly)

California Department of Public Health
Center for Health Care Quality
Skilled Nursing Facility IP Call
May 21, 2020
12:00 pm – 1:00 pm

Call In Toll-Free: 877-226-8163 Access Code: 513711

CCLD Adult & Senior Care Program

The Community Care Licensing Division (CCLD), Adult and Senior Care Program (ASCP), encourages licensees to participate in an informational call to receive an update on CDC preparedness and infection control guidance to protect their facilities against COVID-19. The call will feature discussion with Louise Aronson, MD, MFA, San Francisco and Emily Thomas, MS, MD, Los Angeles, and will include an opportunity to ask questions.

Informational Call – Prepare for COVID-19 in Residential Facilities
May 21, 2020
11:00 AM to 12:30 PM
Toll-Free Call-In Number: 888-323-2715
Passcode: 2989717

Note: Participants may begin calling in at 10:45 AM.

Wrap Up!

THANK YOU