Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

May 28, 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>Recovered by Region</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH COUNTY UNINCORPORATED AREA</td>
<td>0</td>
<td>27</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>5</td>
<td>88</td>
<td>72</td>
<td>1</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>0</td>
<td>15</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ISLA VISTA</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</td>
<td>0</td>
<td>18</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>10</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>CITY OF LOMPOC and the communities of Mission Hills and Vandenberg Village</td>
<td>1</td>
<td>105</td>
<td>94</td>
<td>2</td>
</tr>
<tr>
<td>FEDERAL PRISON IN LOMPOC</td>
<td>0</td>
<td>971</td>
<td>883</td>
<td>2</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>12</td>
<td>297</td>
<td>219</td>
<td>3</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>0</td>
<td>44</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREAS of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama, and the City of Guadalupe</td>
<td>1</td>
<td>40</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Out of County</td>
<td>–</td>
<td>–</td>
<td>6</td>
<td>–</td>
</tr>
<tr>
<td>Pending</td>
<td>1</td>
<td>8</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>1624</td>
<td>1396</td>
<td>12</td>
</tr>
</tbody>
</table>

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

## Cases by Age

<table>
<thead>
<tr>
<th>Cases by Age</th>
<th>Daily</th>
<th>Total Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 17</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>18 - 29</td>
<td>8</td>
<td>156</td>
</tr>
<tr>
<td>30 - 49</td>
<td>6</td>
<td>215</td>
</tr>
<tr>
<td>50 - 69</td>
<td>5</td>
<td>188</td>
</tr>
<tr>
<td>70+</td>
<td>1</td>
<td>51</td>
</tr>
<tr>
<td>Suppressed</td>
<td>0</td>
<td>971</td>
</tr>
</tbody>
</table>

## Testing Status

<table>
<thead>
<tr>
<th>Testing Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>1624</td>
</tr>
<tr>
<td>Negative</td>
<td>15555</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>110</td>
</tr>
<tr>
<td>Total Tests</td>
<td>17289</td>
</tr>
</tbody>
</table>

## Positive Cases by Sex

<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>12</td>
<td>303</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>1306</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/]
California COVID-19 By The Numbers
May 27, 2020
Numbers as of May 26, 2020

CALIFORNIA COVID-19 SPREAD
98,980
Total Cases

Ages of Confirmed Cases
• 0-17: 5,122
• 18-49: 50,981
• 50-64: 23,633
• 65+: 19,095
• Unknown/Missing: 149

Gender of Confirmed Cases
• Female: 48,739
• Male: 49,714
• Unknown/Missing: 527

Hospitalizations
Confirmed COVID-19
3,114/1,095
Hospitalized/in ICU

Suspected COVID-19
1,430/312
Hospitalized/in ICU

3,884
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

Total Confirmed 5,722,859

Confirmed Cases by Country/Region/Sovereignty
1,700,250 US
411,821 Brazil
379,051 Russia
266,620 United Kingdom
232,259 Spain
231,139 Italy
183,038 France
181,918 Germany
159,797 Turkey
159,128 India
143,849 Iran
132,932 Brazil

Global Deaths 356,279

US State Level Deaths, Recovered
29,464 deaths, 64,632 recovered
New York US
11,339 deaths, 25,552 recovered
New Jersey US
6,547 deaths, recovered
Massachusetts US
5,334 deaths, 33,168 recovered
Michigan US
5,266 deaths, 43,038 recovered
Pennsylvania US
5,083 deaths, recovered
Illinois US
3,919 deaths, recovered
California US
3,803 deaths, 7,127 recovered
Connecticut US
2,723 deaths, 28,790 recovered
US Deaths, Recovered

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

• **Open Monday-Friday - 8:00 am - 5:00 pm**
• 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><strong>Disease Control</strong></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><strong>EMS Duty Officer</strong></td>
<td>After hours requests for PPE and assistance</td>
<td><strong>805-694-8301</strong></td>
</tr>
<tr>
<td><strong>PHD Department Operations Center (DOC)</strong></td>
<td>8:00 am – 5:00 pm Monday- Friday Please use email for any communications regarding COVID-19!</td>
<td><strong><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a></strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><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/
Reopening

[Diagram of Santa Barbara County's R.I.S.E. Guide and the Governor's Resilience Roadmap]

https://recoverysbc.org/the-rise-guide/
<table>
<thead>
<tr>
<th>All Stages</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individuals</strong></td>
<td>Continue to practice good personal hygiene</td>
<td>Stay at home, except for essential activities</td>
<td>Vulnerable populations continue to stay at home; physical distancing; masks recommended in public when physical distancing is difficult; monitor symptoms; gatherings of no more than 10 people; minimize non-essential travel</td>
<td>Vulnerable populations can resume public interactions, but should practice physical distancing and minimizing exposure. Physical distancing eased. Gatherings with restrictions on numbers of people TBD. Low risk populations should consider minimizing time spent in crowded environments.</td>
</tr>
<tr>
<td><strong>All institutions &amp; businesses</strong></td>
<td>Adhere to Section 1.1.2 of Industry Sector Supplement for COVID-19: Physical distancing, protective equipment, sanitation, disinfection, and business travel</td>
<td>Safety and Preparedness: any essential business and activity</td>
<td>Partial/phase-modified reopening under strict operating standards for distancing, sanitation, hygiene. Continue to support telework. Ensure enough hand sanitizer and/or hand washing stations at strategic locations. Close common or congregation areas of workplaces and/or enforce strict operating standards. Strongly consider special accommodations for personnel who are vulnerable. Minimize non-essential travel.</td>
<td>Resume unrestricted staffing and operations. Most institutions and businesses fully reopen.</td>
</tr>
<tr>
<td><strong>Specific types of institutions &amp; businesses</strong></td>
<td>Safety and Preparedness: any essential business and activity</td>
<td>Safety and Preparedness: any essential business and activity</td>
<td>Safety and Preparedness: any essential business and activity</td>
<td>Early Stage 3:</td>
</tr>
</tbody>
</table>

*Expert Panel aligned reopening to State guidance, but would have accelerated some business/organization openings in Late Stage 2 vs. Stage 3.*

Table 3. Stage Transition table for Individuals, businesses and organizations.

Reopening Cont.

BEFORE REOPENING ALL FACILITIES MUST

1. Perform a detailed risk assessment and implement a site-specific COVID-19 protection plan
2. Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home if they have them
3. Implement individual control measures and screenings
4. Implement disinfecting protocols
5. Implement physical distancing guidelines

HERE IS HOW TO RISE

1. Begin by reviewing the guidance published by the State of California and the County of Santa Barbara.
2. Upon reviewing the guidance, perform a detailed risk assessment in accordance with the state guidelines for your industry and prepare a COVID-19 protection plan based on the guidance.
3. Implement a site-specific COVID-19 protection plan. This must be kept on site and readily available
4. Review your industry specific guidance and complete your industry specific checklist (see below).
5. Complete the attestation by completing this form.
6. Post the industry specific checklist and the attestation at your business to show your customers and employees you have reduced the risk and are open for business.
7. Upon completing your attestation, an official from your local jurisdiction (city or county) may conduct a site visit. Business should consult their jurisdiction to determine additional code requirements for their specific industry.

https://recoverysbc.org/reopen-your-business/
Health Officer Order 2020-8.3

- Provides guidance for places of worship, graduation ceremonies, hair salons and barbershops
- Hair salons on assisted living campuses must complete the steps listed in the previous slide

Additional information from the Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/
Health Officer Order 2020-10- Face Coverings

- Effective May 26, 2020 at 5pm to June 30, 2020 5pm
- Any mask incorporating a one-way valve that is designed to facilitate easy exhaling does not comply with the order because the valve permits respiratory droplets to easily escape which places others at risk

https://countyofsbc.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/Health%20Officer%20Order%202020-10.pdf
DON'T expose your nose
DON'T expose your chin
DON'T wear loose masks

DON'T touch the outside of the mask
DON'T leave mask on chin
DO wear mask to cover chin and past tip of nose
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

CMS COVID-19 Lessons from the front lines – May 29th

COVID-19: Lessons from the Front Lines Call — May 29
Fridays from 12:30 to 2 pm ET

These weekly calls are a joint effort between CMS Administrator Seema Verma, Food and Drug Administration (FDA) Commissioner Stephen Hahn, MD, and the White House Coronavirus Task Force. Physicians and other clinicians: Share your experience, ideas, strategies, and insights related to your COVID-19 response. There is an opportunity to ask questions.

To Participate:

- Conference lines are limited; we encourage you to join via audio.webcast
- Or, call 877-261-0301; Access Code: 6356989

For More Information:

- Coronavirus.gov
- CMS Current Emergencies website
- Podcast and Transcripts webpage. Audio recordings and transcripts

Target Audience: Physicians and other clinicians.

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
To request resources:  
http://www.countyofsfb.org/phd/epp/forms.sbc
Resource Request Process

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

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 complete a situation report weekly or whenever you need to submit a resource request.

Outpatient Provider Situation Report Forms:
- Decont Center Situation Report
- Urgent Care, Private Practice Situation Report
- Inpatient Surgery Center Situation Report
- Home Health & Hospice Agency Situation Report
- Other Provider Situation Report

Inpatient Provider Situation Report Forms:
- Hospital Situation Report
- Skilled Nursing Facility/HCORI-Ati Accepted/LF 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.

- 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!
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
SNF & Long Term Care – 9:30-10:00am

Items for discussion:

• Salon and Congregate Dining reopening
• AFL 20-52 & 53
  • Testing plan requirements for SNFs
  • CDPH Testing Recommendations
  • Santa Barbara recommendations
Health Officer Order 2020-8.3

- Provides guidance for places of worship, graduation ceremonies, hair salons and barbershops
- Hair salons on assisted living campuses must complete the steps listed in the previous slide

http://countyofsb.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/HOO%202020-8-3.pdf
CCLD May 21\textsuperscript{st} call

• CCLD held a conference call
• Slides from call can be found here: https://cdss.ca.gov/Portals/9/CCLD/COVID/Prepare-COVID19-ResidentialFacilities.pdf
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
AFL 20-53 Testing Recommendations for SNFs

General Testing Guidance
SNFs have been severely impacted by COVID-19, with outbreaks causing high morbidity and mortality. The vulnerable nature of the SNF population combined with the inherent risks of congregate living in a healthcare setting requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within SNFs.

Establishing a plan for baseline, surveillance, and response-driven testing of SNF residents and HCP is necessary to protect the vulnerable SNF population.

CDPH recommends SNFs include testing strategies informed by the Centers for Disease Control and Prevention (CDC) recommendations in their COVID-19 Mitigation plans (announced in AFL 20-52). This plan should be developed in conjunction with CDPH and their local health department (LHD) that includes:

- Baseline testing for all SNF residents and HCP for any facility that does not currently have a positive case
- Testing residents prior to admission or readmission, including transfers from hospitals or other healthcare facilities. If the hospital does not test the patient, the SNF must test and quarantine upon admission.
- Residents admitted from the hospital should be tested prior to admission and if they test negative, should be quarantined[1] for 14 days and then restated. If negative, the resident can be released from quarantine.
- Testing of symptomatic or exposed residents
- 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 percent sensitivity, greater than 90 percent 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 (the virus that causes COVID-19) 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).
- Plans for use and follow-up of test results, including:
  - How results will be explained to the resident or HCP
  - How to communicate information about any positive cases of residents or HCP in the facility to family members or responsible parties
  - How results (positive or negative) will be tracked for residents and HCP at the facility, and methods for communication of facility results with the local health department
  - How results will be used to guide implementation of infection control measures, resident placement, and HCP and resident cohorting
  - How results will be communicated to ensure appropriate management when residents are transferred to other congregate settings
  - Plans for serial restesting of residents and HCP who test negative and are still within 14 days of their last exposure to a positive resident or HCP in the facility
  - Plans to address potential staffing shortages if positive HCP are excluded from work

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx

- Review the resources at the bottom of the AFL!
Baseline, Surveillance and Response-driven COVID-19 Testing of SNF Residents and Health Care Personnel (HCP)

**Baseline**
- Any SNF that does not currently have a known positive resident or HCP: conduct baseline testing for all residents and HCP.

**Symptomatic**
- Actively screen all residents and HCP for COVID-19 symptoms each day and test any resident or HCP who exhibits symptoms consistent with COVID-19.

**Response**
- As soon as possible after one (or more) COVID-19 positive individual (resident or HCP) is identified in a facility, serial retesting of all residents who test negative upon initial testing should be performed weekly until no new cases are identified in two sequential rounds of testing.

**Surveillance**
- Any SNF that does not currently have a known positive resident or HCP: conduct weekly testing of 25% of all HCP including staff from multiple shifts and facility locations. The testing plan should ensure that 100% of facility staff are tested each month.

No cases identified on baseline testing

One (or more) positive resident or HCP identified

One (or more) positive HCP identified

No new cases identified in two sequential rounds of response-driven testing

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Santa Barbara County Testing Recommendations for SNFs

**Novel Coronavirus (COVID-19)**
Santa Barbara County Public Health Department
Testing Strategies for Skilled Nursing Facilities (SNFs)

The Santa Barbara County Public Health Department (SBCPHD) is issuing this guidance to assist in identifying and controlling outbreaks of COVID-19 illness in Skilled Nursing Facilities (SNFs).

**A. Background**

Infection control, universal source control, and physical distancing are the mainstays of COVID-19 mitigation strategies in skilled nursing facilities (SNFs).

Improved COVID-19 testing capacity from commercial laboratories provides an additional tool to identify asymptomatic and asymptomatic residents and staff and implement early intervention to control outbreaks.

Current experience in the U.S. with mass testing (facility-based testing) for COVID-19 in congregate settings has found that when a single or small number of symptomatic cases are identified, there are additional asymptomatic or mild cases or other residents and staff.

Identification of additional asymptomatic cases, and targeted infection control guidance based on testing, may help reduce the risk of transmission of COVID-19. This can include:

- Making better-informed decisions about cohorting. For example:
  - Identify COVID-19 positive asymptomatic or mildly symptomatic residents and move them to a COVID positive dedicated wing.
  - For facilities with a large number of asymptomatic COVID positive residents, the health department may recommend either to “reverse isolate” the negative patients or may recommend sending the COVID positive residents to a dedicated COVID facility.
- Identifying and excluding from work COVID positive asymptomatic staff who could unintentionally spread COVID-19 to other residents and co-workers.

**B. Facility Testing Strategies**

There are two types of testing strategies:

1. **Baseline and Surveillance Testing**: Baseline is an initial testing of all staff and residents to determine if there are any unknown cases of COVID-19. Surveillance testing is ongoing routine testing of HCW in all facilities that have no cases of COVID-19.
2. **Response-Driven Testing**: This is testing in response to the discovery of COVID-19 positive symptomatic or asymptomatic staff, contractors, or residents in the facility. Response Testing continues as long as there are results with new positive cases.
More conference calls!!!

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

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- Podcast and Transcripts webpage: Audio recordings and transcripts

Target Audience: Physicians and other clinicians.

Wrap Up!

THANK YOU