Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

May 7, 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>Confirmed Cases as of 5/6/2020</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH COUNTY UNINCORPORATED AREA Includes communities of Montecito, Summerland</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>and the City of Carpinteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>67</td>
<td>1</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ISLA VISTA</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>SANTA YNEZ VALLEY Including the Cities of Solvang &amp; Buellton, and the</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>communities of Santa Ynez, Los Alamos, Los Olivos and Ballard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY OF LOMPOC and the communities of Mission Hills and Vandenberg Village</td>
<td>86</td>
<td>1</td>
</tr>
<tr>
<td>People incarcerated at the Federal Prison in Lompoc</td>
<td>172</td>
<td>1</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>161</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREAS of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama, and the</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>City of Guadalupe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pending</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>613</td>
<td>9</td>
</tr>
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</table>

Testing Status

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>613</td>
</tr>
<tr>
<td>Negative</td>
<td>4767</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>4</td>
</tr>
<tr>
<td>Total Tests</td>
<td>5384</td>
</tr>
</tbody>
</table>

Confirmed Cases

| Recovering at home | 43 |
| Recovering in the hospital | 24 (ICU=10) |
| Recovered           | 355 |
| Pending information | 11 |
| Deaths              | 9   |
| Data Suppressed     | 171 |
| Total               | 613 |

* Health Care Workers = 63

https://publichealthsbc.org/status-reports/
California COVID-19 By The Numbers

May 6, 2020
Numbers as of May 5, 2020

CALIFORNIA COVID-19 SPREAD

58,815
Total Cases

Ages of Confirmed Cases
- 0-17: 1,937
- 18-49: 28,968
- 50-64: 14,974
- 65+: 12,842
- Unknown/Missing: 94

Gender of Confirmed Cases
- Female: 29,190
- Male: 29,193
- Unknown/Missing: 432

Hospitalizations

Confirmed COVID-19
3,334/1,140
Hospitalized/in ICU

Suspected COVID-19
1,347/275
Hospitalized/in ICU

2,412
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

Cases & Deaths by State

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Each jurisdiction’s health department reports how much the virus has spread in their community.

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

Last updated on May 6, 2020

TOTAL CASES
1,193,813
22,303 New Cases*

TOTAL DEATHS
70,802
2,523 New Deaths*

*Compared to yesterday’s data

COVID-19 Situation Update - Global

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
<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 7 days a week!</td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a></td>
</tr>
<tr>
<td></td>
<td>Please use email for any communications regarding COVID-19!</td>
<td><strong>(805) 696-1106</strong> DOC Operations</td>
</tr>
</tbody>
</table>
May 4, 2020

Dear Health Care Providers,

Under federal guidance, healthcare facilities may be able to charge patients a fee for administering medical countermeasures (such as for healthcare provider time), but they cannot charge patients for any federally supplied medical assets or pharmaceuticals. Emergency personal protective equipment, medical supplies, medical equipment, and pharmaceuticals provided by the federal government are free of charge to those who need them (e.g., patients, healthcare providers).

The hospital and treatment center coordinator will need to work closely with healthcare facilities to ensure that they use federally issued supplies and pharmaceuticals according to federal guidance. In some instances, a facility may need to charge a patient for administration, such as when the healthcare facility provides the syringe and needle and skilled nursing staff to administer a medication, or a dispensing fee at the pharmacy. However, if that medication came from the federal government (e.g., pharmaceuticals from the SNS) the facility cannot charge the patient for the actual medication. Healthcare facilities may find it useful to keep all federally supplied assets in a separate storage area and clearly note these assets as federally supplied in their inventory management system to ensure that they are not misallocated.

Sincerely,

[Signature]

Heidi W. Steinecker
Deputy Director, Center for Health Care Quality
California Department of Public Health
AFL 20-44.1- Expanding Access to Testing – updated 5/2/20

Santa Barbara PHD will be updating lab prioritization and sending out Friday 5/8/20

Tier 1
Testing Modality: PCR with or without Serology

- Hospitalized patients
- Symptomatic and asymptomatic healthcare workers, first responders, and other social service employees
- Symptomatic 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

Tier 2
Testing Modality: PCR with or without Serology

- Lower risk symptomatic and asymptomatic persons

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-44.aspx
Discharge & Transfer Criteria

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

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

The following discharge guidance is covered in this document:

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

https://countyofsb.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/SantaBarbaraPHD_Discharge_Criteria.pdf
Community-Based Testing Sites

- Santa Maria Fairpark started on May 5\textsuperscript{th}
- Santa Barbara- Earl Warren on May 7\textsuperscript{th}
- Lompoc- Anderson Recreation Center on May 8\textsuperscript{th}
- Can test approx. 130 at each site each day
- Screening and appointments can be made between the hours of 7 a.m. and 5 p.m.
  - [https://lhi.care/covidtesting](https://lhi.care/covidtesting)
  - 888-634-1123
- FAQs can be found on webpage: [https://publichealthsbc.org/testing/](https://publichealthsbc.org/testing/)
COVID-19 Exposure Guidance Algorithm for Health Care Worker or First Responder

Summary 5-5-20
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 10 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).

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 and self-isolate or instructed to self-isolate without testing, follow steps indicated in treatment algorithm.

For isolation of HCW or First Responder due to exposures in community settings see CDC: https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html

*Close contact: Within 6 ft of COVID19 case for prolonged period or having direct contact with secretions (coughed on, touched used tissue/bare hand)*

*Recommended PPE: N95 or Facemask/Face Protection/Sleeves/Glove

Additional resources and guidance can be found at CDC guidance:

**SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT**

14
Algorithm: Persons Exposed to COVID in Community Setting or Household
Updated: 5-5-20

Person exposed to Confirmed COVID CASE or Clinically Compatible 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:

*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. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Battelle N-95 Decontamination System

- Free of cost to healthcare facilities
- Uses vaporous hydrogen peroxide to decontaminate each compatible N95 up to 20 times

1. Sign - Each facility that wants to participate will sign a service agreement with Battelle Systems
2. Label - Battelle will assign your facility a unique 3-digit identifier that you will label N95s with using a permanent marker
3. Collect - Collect all N-95s for decontamination in single plastic bag then double bag
4. Ship - Clean outside of bag and place in an appropriately labeled shipping box, along with chain of custody form and contact UPS to pick up
Battelle N-95 Decontamination System

• Contact:

Jaskiranjeet.k.sodhi.mil@mail.mil
battellesupport@soc.caloes.ca.gov
833-998-2381
Resources and Supply Chain

Current supply chain issues/shortages
- Procedure masks
- Isolation gowns
- Hand sanitizer
- Toilet paper
- Gloves
- Thermometer covers
- Eye protection
- Healthcare disinfecting wipes

PHD PPE Distribution:
- Requests reviewed twice a week Monday and Thursday
- Pick or delivery will occur Tuesday and Friday
- Urgent needs please call DOC Ops Section 805-696-1106 or email operations.medicalbranch@sbcphd.org
Resource Shortages

• Public Health Department is your last resort for resources you must exhaust your established vendors and look for additional vendors prior to making a request from PHD

• Resources are extremely limited and we are getting less and less from the state cache
  • Not able to provide gowns or hand sanitizer at this point in time

• Developing a list of vendors that facilities and agencies can use- still in progress
To request resources:
http://www.countyofsb.org/phd/epp/forms.sbc
Scarce Medical Resources Committee

Reviews and distributes scarce resources to prioritized healthcare/other providers

Representatives from:

• Coalition Steering Committee Reps
• Coalition clinical advisor
• PHD, EMSA, OEM, Health Officer

What does this mean for my PPE requests?

• It will take longer for a request to be filled
• Requests for scarce medical resources must be prioritized and approved by committee
Resource Request Process

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

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:
• Urgent Care (HCCs, Freestanding Urgent Care, Private Practice) Situation Report
• Ambulatory 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/COAR/Assisted Living/CFT 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!
CDC Optimizing PPE

Strategies for Optimizing the Supply of PPE

- Eye Protection
- Isolation Gowns
- Facemasks
- N95 Respirators

Implement extended use of eye protection.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
  - If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
- HCP should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.

• Provides strategies for different stages (conventional, contingency and crisis)
• All facilities and agencies should review and plan to implement these strategies

SNF & Long Term Care – 9:30-10:00am

Items for discussion:

- Guidance stating that residents hold tissue to face or wear a cloth mask when staff enter the room
- Reporting to CDPH and Santa Barbra PHD and now CDC
- Screening prior to facility entrance
- Additional questions? Topics?
AFL 20-43 SNF Daily Reporting

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

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-43.aspx#
<table>
<thead>
<tr>
<th>Facility Name</th>
<th>County</th>
<th>HCW Confirmed COVID-19</th>
<th>Resident Confirmed COVID-19</th>
</tr>
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<tbody>
<tr>
<td>ALTO LUCERO TRANSITIONAL CARE</td>
<td>SANTA BARBARA</td>
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<td>0</td>
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<tr>
<td>ATTERDAG CARE CENTER</td>
<td>SANTA BARBARA</td>
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<td>0</td>
</tr>
<tr>
<td>BUENA VISTA CARE CENTER</td>
<td>SANTA BARBARA</td>
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<td>0</td>
</tr>
<tr>
<td>CASA DORINDA</td>
<td>SANTA BARBARA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>COUNTRY OAKS CARE CENTER</td>
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<td>0</td>
</tr>
<tr>
<td>LOMPOC SKILLED NURSING &amp; REHABILITATION CENTER</td>
<td>SANTA BARBARA</td>
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</tr>
<tr>
<td>LOMPOC VALLEY MEDICAL CENTER COMPREHENSIVE CARE</td>
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</tr>
<tr>
<td>CENTER D/P SNF</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MARIAN REGIONAL MEDICAL CENTER DP/SNF</td>
<td>SANTA BARBARA</td>
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<td>&lt;11</td>
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<td>MISSION TERRACE CONVALESCENT HOSPITAL</td>
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<td>SAMARKAND SKILLED NURSING FACILITY</td>
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</tr>
<tr>
<td>SANTA MARIA CARE CENTER</td>
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</tr>
<tr>
<td>THE CALIFORNIAN</td>
<td>SANTA BARBARA</td>
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<tr>
<td>VALLE VERDE HEALTH FACILITY</td>
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<td>VILLA MARIA POST ACUTE</td>
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</tr>
</tbody>
</table>

Data from May 5th

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx
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https://countyofsfb.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/SantaBarbaraPHD_Discharge_Criteria.pdf
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