Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

July 23, 2020
8:30 – 9:30 am all facilities/agencies
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?
# 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>Active Cases by Region</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>4</td>
<td>104</td>
<td>94</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>32</td>
<td>644</td>
<td>605</td>
<td>37</td>
<td>3</td>
</tr>
<tr>
<td>CITY OF GOLETA</td>
<td>4</td>
<td>118</td>
<td>105</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>COMMUNITY OF ISLA VISTA</td>
<td>1</td>
<td>35</td>
<td>31</td>
<td>4</td>
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<tr>
<td>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</td>
<td>6</td>
<td>92</td>
<td>78</td>
<td>13</td>
<td>1</td>
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<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>1</td>
<td>59</td>
<td>51</td>
<td>8</td>
<td>0</td>
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<tr>
<td>CITY OF LOMPOC and the communities of Mission Hills and Vandenberg Village</td>
<td>21</td>
<td>354</td>
<td>308</td>
<td>42</td>
<td>4</td>
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<tr>
<td>FEDERAL PRISON IN LOMPOC</td>
<td>0</td>
<td>1010</td>
<td>999</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>63</td>
<td>2327</td>
<td>2143</td>
<td>167</td>
<td>18</td>
</tr>
<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>6</td>
<td>163</td>
<td>150</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>UNINCORPORATED AREAS of Sisquoc, Casmalia, Carey, Cuyama, New Cuyama, and the City of Guadalupe</td>
<td>7</td>
<td>212</td>
<td>196</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Out of County</td>
<td>–</td>
<td>–</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pending</td>
<td>15</td>
<td>164</td>
<td>140</td>
<td>23</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
<td>5282</td>
<td>4900</td>
<td>350</td>
<td>32</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>5282</td>
</tr>
<tr>
<td>Negative</td>
<td>62473</td>
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<tr>
<td>Inconclusive</td>
<td>185</td>
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<tr>
<td>Total Tests</td>
<td>67940</td>
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### High Risk

<table>
<thead>
<tr>
<th>Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Workers (HCW)</td>
<td>259</td>
</tr>
</tbody>
</table>

### Transmission Method

<table>
<thead>
<tr>
<th>Method</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Community Close Contact Transmission</td>
<td>817</td>
</tr>
<tr>
<td>Persons incarcerated at Federal Prison in Lompoc Close Contact</td>
<td>1010</td>
</tr>
<tr>
<td>Travel Transmission</td>
<td>12</td>
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<tr>
<td>Community Transmission</td>
<td>615</td>
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<tr>
<td>Under Investigation</td>
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### Symptomatic Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>475</td>
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<tr>
<td>Symptomatic</td>
<td>2848</td>
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<tr>
<td>Pending</td>
<td>1959</td>
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### Recovery Status

<table>
<thead>
<tr>
<th></th>
<th>Community</th>
<th>Federal Prison in Lompoc</th>
<th>Total (Community &amp; Prison)</th>
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</thead>
<tbody>
<tr>
<td>Active Cases</td>
<td>342</td>
<td>8</td>
<td>350</td>
</tr>
<tr>
<td>Recovered Cases</td>
<td>3991</td>
<td>999</td>
<td>4900</td>
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<tr>
<td>Recovering in Hospital</td>
<td>–</td>
<td>–</td>
<td>85</td>
</tr>
<tr>
<td>Recovering in ICU</td>
<td>–</td>
<td>–</td>
<td>29</td>
</tr>
<tr>
<td>Pending Information</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Total Positive Residents</td>
<td>Total Positive Resident Deaths</td>
<td>Total Positive HCW Deaths</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Alto Lucero Transitional Care</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Atterdag Care Center</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Buena Vista Care Center</td>
<td>&lt;11</td>
<td>0</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Casa Dorinda</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Country Oaks Care Center</td>
<td>30</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td>Lompoc Skilled Nursing &amp; Rehabilitative Care Center</td>
<td>23</td>
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<td>19</td>
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<tr>
<td>Lompoc Comprehensive Care Center</td>
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<td>Marian Extended Care</td>
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<td>&lt;11</td>
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<td>Mission Terrace Santa Barbara</td>
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<td>0</td>
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<tr>
<td>Samarkand Skilled Nursing Facility</td>
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<tr>
<td>Santa Maria Post Acute</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
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<tr>
<td>The Californian</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
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<tr>
<td>Valle Verde Health Facility</td>
<td>&lt;11</td>
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<td>&lt;11</td>
</tr>
<tr>
<td>Villa Maria Post Acute</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
</tr>
</tbody>
</table>

Source: Confirmed Covid cases reported by Skilled Nursing facilities to the Public Health Department as of 7/21/20; HCW = health care worker

[https://publichealthsbc.org/santa-barbara-county-reopening-metrics/](https://publichealthsbc.org/santa-barbara-county-reopening-metrics/)
California COVID-19 By The Numbers
July 21, 2020
Numbers as of July 20, 2020

CALIFORNIA COVID-19 SPREAD
400,769 (+9,231)

TOTAL CASES

<table>
<thead>
<tr>
<th>Ages of Confirmed Cases</th>
<th>Gender of Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 0-17: 34,617</td>
<td>• Female: 199,561</td>
</tr>
<tr>
<td>• 18-49: 241,406</td>
<td>• Male: 199,097</td>
</tr>
<tr>
<td>• 50-64: 77,787</td>
<td>• Unknown/Missing: 2,111</td>
</tr>
<tr>
<td>• 65+: 46,495</td>
<td></td>
</tr>
<tr>
<td>• Unknown/Missing: 464</td>
<td></td>
</tr>
</tbody>
</table>

7,755 (+61) Fatalities

Hospitalizations

<table>
<thead>
<tr>
<th>Confirmed COVID-19</th>
<th>Suspected COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,091/2,006</td>
<td>1,590/220</td>
</tr>
<tr>
<td>Hospitalized/in ICU</td>
<td>Hospitalized/in ICU</td>
</tr>
</tbody>
</table>

For county-level hospital data: bit.ly/hospitalsca

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx
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>Santa Barbara County Disease Control</td>
<td>Used to contact and <strong>report positive cases</strong>, and suspect cases in SNF/LTC and HCW</td>
<td><strong>805-681-5280</strong> – <strong>24/7 number</strong> <a href="mailto:dc@sbcphd.org">dc@sbcphd.org</a> – hospitals report discharges via email, submit line lists</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>
</tbody>
</table>
| PHD Department Operations Center (DOC) | Operations Section: M-F 8 am- 5pm | [Operations.medicalbranch@sbcphd.org](mailto:Operations.medicalbranch@sbcphd.org)  
Jan Koegler- **805-681-4913**  
Stacey Rosenberger- **805-681-4912** |
CDC Updates- Discontinuation of Isolation Healthcare Settings

### Summary of Changes to the Guidance

Below are changes to the guidance as of July 17, 2020:

- Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions.

- For patients with [severe to critical illness](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html) or who are severely immunocompromised\(^1\), the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised\(^1\) patients, 20 days after their initial positive SARS-CoV-2 diagnostic test).

- Other symptom-based criteria were modified as follows:
  - Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications.
  - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.

- A summary of current evidence and rationale for these changes is described in a [decision memo](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html).
Discontinuation of Transmission-Based Precautions for patients with COVID-19

The decision to discontinue Transmission-Based Precautions for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's severity of illness and if they are severely immunocompromised. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Patients with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with severe to critical illness or who are severely immunocompromised:

- At least 20 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For severely immunocompromised patients who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

Test-Based Strategy for Discontinuing Transmission-Based Precautions.

In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the patient being infectious for more than 20 days.

The criteria for the test-based strategy are:

Patients who are symptomatic:

- Resolution of fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

Patients who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

Discontinuation of Isolation
Non Healthcare Settings

Summary of Recent Changes

Updates as of July 20, 2020

- A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances.
- Symptom-based criteria were modified as follows:
  - Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications.
  - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- For patients with severe illness, duration of isolation for up to 20 days after symptom onset may be warranted. Consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Discontinuing Home Isolation for Persons with COVID-19:

Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. Specifically, researchers have reported that people with mild to moderate COVID-19 remain infectious no longer than 10 days after their symptoms began, and those with more severe illness or those who are severely immunocompromised remain infectious no longer than 20 days after their symptoms began. Therefore, CDC has updated the recommendations for discontinuing home isolation as follows:

**Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days* have passed since symptom onset and
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms have improved.

*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts. See Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).

**Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms** may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

PHD is updating the following guidance:

- Discharge criteria
- Home isolation instructions
- Healthcare Worker exposure algorithm
- Community exposure algorithm
- Laboratory Prioritization
HAIR SALONS, BARBERSHOPS, AND CERTAIN PERSONAL SERVICES NOW PERMITTED TO MOVE SOME ACTIVITIES OUTDOORS

Guidelines Issued from the California Board of Barbering and Cosmetology

(SANTA BARBARA, Calif.) — In response to requests from personal care practitioners desiring to move some of their activities outdoors, Governor Newsom announced today that State of California guidelines have been modified to allow some personal care activities to occur in outside locations. Prior to the issuance of new guidelines, barbershops and hair salons were required by the State of California to remain closed. State law and regulations required that certain personal care services must occur within an indoor licensed setting.

Other personal care services, such as nail salon services and massages, are also authorized by the State for re-opening outdoors. Piercing, tattoo and electrolysis services are still prohibited from re-opening at this time.

The new guidelines outline the State of California’s requirements that must be met before an establishment may re-open in conformance with local regulations. For more information, visit the County of Santa Barbara’s website at www.recoverysbc.org.

Licensees should check with local zoning and permitting rules which may also apply to outdoor operations.
International Travel and COVID

Stay home for 14 days from the time you returned home from international travel.

During this 14-day period, take these steps to monitor your health and practice social distancing:

1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing. Use this temperature log to monitor your temperature.
2. Stay home and avoid contact with others. Do not go to work or school.
3. Do not take public transportation, taxis, or ride-shares.
4. Keep your distance from others (about 6 feet or 2 meters).
CDC Infection Control Guidance - Eye Protection

Implement Universal Use of Personal Protective Equipment

- HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also:
  - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others.
  - Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
    - Aerosol generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings FAQ) and
    - Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) (refer to Surgical FAQ).
  - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath would compromise the sterile field.

- For HCP working in areas with minimal to no community transmission, the universal eye protection and respirator recommendations described for areas with moderate to substantial community transmission are optional. However, HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP.

CDPH Updated Testing Guidance

**Tier One Priority**
- Hospitalized individuals with COVID-19 symptoms.
- Investigation and management of outbreaks, under direction of state and local public health departments (includes contact tracing).
- Close contacts of confirmed cases.

**Tier Two Priority**
- All other individuals with COVID-19 symptoms.
- Individuals who are asymptomatic (having no symptoms of COVID 19), who fall into one of the following categories:
  1. Live in higher risk congregate care facilities including skilled nursing facilities, residential care facilities for the elderly, correctional facilities, or homeless shelters.
  2. Work in the health care sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-CoV-2. The health care sector includes: hospitals; skilled nursing facilities; long-term care facilities; ambulatory surgery centers; health care providers’ offices; health care clinics; pharmacies; blood banks; dialysis centers; hospices; and, home health providers.
  3. Work in a congregate care facility, including shelters for people experience homelessness and residential care facilities for the elderly.
  4. Provide care to an elderly person or a person with a disability in the home, including a person providing care through California’s In-Home Supportive Services Program.
  5. Work in the emergency services sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-CoV-2. The emergency services sector includes police and public safety departments, fire departments, and emergency service response operations.
  6. Work in a correctional facility.
  7. Patients requiring pre-operative/pre-hospital admission screening.
  8. Patients being discharged from hospitals to lower levels of care.

CDPH Updated Testing Guidance

**Tier Three Priority**

- Individuals who work in the retail or manufacturing sectors who have frequent interactions with the public or who works in an environment where it is not practical to maintain at least six feet of space from other workers on a consistent basis.
- Individuals who work in the food services sector who have frequent interactions with the public. The food services sector includes grocery stores, convenience stores, restaurants, and grocery or meal delivery services.
- Individuals who work in the agricultural or food manufacturing sector who have frequent interactions with the public or who works in an environment where it is not practical to maintain at least six feet of space from other workers on a consistent basis. The agricultural or food manufacturing sector includes food production and processing facilities, slaughter facilities, harvesting sites or facilities, and food packing facilities.
- Individuals who work in the public transportation sector who have frequent interactions with the public. The public transportation sector includes public transit, passenger rail service, passenger ferry service, public airports, and commercial airlines.
- Individuals who work in the education sector who have frequent interactions with students or the public. The education sector includes public and private childcare establishments; public and private pre-kindergarten programs; primary and secondary schools; and public and private colleges and universities.

**Tier Four Priority**

Tier Four would be implemented when the state’s testing turnaround time, as monitored by CDPH, is less than 48 hours.

- Other individuals not specified above including: those who are asymptomatic but believe they have a risk for being actively infected as well as routine testing by employers.

Testing in Nursing Homes

Do residents or healthcare personnel (HCP) who previously had SARS-CoV-2 confirmed by viral testing (e.g., reverse-transcriptase polymerase chain reaction, RT-PCR) and who have recently recovered need to be re-tested as part of facility-wide testing?

The answer to this question depends on: 1) how much time has passed since the initial illness onset; and 2) whether the individual has developed symptoms after an initial period of recovery.

- Residents and HCP who had their initial positive viral test in the past 3 months and who are now asymptomatic do not need to be retested as part of facility-wide testing. Until more is known, testing should be considered again (e.g., in response to an exposure) 3 months after the date of onset of the prior infection.

- Residents and HCP who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be evaluated and may need to be retested if an alternate illness etiology cannot be identified.

This guidance may be updated as we learn more information on how long SARS-CoV-2 may persist and risks for reinfection.

Should residents or HCP who have a positive antibody test for SARS-CoV-2 be tested as part of facility-wide testing?

Yes. To determine if residents and HCP have a current infection, they should have a viral test (e.g., reverse-transcriptase polymerase chain reaction [RT-PCR]) regardless of their antibody test result. A positive antibody test result shows that an individual has antibodies from an infection with the virus that causes COVID-19, or possibly from infection with a related virus from the same family of viruses (called coronavirus), such as one that causes the common cold. We do not know yet if having antibodies to the virus that causes COVID-19 can protect someone from getting infected again or, if they do, how long this protection might last. Therefore, antibody tests should not be used to diagnose COVID-19 and should not be used to inform infection prevention actions.

Transmission in Workplace

Risk of Transmission in Workplace increased by:

- Persons eating together in enclosed space
- Break room activities
- Staff should not socialize without masks on and without social distancing
  - Outdoor areas are safer
- Leaving work together in groups without social distancing
- Commuting together
- Living together
Community-Based Testing Sites

• Locations:
  • **Santa Maria:** Fairpark
  • **Santa Barbara:** Earl Warren
  • **Buellton:** AMR Conference Room- 240 CA-246 Buellton, CA

• Can test approx. 144 at each site each day

• PCR test not serology

• Open 5 days a week. Days and times for appointments will be adjusted based on community needs

• To make appointments:
  • To register online: [https://lhi.care/covidtesting](https://lhi.care/covidtesting)
  • To register by phone: 888-634-1123
  • **For help with registration:** 833-688-5551
COVID-19 Swabbing Training

Swabbing Training Interest Form- https://app.smartsheet.com/b/form/1a2b16bc39ae4c01918aeb51b5ff645b

- Plan to hold 1 training a week and we hope to move training around county in the future

7/28/20- 1pm- 4 pm in Santa Barbara

- PPE Donning/Doffing
- N95 Fit Testing
- Swabbing
Assistance with Testing

• PHD has a contract with AMR to assist in transport of positive or suspect patients and testing in the county.
• Many SNFs have utilized AMR to assist in testing at their facility during outbreak testing.
• Starting June 25, 2020 – facilities that utilize AMR will invoiced by PHD for AMRs time assisting with testing.
Considerations when conducting testing

- Review CDC Facility Wide Testing Considerations-
  https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-
  homes-facility-wide-testing.html
- Limit # of people present during specimen collection, visitors or
  other bystanders should not be present
- Swabbing of multiple individuals should not be performed in the
  same room at the same time unless appropriate space
  between stations
- Consider is self collection is appropriate for staff
- Swab residents in their room with door closed
Location of specimen collection for HCP

- Ideally, specimen collection should be performed one individual at a time in a room with the door closed and no other individuals present. If individual rooms are not available, other options include:
  - Large spaces (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart).
  - An outdoor location, weather permitting, where other individuals will not come near the specimen collection activity.

- Considerations for multiple HCP being swabbed in succession in a single room:
  - Consider the use of portable HEPA filters to increase air exchanges and to expedite removing infectious particles.
  - Minimize the amount of time the HCP will spend in the room. HCP awaiting swabbing should not wait in the room where swabbing is being done. Those swabbed should have a face mask or cloth cover in place for source control throughout the process, only removing it during swabbing.

- Minimize the equipment kept in the specimen collection area. Consider having each person bring their own prefilled specimen bag containing a swab and labeled sterile viral transport media container into the testing area from the check-in area.

PPE for swabbing

- HCP in the room or specimen collection area should wear an N95 or higher-level respirator (or facemask if a respirator is not available) and eye protection. A single pair of gloves and a gown should also be worn for specimen collection or if contact with contaminated surfaces is anticipated.
  - If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting nasopharyngeal specimens.
- Extended use of respirators (or facemasks) and eye protection is permitted. However, care must be taken to avoid touching the necessary face and eye protection. If extended use equipment becomes damaged, soiled, or hard to breathe or see through, it should be replaced. Hand hygiene should be performed before and after manipulating PPE.
- Gloves should be changed and hand hygiene performed between each person being swabbed.
- Gowns should be changed when there is more than minimal contact with the person or their environment. The same gown may be worn for swabbing more than one person provided the HCP collecting the test minimizes contact with the person being swabbed. Gowns should be changed if they become soiled.
- Consider having an observer who does not engage in specimen collection but monitors for breaches in PPE use throughout the specimen collection process.
- HCP who are handling specimens, but are not directly involved in collection (e.g., self-collection) and not working within 6 feet of the individual being tested, should follow Standard Precautions; gloves are recommended, as well as a facemask for source control.

- Used during an outbreak at facility or for surveillance testing
- Fill this out in advance so you are ready when you have an outbreak
- Different tab for staff and residents
- Completed on computer and submit to: dc@sbcphd.org
Outbreak Line List Reminders

• Complete ahead of time (list staff and residents with DOB)
  • Make sure names and birthdays are correct
• Complete electronically and email to dc@sbcphd.org every time you have changes/updates
  • Highlight additions and updates
  • Highlight positives
• Don’t delete anything from your line list
  • Line list provides a complete picture for our disease control and epi staff
  • Make sure you include first positive test
Resources and Supply Chain

Current supply chain issues/shortages
- N95s
- Procedure masks
- Isolation gowns
- Hand sanitizer
- Gloves
- Eye protection
- Healthcare disinfecting wipes

PHD PPE Distribution:
- Requests reviewed on Monday
- Pick or delivery will occur on Tuesday
- Urgent requests can be picked up on other days
- Urgent needs please call 805-681-5253 or email operations.medicalbranch@sbcphd.org
PHD PPE Resources

To request resources:
http://www.countyofsb.org/phd/epp/forms.sbc

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<th>Amount Available for Dist.</th>
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<th>CDC/NIOSH Approved</th>
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<tr>
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<tr>
<td>N95 GERSON 1730</td>
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<td></td>
<td>NIOSH approved, not included on CDC list</td>
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</tbody>
</table>
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 battellesupport@soc.caloes.ca.gov 833-998-2381
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
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.
  - Use them as a template to create a situation report weekly or whenever you need to submit a request.

  **Outpatient Provider Situation Report Forms:**
  - Urgent Care, Private Practice, Urgent Care, Private Practice, Urgent Care
  - Ambulatory Surgery Center Situation Report
  - Home Health & Hospice Agency Situation Report
  - Staff 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.

- 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!
CMS Conference Calls - July

Home Health and Hospice Call (twice a month on Tuesday at 3:00 PM Eastern)

Tuesday, July 7th at 3:00 – 3:30 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 94580618
Audio Webcast Link: https://protect2.fireeye.com/url?k=9e9be372-c2ceaaa2-9e9bd24d-0cc47a6a52defb8f791d3db00d2&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2382

Tuesday, July 21st at 3:00 – 3:30 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 6080197
Audio Webcast Link: https://protect2.fireeye.com/url?k=df50ec0d-6305a51e-df50dd32-0cc47adb5650-2de630be9286b779e&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2312

Nursing Homes Call (twice a month on Wednesday at 4:30 PM Eastern)

Wednesday, July 8th at 4:30 – 5:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 2997136

Wednesday, July 22nd at 4:30 – 5:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 1143564

CMS Conference Calls Cont.

**Dialysis Organizations Call (twice a month on Wednesday at 5:30 PM Eastern)**

Wednesday, July 8th at 5:30 – 6:00 PM Eastern

**Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 8481378**


Wednesday, July 22nd at 5:30 – 6:00 PM Eastern

**Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 7692208**


**Lessons from the Front Lines: COVID-19 (twice a month on Fridays at 12:30 – 2:00 PM Eastern)**

Friday, July 17th at 12:30 – 2:00 PM Eastern

**Toll Free Attendee Dial-In: 833-614-0820; Access Code: 3096434**


Conference lines are limited, so we highly encourage you to join via audio webcast, either on your computer or smartphone web browser. You are welcome to share this invitation with your colleagues and membership.

To listen to the audio files and read the transcripts for the COVID-19 Stakeholder calls, visit the [Podcast and Transcripts page](https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit)

[Health Department of Santa Barbara County](https://www.sbcosal.com)
Questions?

Thank you for everything