Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

July 30, 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

**Geographic Area**

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Daily Cases</th>
<th>Total Confirmed Cases</th>
<th>Recovered by Region</th>
<th>Still Infectious by Region</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOUTH COUNTY UNINCORPORATED AREA</strong> includes communities of Montecito,</td>
<td>12</td>
<td>137</td>
<td>114</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Summerland and the City of Carpinteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CITY OF SANTA BARBARA</strong> and the unincorporated area of Mission Canyon</td>
<td>20</td>
<td>754</td>
<td>695</td>
<td>57</td>
<td>3</td>
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<tr>
<td><strong>CITY OF GOLETA</strong></td>
<td>3</td>
<td>134</td>
<td>125</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td><strong>COMMUNITY OF ISLA VISTA</strong></td>
<td>4</td>
<td>45</td>
<td>39</td>
<td>6</td>
<td>0</td>
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<tr>
<td><strong>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</strong></td>
<td>3</td>
<td>102</td>
<td>95</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>SANTA YNEZ VALLEY</strong> including the Cities of Solvang &amp; Buellton, and the</td>
<td>0</td>
<td>67</td>
<td>64</td>
<td>3</td>
<td>0</td>
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<tr>
<td>communities of Santa Ynez, Los Alamitos, Los Olivos, and Ballard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>CITY OF LOMPEN</strong> and the communities of Mission Hills and Vandenberg Village</td>
<td>6</td>
<td>431</td>
<td>393</td>
<td>34</td>
<td>4</td>
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<tr>
<td><strong>FEDERAL PRISON IN LOMPEN</strong></td>
<td>0</td>
<td>1011</td>
<td>1008</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>CITY OF SANTA MARIA</strong></td>
<td>30</td>
<td>2709</td>
<td>2533</td>
<td>158</td>
<td>18</td>
</tr>
<tr>
<td><strong>COMMUNITY OF ORCUTT</strong></td>
<td>3</td>
<td>195</td>
<td>183</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td><strong>UNINCORPORATED AREAS</strong> of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama,</td>
<td>4</td>
<td>250</td>
<td>232</td>
<td>18</td>
<td>0</td>
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<tr>
<td>and the City of Guadalupe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out of County</strong></td>
<td>–</td>
<td>–</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Pending</strong></td>
<td>6</td>
<td>186</td>
<td>159</td>
<td>27</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>91</td>
<td>6021</td>
<td>5640</td>
<td>349</td>
<td>32</td>
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</table>

https://publichealthsbc.org/status-reports/
### Testing Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Positive</td>
<td>6021</td>
</tr>
<tr>
<td>Negative</td>
<td>69507</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>198</td>
</tr>
<tr>
<td><strong>Total Tests</strong></td>
<td><strong>75726</strong></td>
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### High Risk

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Workers (HCW)</td>
<td>328</td>
</tr>
</tbody>
</table>

### Transmission Method

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Community Close Contact Transmission</td>
<td>1891</td>
</tr>
<tr>
<td>Persons Incarcerated at Federal Prison in Lompoc Close Contact</td>
<td>1011</td>
</tr>
<tr>
<td>Travel Transmission</td>
<td>12</td>
</tr>
<tr>
<td>Community Transmission</td>
<td>1124</td>
</tr>
<tr>
<td>Under Investigation</td>
<td>1983</td>
</tr>
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</table>

### Symptomatic Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Total</th>
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<td>Asymptomatic</td>
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</tr>
<tr>
<td>Symptomatic</td>
<td>3458</td>
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<tr>
<td>Pending</td>
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### Recovery Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Community</th>
<th>Federal Prison in Lompoc</th>
<th>Total (Community &amp; Prison)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Cases*</td>
<td>349</td>
<td>0</td>
<td>349</td>
</tr>
<tr>
<td>Recovered Cases</td>
<td>4632</td>
<td>1008</td>
<td>5640</td>
</tr>
<tr>
<td>Recovering in Hospital</td>
<td>–</td>
<td>–</td>
<td>79</td>
</tr>
<tr>
<td>Recovering in ICU</td>
<td>–</td>
<td>–</td>
<td>24</td>
</tr>
<tr>
<td>Pending Information</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>
Testing Results Metric
Less than 8% testing positive in the past 7 days

TESTING (COMMUNITY)

Total Tests: 73254
Total Positive: 5019
Community Tests Today: 840
Positive Tests Today: 91
% Positive Today: 10.8%

7-DAY ROLLING AVERAGE OF COMMUNITY POSITIVITY RATE

https://publichealthsbc.org/santa-barbara-county-reopening-metrics/
<table>
<thead>
<tr>
<th>Skilled Nursing Facility</th>
<th>Total Positive Residents</th>
<th>Total Positive Resident Deaths</th>
<th>Total Positive HCW</th>
<th>Total HCW Deaths</th>
<th>Current Outbreak</th>
<th>Positive Residents</th>
<th>Positive Residents Currently Hospitalized</th>
<th>Positive Resident Deaths</th>
<th>Positive HCW</th>
<th>Positive HCW Currently Hospitalized</th>
<th>Positive HCW Deaths</th>
<th>Date Facility Cleared</th>
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</thead>
<tbody>
<tr>
<td>Alto Lucero Transitional Care</td>
<td>33</td>
<td>0</td>
<td>13</td>
<td>0</td>
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<td>33</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>Under Investigation</td>
</tr>
<tr>
<td>Atterdag Care Center</td>
<td>0</td>
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<td>&lt;11</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under Investigation</td>
</tr>
<tr>
<td>Buena Vista Care Center</td>
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<td>&lt;11</td>
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<td></td>
<td>&lt;11</td>
<td>0</td>
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<td>&lt;11</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Casa Dorinda</td>
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<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
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<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under Investigation</td>
</tr>
<tr>
<td>Country Oaks Care Center</td>
<td>30</td>
<td>11</td>
<td>28</td>
<td>0</td>
<td></td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under Investigation 7/15/20</td>
</tr>
<tr>
<td>Lompoc Skilled Nursing &amp; Rehabilitative Care Center</td>
<td>23</td>
<td>&lt;11</td>
<td>21</td>
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<td></td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under Investigation</td>
</tr>
<tr>
<td>Lompoc Comprehensive Care Center</td>
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<td>&lt;11</td>
<td>0</td>
<td></td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under investigation</td>
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<tr>
<td>Marian Extended Care</td>
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<td>&lt;11</td>
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<td>&lt;11</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under investigation</td>
</tr>
<tr>
<td>Mission Terrace Santa Barbara</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Samarkand Skilled Nursing Facility</td>
<td>&lt;11</td>
<td>0</td>
<td>&lt;11</td>
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<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under investigation</td>
</tr>
<tr>
<td>Santa Maria Post Acute</td>
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<td>0</td>
<td>&lt;11</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>Under investigation</td>
</tr>
<tr>
<td>The Californian</td>
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<td>0</td>
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<td>0</td>
<td></td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under investigation</td>
</tr>
<tr>
<td>Valle Verde Health Facility</td>
<td>&lt;11</td>
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<td>&lt;11</td>
<td>0</td>
<td></td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under investigation</td>
</tr>
<tr>
<td>Villa Maria Post Acute</td>
<td>0</td>
<td>0</td>
<td>&lt;11</td>
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<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>0</td>
<td>Under investigation</td>
</tr>
</tbody>
</table>

Source: Confirmed Covid cases reported by Skilled Nursing facilities to the Public Health Department as of 7/28/20. HCW = health care worker

https://publichealthsbc.org/santa-barbara-county-reopening-metrics/
State SNF and Assisted Living Data

Skilled Nursing Facility- (at the bottom of the page)
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx

Assisted Living (RCFE), Adult Residential Facility-
https://www.cdss.ca.gov/#covid19

- Click on link for Positive Cases in Adults and Senior Care Facilities

<table>
<thead>
<tr>
<th>Item #</th>
<th>Facility Name</th>
<th>County</th>
<th>Number of COVID-19 Positive Cases Among Staff</th>
<th>Number of COVID-19 Positive Cases Among Residents</th>
<th>Number of COVID-19 Related Deaths* Among Staff</th>
<th>Number of COVID-19 Related Deaths* Among Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>191</td>
<td>Granvida Senior Living And Memory Care</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td>18</td>
<td>0</td>
<td>0</td>
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<tr>
<td>192</td>
<td>Maravilla</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td>&lt;11</td>
<td>0</td>
<td>&lt;11</td>
</tr>
<tr>
<td>193</td>
<td>Santa Maria Terrace</td>
<td>Santa Barbara</td>
<td>&lt;11</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## California COVID-19 By The Numbers

July 29, 2020

Numbers as of July 28, 2020

### CALIFORNIA COVID-19 SPREAD

**475,305 (+8,755)**

**TOTAL CASES**

<table>
<thead>
<tr>
<th>Ages of Confirmed Cases</th>
<th>Gender of Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 0-17: 42,697</td>
<td>• Female: 238,049</td>
</tr>
<tr>
<td>• 18-49: 287,413</td>
<td>• Male: 234,575</td>
</tr>
<tr>
<td>• 50-64: 91,465</td>
<td>• Unknown/Missing: 2,681</td>
</tr>
<tr>
<td>• 65+: 53,138</td>
<td></td>
</tr>
<tr>
<td>• Unknown/Missing: 592</td>
<td></td>
</tr>
</tbody>
</table>

**8,715 (+197)**

**Fatalities**

### Hospitalizations*

<table>
<thead>
<tr>
<th>Confirmed COVID-19</th>
<th>Suspected COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6,939/2,012</strong></td>
<td><strong>1,500/197</strong></td>
</tr>
<tr>
<td>Hospitalized/in ICU</td>
<td>Hospitalized/in ICU</td>
</tr>
</tbody>
</table>


[https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx)
COVID-19 Situation Update - Global

Total Confirmed: 17,061,855

Global Deaths: 667,808

Confirmed Cases by Country/Region/Soeverignity:
- 4,428,896 US
- 2,552,265 Brazil
- 1,582,028 India
- 832,993 Russia
- 471,123 South Africa
- 408,449 Mexico
- 400,683 Peru
- 351,576 Chile
- 303,046 United Kingdom
- 301,530 Iran
- 282,641 Spain
- 277,402 Pakistan
- 271,055 Colombia

Source: 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
<table>
<thead>
<tr>
<th>WHO?</th>
<th>WHEN?</th>
<th>HOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Santa Barbara County Disease Control</strong></td>
<td>Used to contact and report positive cases, and suspect cases in SNF/LTC and HCW</td>
<td>805-681-5280 – 24/7 number <a href="mailto:dc@sbcphd.org">dc@sbcphd.org</a> – hospitals report discharges via email, submit line lists</td>
</tr>
<tr>
<td><strong>EMS Duty Officer</strong></td>
<td>After hours requests for PPE and assistance</td>
<td>805-694-8301</td>
</tr>
<tr>
<td><strong>PHD Department Operations Center (DOC)</strong></td>
<td>Operations Section: M-F 8 am- 5pm</td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jan Koegler- 805-681-4913</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stacey Rosenberger- 805-681-4912</td>
</tr>
</tbody>
</table>
HOO No. 2020-11.1- Visitor Restrictions

- Will be extended for another 30 days in its current form
- PHD will send out updated version when it is released

https://publichealthsbc.org/health-officer-orders/
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 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.

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 **still** updating the following guidance:

- Discharge criteria
- Home isolation instructions
- Healthcare Worker exposure algorithm- DRAFT
- Community exposure algorithm- DRAFT
- Laboratory Prioritization
AFL 20-53.1- Update

Testing Changes:

• Testing and quarantine are not required for residents readmitted after hospitalization, or who leave the SNF for ambulatory care (e.g., emergency department or clinic) visits unless there is suspected or confirmed COVID-19 transmission at the outside facility, or for hospitalized residents that tested positive for COVID-19 and met criteria for discontinuation of isolation and precautions prior to SNF admission or readmission.

• SNF should consider periodic surveillance testing and cohorting for residents that regularly leave the SNF for dialysis, as well as surveillance testing for residents following hospitalization or ED visits.

• Residents newly admitted from the hospital should be tested prior to admission and should be quarantined[1] for 14 days and then retested. If negative, the resident can be released from quarantine. SNF may consider acute care hospital days as part of the quarantine observation period from the date of last potential exposure for new admissions as long as the following criteria are met:
  • SNF is in regular communication with their local health department (LHD) and/or the hospital infection preventionist and occupational health program, and there is no suspected or confirmed COVID-19 transmission among patients or staff at the hospital
  • SNF has verified (via the LHD or hospital) that the hospital is testing all patients upon admission and has designated COVID-19 unit(s) with dedicated staff and minimal cross-over

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
Pooled Testing for COVID-19

What is pooling?
Pooling—sometimes referred to as *pool testing, pooled testing, or batch testing*—means combining respiratory samples from several people and conducting one laboratory test on the combined pool of samples to detect SARS-CoV-2, the virus that causes COVID-19.

Why is pooling used?
Pooling allows laboratories to test more samples with fewer testing materials. It could be useful in scenarios like returning groups of workers to a workplace.

What happens if the pooled test result is negative?
If a pooled test result is negative, then all the samples can be presumed negative with the single test. In other words, all of the people who provided samples can be assumed to test negative for SARS-CoV-2 infection.

What happens if the pooled test result is positive?
If the pooled test result is positive, each of the samples in the pool will need to be tested individually to determine which samples are positive.

When should pooling be used?
Pooling should be used only in areas or situations where the number of positive test results is expected to be low—for example in areas with a low prevalence of SARS-CoV-2 infections.

FDA has grant EUA status to Quest (pooling up to 4 specimens) and Lab Corp for pooled testing.

CDPH Updated Testing Guidance - 7/23

**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).

**Tier Two Priority**
- All other individuals with COVID-19 symptoms.
- Close contacts of confirmed cases.
- 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.

**Tier Three Priority**

The following individuals who are asymptomatic (having no symptoms of COVID 19), and fall into one of the following categories:

- 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.

Investigation Reporting Thresholds - Hospitals

FOR ACUTE CARE HOSPITALS AND CRITICAL ACCESS HOSPITALS
Threshold for Additional Investigation by Facility
• ≥1 case of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition;
• ≥1 case of confirmed COVID-19 in Healthcare Personnel (HCP)

Threshold for Reporting to Public Health
• ≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage†;
• ≥2 cases of confirmed COVID-19 in HCP with epi-linkage‡

†Epi-linkage among patients is defined as overlap on the same unit or ward, or having the potential to have been cared for by common HCP within a 14-day time period of each other. ‡Epi-linkage among HCP is defined as having the potential to have been within 6 feet for 15 minutes or longer while working in the facility during the 14 days prior to prior to the onset of symptoms; for example, worked on the same unit during the same shift.

Outbreak Definition
• ≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage†;
• ≥2 cases of confirmed COVID-19 in HCP with epi-linkage‡ who do not share a household, and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing.

Investigation Reporting Thresholds-Long-Term Care Facilities

FOR LONG-TERM CARE FACILITIES (LTCF) AND LONG-TERM ACUTE CARE HOSPITALS (LTACH)

Threshold for Additional Investigation by Facility

- ≥1 probable\(^5\) or confirmed COVID-19 case in a resident or HCP\(^\ast\);
- ≥3 cases of acute illness compatible with COVID-19 in residents with onset within a 72h period

Threshold for Reporting to Public Health

- ≥1 probable or confirmed COVID-19 case in a resident or HCP\(^\ast\);
- ≥3 cases of acute illness compatible with COVID-19 in residents with onset within a 72h period

Outbreak Definition

- ≥1 facility-acquired\(^\ast\) COVID-19 case in a resident

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

NEXT TRAINING
Tuesday August 4th
5:30 - 7:30 pm @ PHD 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.
Santa Barbara PHD Outbreak Line List

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Job Title</th>
<th>Resident Cared</th>
<th>Phone Number</th>
<th>Date Test #1</th>
<th>Results: Positive or Negative</th>
<th>Date Test #2</th>
<th>Results: Positive or Negative</th>
<th>Date Test #3</th>
<th>Results: Positive or Negative</th>
<th>Symptomatic / Asymptomatic at the time of testing</th>
<th>UNIT/SHIFT</th>
<th>Do they work in another facility? If yes, name of the other facility</th>
<th>Comments</th>
</tr>
</thead>
</table>

- 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

554
Total # PPE Request

488
Total # PPE request filled

7
Total # Request PPE Pending

<table>
<thead>
<tr>
<th>N95 Type</th>
<th>Amount Available for Dist.</th>
<th>Surgical N95</th>
<th>CDC/NIOSH Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M 8210</td>
<td>18,920</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3M 9211</td>
<td>400</td>
<td>Has valve can NOT use</td>
<td>X</td>
</tr>
<tr>
<td>3M 9502+</td>
<td>39,950</td>
<td></td>
<td>X</td>
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<tr>
<td>ADVOQUE</td>
<td>10,150</td>
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<td>X</td>
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<td>BYD N95</td>
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<td>X</td>
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<td>N95 SPERIAN SAFHT+</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>N95 MOLDEX 2212G</td>
<td>27,820</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>N95 Gerson 1750</td>
<td>6,960</td>
<td></td>
<td>NIOSH approved, not included on CDC list</td>
</tr>
</tbody>
</table>

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

• 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 - August

Home Health and Hospice Call (twice a month on Tuesday at 3:00 PM Eastern)
Tuesday, August 11th at 3:00 – 3:30 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820 Access Passcode: 5097566

Nursing Homes Call (twice a month on Wednesday at 4:30 PM Eastern)
Wednesday, August 12th at 4:30 – 5:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 7857618

Dialysis Organizations Call (twice a month on Wednesday at 5:30 PM Eastern)
Wednesday, August 12th at 5:30 – 6:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 1027088

Lessons from the Front Lines: COVID-19 (twice a month on Fridays at 12:30 – 2:00 PM Eastern)
Friday, August 7th at 12:30 – 2:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0620; Access Code: 4655240

National CMS/CDC Nursing Home COVID-19 Training: COVID-19 Knowledge for the Frontline Staff
Thursday, July 30, 2020; 4:00-5:00 PM ET
This call is open to nursing home leaders, clinical and administrative staff members and others interested in nursing home infection prevention in the era of COVID-19.
Advance Registration Required: Register here.

CMS Conference Calls Cont.

CMS COVID-19 Office Hours Call (Tuesdays at 5:00 – 6:00 PM Eastern)

Tuesday, July 28th at 5:00 – 6:00 PM Eastern

Toll Free Attendee Dial In: 833-614-0820, Access Passcode: 1492795

Audio Webcast link: https://protect2.freeeye.com/url?k=b8dea1fd-e48a8b81-b8de90c2-0cc47ac5fa2-75ab79ad98ec1209&u=https://protect2.freeeye.com/url?k=c4087b1-985cee9a-c408d68e-0cc47a6d17cc-d5428ab37f16e652&u=https://engage.vevent.com/r/cms2/index.jsp?sid=2297

Tuesday, August 4th at 5:00 – 6:00 PM Eastern

Toll Free Attendee Dial In: 833-614-0820, Access Passcode: 3296947


Tuesday, August 11th at 5:00 – 6:00 PM Eastern

Toll Free Attendee Dial In: 833-614-0820, Access Passcode: 3498643


Questions?

Thank you for everything