Healthcare Partner/EMS Provider Coordination Conference Call

COVID-19

September 3, 2020
8:30 – 9:30 am Update for all facilities
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

8:30- 9:30 am:
I. Situation Update
   I. Blueprint for a safer economy
   II. PHD updated metrics dashboard
II. Partner Spotlight: Mark Pomerantz, MD- An Outpatient Approach to Identifying COVID-19
III. Updated Guidance
   I. COVID Vaccine and Planning for Flu Vaccination
   II. CDC Antigen Testing Guidance for SNFs
   III. SNF CMS QSO-20-28
IV. Resources, Supply Chain & Request Process
V. So many conference calls
VI. Questions? Additional Issues?
<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>SOUTH COUNTY UNINCORPORATED AREA includes communities of Montecito, Summerland and the City of Carpinteria</td>
<td>1</td>
<td>179</td>
<td>170</td>
<td>2</td>
<td>7</td>
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<tr>
<td>CITY OF SANTA BARBARA and the unincorporated area of Mission Canyon</td>
<td>16</td>
<td>1114</td>
<td>1072</td>
<td>30</td>
<td>12</td>
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<tr>
<td>CITY OF GOLETA</td>
<td>1</td>
<td>217</td>
<td>209</td>
<td>4</td>
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<tr>
<td>COMMUNITY OF ISLA VISTA</td>
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<td>153</td>
<td>146</td>
<td>6</td>
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<td>UNINCORPORATED AREA OF THE GOLETA VALLEY AND GAVIOTA</td>
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<td>173</td>
<td>150</td>
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<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>
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<td>121</td>
<td>110</td>
<td>9</td>
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<tr>
<td>CITY OF LOMPLOC and the communities of Mission Hills and Vandenberg Village</td>
<td>14</td>
<td>675</td>
<td>632</td>
<td>35</td>
<td>8</td>
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<tr>
<td>FEDERAL PRISON IN LOMPLOC</td>
<td>0</td>
<td>1022</td>
<td>1016</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CITY OF SANTA MARIA</td>
<td>14</td>
<td>3604</td>
<td>3474</td>
<td>79</td>
<td>51</td>
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<tr>
<td>COMMUNITY OF ORCUTT</td>
<td>2</td>
<td>272</td>
<td>261</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>UNINCORPORATED AREAS of Sisquoc, Casmalia, Garey, Cuyama, New Cuyama, and the City of Guadalupe</td>
<td>2</td>
<td>358</td>
<td>337</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>Out of County</td>
<td>–</td>
<td>–</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pending</td>
<td>8</td>
<td>341</td>
<td>320</td>
<td>21</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>8229</td>
<td>7897</td>
<td>235</td>
<td>97</td>
</tr>
</tbody>
</table>
# Blueprint for a Safer Economy

<table>
<thead>
<tr>
<th>County risk level</th>
<th>New cases</th>
<th>Positive tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WIDESPREAD</strong></td>
<td>More than 7 daily new cases (per 100k)</td>
<td>More than 8% Positive tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUBSTANTIAL</strong></td>
<td>4 - 7</td>
<td>5 - 8%</td>
</tr>
<tr>
<td></td>
<td>daily new cases (per 100k)</td>
<td>Positive tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MODERATE</strong></td>
<td>1 - 3.9</td>
<td>2 - 4.9%</td>
</tr>
<tr>
<td></td>
<td>daily new cases (per 100k)</td>
<td>Positive tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MINIMAL</strong></td>
<td>Less than 1 daily new cases (per 100k)</td>
<td>Less than 2% Positive tests</td>
</tr>
</tbody>
</table>

**Statewide Metrics**

**10.9**
New COVID-19 Positive cases per day per 100K

**6.0%**
Positivity Rate

https://covid19.ca.gov/safer-economy/
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx
Learn more about tier assignments and metric details.

Santa Barbara County Metrics

9.0
New COVID-19 Positive cases per day per 100K

9.0
Adjusted case rate for tier assignment

6.5%
Positivity Rate
Welcome to the County of Santa Barbara Surveillance Metrics Dashboard.

California introduced the Blueprint for a Safer Economy framework on August 28, 2020 for loosening and tightening restrictions on activities. The four tiers contained in the framework are based on testing positivity and a 7-day average of new cases per 100,000 with a 7-day lag. The State calculates new cases by first date of symptoms, and testing positivity by when the test was taken.

This information replaces the prior approach used by the State (State Data Monitoring Reopening Metrics) in which six metrics were utilized to gauge a County's status and progress towards reopening of sectors. The data presented below now reflects changes in methodology to align with the new State of California Blueprint.

The following FAQs contain information that may be useful as you navigate the updated dashboard.

Data presented on the Santa Barbara County Data Dashboard may not match the State's updated numbers due to:

- Reporting Dates: The State of California data websites have different reporting times for test results and positive cases.
- Quality Assurance (QA): Santa Barbara County Public Health actively engages in QA efforts to ensure COVID-19 data is being accurately reported to the public. On occasion this may mean that data needs to be updated to reflect new guidance or to address potential data entry errors as well as reconciliations of data following state updates.

**Cumulative Case Counts Reported as of Today**

- Cumulative Case Count: 8229
- Still Infectious (Active): 235
- Cumulative Recovered Cases: 7897
- Currently Hospitalized: 41
- Cumulative Death Count: 97

**New Cases Reported as of Today**

- New Cases: 66
- 7-day Rolling Average % Change: 5.0%
- New Community Cases: 66
- New Inmate Cases: 0

**Deaths as of Today**

- Cumulative Death Count: 97
- Deaths (today): 2
- Death Rate: 1%

https://publichealthsbc.org/santa-barbara-county-surveillance-metrics/
# Current Outbreak Case Counts at Skilled Nursing Facilities (SNF)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alto Lucero Transitional Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/25/20</td>
</tr>
<tr>
<td>Attoerdag Care Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/5/20</td>
</tr>
<tr>
<td>Buena Vista Care Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/20</td>
</tr>
<tr>
<td>Casa Dorinda</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/6/20</td>
</tr>
<tr>
<td>Country Oaks Care Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7/15/20</td>
</tr>
<tr>
<td>Lompoc Skilled Nursing &amp; Rehabilitative Care Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/19/20</td>
</tr>
<tr>
<td>Lompoc Comprehensive Care Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/11/20</td>
</tr>
<tr>
<td>Marian Extended Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9/2/20</td>
</tr>
<tr>
<td>Mission Terrace Santa Barbara</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Samarkand Skilled Nursing Facility</td>
<td>&lt;11</td>
<td>0</td>
<td>&lt;11</td>
<td>0</td>
<td>Under investigation</td>
</tr>
<tr>
<td>Santa Maria Post Acute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/12/20</td>
</tr>
<tr>
<td>The Californian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/12/20</td>
</tr>
<tr>
<td>Valle Verde Health Facility</td>
<td>&lt;11</td>
<td>&lt;11</td>
<td>12</td>
<td>0</td>
<td>Under investigation</td>
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<tr>
<td>Villa Maria Post Acute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8/10/20</td>
</tr>
</tbody>
</table>

Outbreak numbers are reported by each Skilled Nursing facilities to the Public Health Department as of 9/2/20; HCW = health care worker

To review historical status of outbreaks at Santa Barbara County Skilled Nursing Facilities, visit the California Department of Public Health website:

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx

https://publichealthsbc.org/santa-barbara-county-surveillance-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
PHD Department Operations Center (DOC)

Open Monday-Friday - 8:00 am - 5:00 pm

- After hours email and phone
- Provides additional staff to carry out PHD objectives
- Respond to cases and provider/public information requests
- Coordinates contact tracing and additional testing
- Orders and prioritizes resources for distribution
- Supporting symptomatic homeless individuals with alternate sheltering
- Supporting individuals in hotels that are unable to isolate at home or have been discharged from the hospital
# Communication with PHD DOC

<table>
<thead>
<tr>
<th>WHO?</th>
<th>WHEN?</th>
<th>HOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Barbara County Disease Control</td>
<td>Used to contact and report positive cases, and suspect cases in SNF/LTC and HCW</td>
<td><strong>805-681-5280</strong> – 24/7 number <a href="mailto:dc@sbcphd.org">dc@sbcphd.org</a> – hospitals report discharges via email, submit line lists (Mon – Fri 8am-5pm) Fax: <strong>805-681-4069</strong></td>
</tr>
<tr>
<td>Santa Barbra Isolation &amp; Quarantine</td>
<td>Discharge from hospital or ED of confirmed COVID-19 patient unable to isolate at home. Individuals unable to isolate within their home.</td>
<td><strong>805-681-5165</strong></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>Operations Section: M-F 8 am- 5pm</td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a> Jan Koegler- 805-681-4913 Stacey Rosenberger- 805-681-4912</td>
</tr>
</tbody>
</table>
Labor Day: Restrictions on Beaches

BEACH RESTRICTIONS

FRIDAY, SEPTEMBER 4 - MONDAY, SEPTEMBER 7
ALL BEACHES ARE CLOSED TO HELP STOP THE SPREAD OF COVID-19.

BY ORDER OF THE COUNTY HEALTH OFFICER:

• NO SITTING, STANDING, OR SUNBATHING
• NO UMBRELLAS, BEACH CHAIRS, COOLERS, ETC.

For COVID-19 updates, please visit PublicHealthSBC.org
HEALTH OFFICER ORDER NO. 2020-6.5
COUNTY OF SANTA BARBARA

FOR THE CONTROL OF COVID-19
REQUIREMENTS FOR ALL INDIVIDUALS ENTERING
CERTAIN LICENSED FACILITIES AND OTHER AGENCIES
THAT ARE NOT A PATIENT, VISITING RESIDENT OR NEW RESIDENT

TEMPERATURE SCREENING AND SELF-EVALUATION FOR COVID-19 SYMPTOMS

Health Officer Order No. 2020-6.5 amends Health Officer Order No. 2020-6.4
to extend the effective date through September 29, 2020

Effective Date: August 31, 2020, 5:00 p.m. PDT

(The underlined language indicates a change.)

https://countyofsbs.org/uploadedFiles/phd/PROGRAMS/Disease_Control/Corona/HOO%202020-6-5.pdf
An Outpatient Approach to Identifying COVID-19

Mark Pomerantz, MD
Dignity Health Urgent Care
National Academies of Sciences, Engineering, and Medicine Committee

https://www.nap.edu/read/25914/chapter/1
COVID-19 Vaccine : What do we know?

- Limited initial availability
- Two doses likely required, 21-28 days (+-) apart
- CDC asking states to be ready to distribute vaccine by November 1
- Phase 3 trials have begun
- CDC: “..limited COVID-19 vaccine doses may be available by early November 2020 and COVID-19 vaccine supply will increase substantially in 2021”

EARLY COVID-19 VACCINATION PROGRAM ACTION ITEMS FOR JURISDICTIONS

Use this checklist to assist in early planning for the COVID-19 vaccination program. Jurisdictions must be prepared to immediately vaccinate identified critical populations when the earliest COVID-19 vaccine doses are available and approved by the U.S. Food and Drug Administration (FDA). Jurisdictions should also begin planning for vaccination of the rest of the general population when COVID-19 vaccine supply allows.

DETERMINE ORGANIZATIONAL STRUCTURE AND PARTNER INVOLVEMENT

☐ Convene internal planning and coordination team(s) whose members represent a wide array of expertise.
  - Include representatives from immunization program, preparedness program, emergency management agency, health care coalition, media/public affairs, and crisis and emergency risk communications to develop plans and coordinate activities.
  - Assign roles and responsibilities based on areas of expertise.

☐ Establish COVID-19 vaccine implementation committee(s) of community members with expertise in care and access issues for critical populations to enhance development of plans, reach of activities, and risk/crisis response communication messaging and delivery.
  - Include representatives from key vaccination providers for groups identified by CDC as being at increased risk of severe COVID-19 and others likely to be prioritized for initial vaccination.
  - Include representatives from other sectors within the community, such as health systems, pharmacies, long-term care/assisted living facilities, business, education, corrections, religious, tribal, and racial and ethnic minority-serving organizations, etc.

IDENTIFY GAPS IN PREPAREDNESS

☐ Review and use current CDC-provided planning assumptions.
☐ Review experience and lessons learned from 2009 H1N1 pandemic vaccination campaign.
☐ Consider tabletop, functional, or full-scale exercises to test operational plans and capabilities for access to vaccine, communications, data reporting, and possible cold chain challenges.
☐ Determine baseline readiness and address any barriers to launching the COVID-19 vaccination program.
Getting Ready to Vaccinate

PHD will be testing two dispensing models using influenza vaccine, both designed for social distancing:

1. “Drive Up” Point of Dispensing “POD” in SM, Lompoc, and SB

2. “Outreach POD’s” at 13 senior housing sites in partnership with Santa Barbara Senior Expo agencies
Planning for Vaccination

1. Assess methods used for seasonal flu vaccination
   • Determine outreach methods used by partners
   • Determine additional outreach methods needed to meet target priority populations for COVID-19

2. Form external COVID Vaccination Planning Group

3. Revise first responder vaccination plan and present to stakeholders

4. Finalize vaccination plan
Vaccine Assessment Survey

The Public Health Department is requesting that providers and residential care facilities complete the *Influenza and COVID Vaccination Survey* to assess the following:

- Influenza vaccination for 2020, anticipated number of vaccinations and outreach to the community
- Vaccination methods in consideration of COVID
- Capacity to administer COVID vaccines
- Community outreach plans and capacity for COVID vaccination

Link to the survey: https://app.smartsheet.com/b/form/869bab822dce4840a12c9749eaef4044
Influenza Vaccine

- General Population Quadrivalent Vaccine
- High-Dose Quadrivalent Vaccine (65+)

Are there benefits of Fluzone High-Dose Quadrivalent compared to standard dose seasonal flu vaccines for adults 65 years and older?

Data from clinical trials comparing Fluzone (a trivalent standard dose vaccine) to Fluzone High-Dose (a trivalent high-dose vaccine) among persons aged 65 years and older indicate that a stronger immune response (i.e., higher antibody levels) occurs after vaccination with Fluzone High-Dose. A study published in the New England Journal of Medicine indicated that the high-dose vaccine was 24% more effective in preventing flu in adults 65 years and older relative to a standard-dose vaccine. Another study published in The Lancet Respiratory Medicine reported that Fluzone High-dose was associated with a lower risk of hospital admissions compared with standard-dose Fluzone in adults 65 years and older, especially those living in long-term care facilities. This study was conducted during the 2013-14 flu season among more than 38,000 residents of 823 nursing homes in 38 states.

For the 2020-21 season, trivalent Fluzone High-Dose will be replaced by Fluzone High-Dose Quadrivalent. Data comparing the effectiveness of Fluzone High-Dose Quadrivalent with standard-dose inactivated vaccines are not yet available.

Does CDC recommend one vaccine above another for people 65 years and older?

The CDC and its Advisory Committee on Immunization Practices have not expressed a preference for any flu vaccine indicated for people 65 years and older. CDC recommends flu vaccination as the first and most important step in protecting against flu.
Community-Based Testing Sites

- Locations:
  - **Santa Maria:** Fairpark
  - **NEW! Goleta:** Goleta Valley Community Center- 5679 Hollister Ave
  - **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
PHD Prioritized Testing Sites

COVID-19 TESTING FOR ESSENTIAL WORKERS IN SANTA BARBARA COUNTY

- NO OUT-OF-POCKET COST
- YOUR PRIVACY WILL BE PROTECTED

WHO CAN GET TESTED

- Close Contacts identified by Public Health Department Disease Control
- Essential Workers including those working in:
  - Health Care Workers
  - Congregate Sites Workers
  - First Responders
  - Emergency Personnel
  - Correctional Facility Workers
  - Agricultural and Food Industry Workers
  - Critical Infrastructure Workers

MAKE AN APPOINTMENT

Call Santa Barbara County Public Health:
(805)-705-7279

SCHEDULE

Monday - Thursday
9 AM - 12 PM
and
1 PM - 4 PM

LOCATIONS

Santa Maria
Lompoc
Santa Barbara
Uses of antigen testing in nursing homes

This document guides the interpretation of results when antigen tests are used in the following circumstances:

- Testing of symptomatic residents and HCP,
- Testing of asymptomatic residents and HCP in facilities as part of an COVID-19 outbreak response, and
- Testing of asymptomatic HCP in facilities without a COVID-19 outbreak as required by CMS recommendations.

Testing in other circumstances are likely to occur, such as testing asymptomatic residents and HCP who were exposed to persons with COVID-19 outside of the nursing home (e.g., recent hospitalization or outpatient services) or through other screening activities. The principles described here can be used to guide the interpretation of antigen test results in those situations.

Antigen tests should not be utilized to determine the duration of Transmission-Based Precautions nor when HCP can return to work. Test-based strategies are not generally recommended to determine duration of transmission-based precautions, nor to determine when HCP may return to work. If used, test-based strategies should rely only on RT-PCR.

CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES

Does the resident or healthcare personnel (HCP) have symptoms consistent with COVID-19?

SYMPTOMATIC

POC Antigen Test

POSITIVE
No confirmatory test needed. Isolate/exclude from work.
If index case, initiate outbreak response.

NEGATIVE
Perform confirmatory RT-PCR test immediately. Isolate/exclude from work until RT-PCR results. Actions dependent on RT-PCR results.

ASYMPTOMATIC

POC antigen testing every 3-7 days.

Facility with an outbreak (Resident and HCP serial testing)

Facility without an outbreak (HCP serial screening testing)

POC antigen screening interval per CMS requirements.

POSITIVE
No confirmatory test needed. Isolate/exclude from work.

NEGATIVE
Continue serial testing until no new positives for 14 days.

POSITIVE
Especially in low incidence counties, consider performing confirmatory RT-PCR test within 48 hrs. Exclude from work, pending confirmatory test.

NEGATIVE
Allow HCP to continue work. Continue serial testing.

RT-PCR TEST POSITIVE
Initiate outbreak response.

RT-PCR TEST NEGATIVE
Discuss with public health.

This algorithm should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors including community incidence, characteristics of different antigen testing platforms, as well as availability and turnaround times of RT-PCR, further inform interpretation of antigen test results.

RT-PCR: reverse-transcriptase polymerase chain reaction
POC: point-of-care
HCP: healthcare personnel
Index case: a newly identified case of SARS-CoV-2 infection in a resident or HCP in a nursing home facility with no known infections of SARS-CoV-2 infection in the previous 14-day period.
COVID-19 outbreak response in a nursing home is triggered when one nursing home-onset SARS-CoV-2 infection in a resident or one HCP SARS-CoV-2 infection.

* Asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing do not need to be retested. If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.

** Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized when retesting by RT-PCR is warranted.

CMS QSO-20-38 NH

- Testing Requirements (Staff)
- Documentation of testing
- Reporting Testing using POC device
- Survey Procedures

Routine Testing of Staff
Routine testing should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates will be available on the following website by August 28, 2020 (see section titled, “COVID-19 Testing”): https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/hkwz-xpvg

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

<table>
<thead>
<tr>
<th>Community COVID-19 Activity</th>
<th>County Positivity Rate in the past week</th>
<th>Minimum Testing Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>&lt;5%</td>
<td>Once a month</td>
</tr>
<tr>
<td>Medium</td>
<td>5% - 10%</td>
<td>Once a week*</td>
</tr>
<tr>
<td>High</td>
<td>&gt;10%</td>
<td>Twice a week*</td>
</tr>
</tbody>
</table>

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

If the 48-hour turn-around time cannot be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact with the local and state health departments.

The facility should begin testing all staff at the frequency prescribed in the Routine Testing table based on the county positivity rate reported in the past week. Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above.

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity are met.
- If the county positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the county positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.
County Positivity Rate

COVID-19 Viral (RT-PCR) Laboratory 7-Day Test Positivity Rates, by US County

Test Positivity Classification: Counties with test percent positive <5.0% or with <10 tests in past 7 days: Green; 5.0%-10.0%: Yellow; >10.0%: Red

Percent Positive and Tests in prior 7 days: Data from August 13 - August 19

Data Sources: Testing data: HHS Unified Testing Dataset; Population data: 2019 Census

Documentation: The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction (RT-PCR)) results for the entire US and US territories. Data are collected by state and county of residence where test was conducted. All data are as of August 19, 2021.

County | FIPS code | State | FEMA region | Population | Percent Positive in prior 7 days | Test Positivity Classification
--- | --- | --- | --- | --- | --- | ---
Santa Barbara County, CA | 06083 | CA | Region 9 | 445,499 | 7.0% | Yellow

LOCAL SURVEILLANCE DATA AS OF TODAY (7-DAY LAG)
Community Daily Case Rate: 8.5
Community Test Positivity Rate: 6.3%


https://publichealthsbc.org/santa-barbara-county-surveillance-metrics/
Testing Documentation

Documentation of Testing
Facilities must demonstrate compliance with the testing requirements. To do so, facilities should do the following:

- For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.
- Upon identification of a new COVID-19 case in the facility (i.e., outbreak), document the date the case was identified, the date that all other residents and staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests. All residents and staff that tested negative are expected to be retested until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result (see section Testing of Staff and Residents in response to an outbreak above).
- For staff routine testing, document the facility’s county positivity rate, the corresponding testing frequency indicated (e.g., every other week), and the date each positivity rate was collected. Also, document the date(s) that testing was performed for all staff, and the results of each test.
- Document the facility’s procedures for addressing residents and staff that refuse testing or are unable to be tested, and document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.
- When necessary, such as in emergencies due to testing supply shortages, document that the facility contacted state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.
Reporting Testing
Recall that nursing homes must report all tests conducted in the nursing home using a point-of-care testing device according to Clinical Laboratory Improvement Amendments (CLIA) requirements. This includes reporting all tests within 24 hours to the state or local health department. Nursing homes that fail to comply with CLIA reporting requirements will be imposed a Civil Money Penalty (CMP) of $1,000 for the first day of non-compliance and $500 for each additional day of non-compliance up to $10,000.

Surveying for Compliance
Compliance will be assessed through the following process using the COVID-19 Focused Survey for Nursing Homes:

1. Surveyors will ask for the facility’s documentation noted in the “Documentation of Testing” section above, and review the documentation for compliance.
2. Surveyors will also review records of those residents and staff selected as a sample as part of the survey process.
3. If possible, surveyors should observe how the facility conducts testing in real-time. In this process, surveyors will assess if the facility is conducting testing and specimen collection in a manner that is consistent with current standards of practice for conducting COVID-19 tests, such as ensuring PPE is used correctly to prevent the transmission of the virus. If observation is not possible, surveyors should interview an individual responsible for testing and inquire on how testing is conducted (e.g., “what are the steps taken to conduct each test?”).
4. If the facility has a shortage of testing supplies, or cannot obtain test results within 48 hours, the surveyor should ask for documentation that the facility contacted state and local health departments to assist with these issues.
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
- Cross-facility staff: List the other facilities where they work
- Start a new document or create new tabs with dates for new outbreak
  - Move over previously positive staff and residents with their test dates and re-test dates
## Santa Barbara PHD Outbreak Line List

### COVID 19 Line List Outbreak/ Response Drive Testing - Residents

**Santa Barbara County Public Health Department**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Total Resident Tested:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total Positive:</td>
</tr>
<tr>
<td></td>
<td>Total Negative:</td>
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<tr>
<td></td>
<td>Total Pending:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Positive Test Date</th>
<th>Re-Test Date</th>
<th>Date Test #1</th>
<th>Results: Positive/ Negative/ Pending</th>
<th>Date Test #2</th>
<th>Results: Positive/ Negative/ Pending</th>
<th>Date Test #3</th>
<th>Results: Positive/ Negative/ Pending</th>
<th>Symptomatic / Asymptomatic at the time of test #1</th>
<th>UNIT/ Room at time of test #1</th>
<th>Room Mate(s) at time of test #1</th>
<th>Did they move to different location? Where? (eg. Cohort unit (red, yellow, green), hospital discharge, home etc.)</th>
<th>NOTES</th>
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</tbody>
</table>

### COVID 19 Line List Outbreak/ Response Drive Testing - Staff

**Santa Barbara County Public Health Department**

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Total Staff Tested:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Positive:</td>
</tr>
<tr>
<td></td>
<td>Total Negative:</td>
</tr>
<tr>
<td></td>
<td>Total Pending:</td>
</tr>
</tbody>
</table>

*Please use this line list during COVID-19 outbreaks to track testing of staff and residents within your facility. List must be submitted when changes occur during an outbreak or response driven testing. Add additional columns for testing if needed. If you start a new outbreak either add a new tab or start a brand new line list. This line list should be submitted to: dg@sbchp.org if you have questions please call Santa Barbara County PHD Disease Control at 805-681-5280.*

<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>Positive Test Date</th>
<th>Re-Test Date</th>
<th>Date Test #1</th>
<th>Results: Positive/ Negative/P ending</th>
<th>Date Test #2</th>
<th>Results: Positive/ Negative/P ending</th>
<th>Date Test #3</th>
<th>Results: Positive/ Negative/P ending</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 (on leave, not working at facility, hospitalized etc.)</th>
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[https://publichealthsbc.org/healthcare-professionals/](https://publichealthsbc.org/healthcare-professionals/)
“long haulers”

The CDC recently shared results of a multistate survey of people who had recovered from COVID-19, reporting, "35% had not returned to their usual state of health when interviewed 2–3 weeks after testing. Among persons aged 18–34 years with no chronic medical conditions, one in five had not returned to their usual state of health."

The CDC said the most common lingering symptoms for those who tested positive for COVID-19 were fatigue, cough and congestion. And interestingly, most of those patients were otherwise young and healthy.
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
### Cal OSHA Q&A about respirators

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>longer employ the &gt;72-hour paper bag reuse method?</td>
<td></td>
</tr>
<tr>
<td>Where can nursing homes purchase elastomeric respirators National</td>
<td>• The 3M 7093 filters are available from Grainger (minimum purchase is 12).</td>
</tr>
<tr>
<td>Institute for Occupational Safety and Health (NIOSH)-approved 3M 7093</td>
<td>• Check with other vendors, CDPH Medical Health Coordination Center (MHCC) safety officer, and Medical Health Operational Area Coordination (MHOAC) Program contact.</td>
</tr>
<tr>
<td>filters?</td>
<td>• Lead times are 2–4 weeks for different elastomeric respirators and components.</td>
</tr>
<tr>
<td></td>
<td>• There are other manufacturers to consider. See NIOSH <a href="https://www.niosh.gov/portal/mas/">list of respirators</a></td>
</tr>
</tbody>
</table>

**Slides from Sept 2nd HASG SNF Infection Control Webinar-**
[https://www.hsag.com/cdph-ip-webinars](https://www.hsag.com/cdph-ip-webinars)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing homes are having challenges getting fit tests kits from normal supply chains. Any guidance?</td>
<td>Cal/OSHA will soon post guidelines on their website for in-house fit testing.</td>
</tr>
</tbody>
</table>
| Cal/OSHA said that reuse is not recommended as they see poor fit after 3 uses. Can we allow facilities to continue the mask rotation and use each for no more than 3 shifts? | No more than one full shift is allowed for disposable filtering face piece respirators. This is consistent with the NIOSH certification. More recent testing shows that disposable filtering face piece respirators can fail fit testing after one full shift.  
https://www.ajicjournal.org/article/S0196-6553(20)30775-6/fulltext |
| Cal/OSHA’s guidance is that extended use for respirators can be from 8–12 hours. What about staff working 16-hour shifts? | It’s not in Cal/OSHA’s guidelines yet, but use of one disposable respirator for a single 16-hour shift is acceptable if the Centers for Disease Control and Prevention (CDC) recommendation that disposable respirators are put-on and taken-off a total of no more than 5 times can be met. |
Additional Respirator Information

- Click here to read the Cal/OSHA August 6th Interim Guidance for Respirator Shortages.
- OSHA published a document to help employers understand and comply with their Respiratory Protection Standard during the pandemic.
- The American Journal of Infection Control published an article on the Impact of extended use and decontamination with vaporized hydrogen peroxide on N95 respirator fit.
- The National Institute for Occupational Safety and Health's (NIOSH) National Personal Protective Technology Laboratory updated its International Respirator Assessments to Support the COVID-19 Response.
Requesting N-95 Fit Testing Kits

- PHD has 8 fit testing kits to loan
- Please bring back fit testing kits after you have used.
- We have a few that have gone missing.
- Facility/agency can request up to 2 kits for one week
- To request: https://app.smartsheet.com/b/form/386bce37fa7b4e21a5c11af7948fdb50
N95 Fit Testing Training Resources

Fit Testing Videos & Documents:

- Fit Testing Instructions - How to do Fit Testing: [https://youtu.be/xl4qX6qEYXU](https://youtu.be/xl4qX6qEYXU)

How to wear an N95 mask - by mask type:

- How to wear 1860: [https://youtu.be/XPOzCG4DrqQ](https://youtu.be/XPOzCG4DrqQ)
- How to Wear 1870: [https://youtu.be/05wyH1-mLGk](https://youtu.be/05wyH1-mLGk)
- BYD How to Wear the Mask: [https://youtu.be/Lm7KwYp9DXy](https://youtu.be/Lm7KwYp9DXy)
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!

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:
• Clinic (HCOS, FQHC, CHC), Urgent Care, Private Practice Situation Report
• Ambulatory Surgery Center Situation Report
• Home Health & Hospice Agency Situation Report
• IMHS Provider Situation Report

Inpatient Provider Situation Report Forms:
• Hospital Situation Report
• Skilled Nursing Facility/CORI 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.
So Many Conference Calls...

CDPH Weekly Healthcare Facility Call:

- Tuesdays 8 am
- Toll-free: 844-721-7239
- Access Code: 7993227

SNF Infection Prevention Webinar
Wednesdays 3- 4 pm
Register: https://www.hsag.com/cdph-ip-webinars

SNF Infection Prevention Call
Thursdays 12- 1 pm
Toll-free: 877-226-8163
Access Code: 513711
CMS Conference Calls - September

Home Health and Hospice Call (twice a month on Tuesday at 3:00 PM Eastern)
Tuesday, September 22nd at 3:00 – 3:30 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 1169237
Audio Webcast Link: https://protect2.fireeye.com/url?k=656e2b63-393b22b3-656e1a5c-0cc47a6a52de-0d04f923a50833b3&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2489

Nursing Homes Call (twice a month on Wednesdays at 4:30 PM Eastern)
Friday, September 18th at 12:30 – 2:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 4446447
Audio Webcast Link: https://protect2.fireeye.com/url?k=065ed0a0-5a0af98b-065ee19f-0cc47a6d17cc-ed58c8904d5bd65d&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2479

Dialysis Organizations Call (twice a month on Wednesday at 5:30 PM Eastern)
Wednesday, September 23rd at 5:30 – 6:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 7026727

Nurses Call (twice a month on Thursdays at 3:00 PM Eastern)
Thursday, September 10th at 3:00 – 3:30 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 5767207
Thursday, September 24th at 3:00 – 3:30 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 5872398
Audio Webcast Link: https://protect2.fireeye.com/url?k=ce689e54-923d9784-ce68af6b-0cc47a6a52de-85a0dbbaacca8493&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2529

Lessons from the Front Lines: COVID-19 (twice a month on Fridays at 12:30 – 2:00 PM Eastern)
Friday, September 18th at 12:30 – 2:00 PM Eastern
Toll Free Attendee Dial-In: 833-614-0820; Access Passcode: 4446447
Audio Webcast Link: https://protect2.fireeye.com/url?k=065ed0a0-5a0af98b-065ee19f-0cc47a6d17cc-ed58c8904d5bd65d&u=https://engage.vevent.com/rt/cms2/index.jsp?seid=2479

Questions?