

# COVID-19 SITUATION REPORT # 44

CHAMP ♦ North Central ♦ Northeast Florida Healthcare Coalitions

Wednesday, May 27, 2020



Current COVID-19 NUMBERS BY COUNTY (5/27@ 2:45 pm)			
	Total Cases Residents/Non-Residents	Hospitalizations* Residents/Non-Residents	Deaths
Alachua	370 (351/19)	74/4	7
Baker	29	11/0	3
Bradford	51	11/0	2
Clay	366 (363/3)	89/0	28
Columbia	135 (134/1)	11/0	2
Dixie	46	8/0	1
Duval	1,507 (1452/55)	245/9	46
Flagler	178 (173/5)	19/2	4
Gilchrist	12	0	0
Hamilton	208 (207/1)	1	0
Lafayette	8	1	0
Levy	30	3/0	0
Marion	240 (235/5)	31/0	5
Nassau	72 (65/7)	13/0	1
Putnam	144	18/0	4
St. Johns	245 (234/11)	38/3	5
Suwannee	166 (161/5)	38/0	18
Union	31	3	0
Statewide	52,634 (51,283)	9,639	2,319

Current COVID-19 TESTING BY COUNTY (5/27@ 2:45 pm)			
	Total Tested	Total Positive	Positive Rate
Alachua	16,073	370	2.3%
Baker	938	29	3.1%
Bradford	1,574	51	3.2%
Clay	8,929	366	4.1%
Columbia	3,547	135	3.8%
Dixie	807	46	5.7%
Duval	50,761	1,50	3%
Flagler	4,152	178	4.3%
Gilchrist	679	12	1.8%
Hamilton	1,994	208	10.4%
Lafayette	363	8	2.2%
Levy	1,792	30	1.7%
Marion	11,595	240	2.1%
Nassau	3,524	72	2%
Putnam	3,484	144	4.1%
St. Johns	10,480	245	2.3%
Suwannee	2,272	166	7.3%
Union	1,758	31	1.8%
Statewide	935,271	52,634	5.6%

FDOH updates data daily at a 11:00 am \*Hospitalization includes persons that may no longer be hospitalized.

## Healthcare Coalition Information

If this report was forwarded to you, join the HCC to receive Situation Reports and more.  
[Click here to join the Coalition.](#)

Healthcare Coalition Contacts  
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Leigh Wilsey [lwilsey@NEFRC.org](mailto:lwilsey@NEFRC.org)  
Eric Anderson [eanderson@NEFRC.org](mailto:eanderson@NEFRC.org)

**\*NEW Webinar\*** Offered by ASPR TRACIE  
*Ensuring Healthcare Safety Throughout the COVID-19 Pandemic*  
**[Register Here Today!](#)**

Tuesday, June 2, 2020 2:00-3:30 PM ET

## Monitor Current Risks for Florida

[NWS Jax Daily Weather Briefings](#)  
[Current Wildfire Conditions](#)

## COVID-19 Printable Materials

[CDC Communications](#)  
[FL DOH Materials](#) **\*NEW\***

**\*All Facilities\***  
**\*Critical Task\***

**Hurricane Season begins in 5 days.**

Review your facility's Emergency Management Plan and confirm that the status of your MOAs for host sheltering, transportation, emergency supplies and more have not changed. Consult your county Emergency Management Office if your facility evacuation plans have changed because of COVID.

**\*NEW\*** The Department of Health and Department of Emergency Management **\*NEW\*** are partnering to test residents and staff in long-term care facilities across Florida. This infographic explains how to conduct testing in LTC facilities.



# Long Term Care (LTC) Testing

COVID-19

How to Conduct Testing in the LTC Facility



## Why are tests conducted in LTC facilities?

Long Term Care (LTC) testing is intended to rapidly identify staff infected with COVID-19 in order to prevent transmission to residents.

Tests are to be administered to:

- All staff and residents, regardless of symptoms

## Who will conduct the testing?



### LTC Nursing Staff

In some cases, the LTC Nursing staff may conduct testing on staff and/or residents. Nursing staff should become familiar with How to Conduct a test by watching the instructional video.



### Testing Teams

In some cases, an outside team will conduct testing. Team design may vary. The standard regional LTC Incident Management Teams (LTC IMT) are comprised of:

- 2 paramedics with an ALS unit (lead paramedic serves as team leader)
- 1 contract nurse
- 2 Florida National Guardsmen

Other agents of the State may be utilized to support testing.

## When will testing take place?



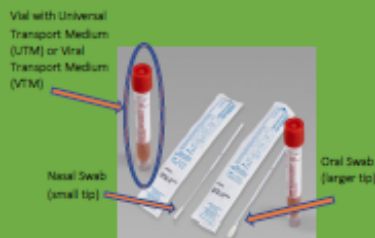
Facility Point of Contact (POC) will pre-register patients (residents) for testing using the lab portal.

Facility POC will print requisition forms for authorization for testing.

Facility POC will schedule testing for staff and/or residents.

All employees need to complete the registration process prior to the scheduled test and bring the printed requisition form on the day of testing.

## Step 1 Collection Test Kit Contents



If completing a paper copy, complete **ALL REQUIRED FIELDS** (marked with an \*) of the requisition for each patient.

## Step 2 Conduct Test:

### Nasal Swab

1. Wear appropriate PPE. (PPE should be donned prior to entering facility and changed when appropriate.)
2. Open swab package; remove swab without touching tip on any surface. Open cap to Universal Transport Medium (UTM).
3. Tilt patient's head back: 70 degrees, stand off slightly to side in case patient coughs.
4. Insert swab into nostril, parallel to palate (half the distance of patient's nostril to ear).
5. Rotate swab; leave in place for few seconds to absorb secretions.
6. Remove swab, placing immediately into UTM. Break off swab stick at indicator line.

### Throat Swab

1. Wear appropriate PPE. (PPE should be donned prior to entering facility and changed when appropriate.)
2. Open swab package; remove swab without touching tip on any surface. Open cap to Universal Transport Medium (UTM).
3. Tilt patient's head back slightly and stand off slightly to side in case patient coughs. Warn patient they may gag.
4. Insert swab into mouth avoiding tongue and roof of mouth to touch back wall of pharynx. Use tongue depressor only if needed.
5. Rotate swab; leave in place for few seconds as tolerated to absorb secretions.
6. Remove swab, placing immediately into UTM. Break off swab stick at indicator line.



To learn more, scan the QR code (right) or enter the following address in a browser to watch an instructional video: <https://www.youtube.com/watch?v=eyt01ng1388>

## Step 3 Repackage & Ship:

1. After collect, swabs should be placed immediately into sterile transport tubes containing 2-3 ml of media.
2. Label each specimen as directed.
  - the patient's first and last name
  - the patient's date of birth
  - date the sample was collected
3. Place the specimen in the individual specimen bags (provided).
4. Add the completed requisition form (Laboratory Order) to the side pocket of the specimen bag.
5. Compile all specimens for return shipping.
  - Pack no more than 50 individual specimen bags into the provided clinical shipping boxes.
6. Ship overnight, with provided materials, to:

Northwest Laboratory  
3548 Meridian Street, Suite 101  
Bellingham, WA 98225

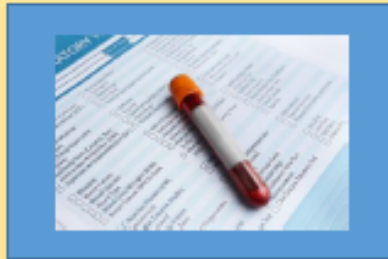
**\*NEW\*** The Department of Health and Department of Emergency Management **\*NEW\*** are partnering to test residents and staff in long-term care facilities across Florida. This infographic will show you how to get staff or facility test results.



# Long Term Care (LTC) Testing

COVID-19

## How will I Receive Test Results?



### How will I receive my results?

Test results are typically available within using the TestDirectly lab portal.

**3**  
days

Using a QR reader on your mobile device, scan the code below:



*Scan me*

To use a browser, type in the following website: [floridaltc.testdirectly.com](http://floridaltc.testdirectly.com) to open the lab portal.

What if I did not register on TestDirectly?



If an employee or facility administrator did not complete the online registration process using the lab portal and completed a paper requisition on site, the employee or facility administrator (patient results) will receive a telephone call with the results within 72 hours from the date of collection.



What if I did not receive my results?



In the instance you have not received a call within five (5) calendar days of test collection, please call for your test results:

**833-956-0323**

Once you have verified your identity, a staff member will speak with you about your results.

**Statewide Conference Call Summaries Calls for Tuesday & Wednesday, May 26-27, 2020.**

- Dedicated facility in Duval County, as well as others across the State, opening for COVID+ LTC. This can be used for placement of COVID positive patients that do not need hospitalization but cannot stay in the LTC facility where they may pose a risk to other patients.
- Testing for staff and residents are increasing. We expect more positive results and the system will need to adjust.
- Hospitals determine the visitation policies but at this time long-term care facilities are not allowed to have visitation. The Governor is well aware of the challenges that this isolation has on the residents and staff. Trends are constantly being monitored to see if changes to this rule are possible.
- Facilities are expected to follow the CDC requirements for PPE use in the care setting.
- Remdesivir has been provided to approximately 600 hospitalized people in Florida. The State has more on hand and it requires cold chain transportation. Contact the Department of Health if you are interested in prescribing Remdesivir from the State’s cache.
- DCF is establishing triage teams to review and evaluate the wait list for state behavioral health placement. These evaluation will begin soon.
- Healthcare provider questions should go to [Provider.covid19@flhealth.gov](mailto:Provider.covid19@flhealth.gov)
- **All facilities must verify that the evacuation MOAs with receiving facilities are valid and these facilities will still receive you during COVID. You must validate your plans and MOAs and make contingency plans if the receiving facility has COVID and cannot accommodate you and your residents. Provide any evacuation plan changes to your county emergency management.**

Statewide Conference Calls			
Hospitals & FHA	Monday 10:00 am	888-585-9008	Code 488 097 156#
Behavioral Health Centers	Tuesday 10:45 am	888-585-9008	Code 208 305 233#
Home Health & Community Providers	Thursday 1:00 pm	888-585-9008	Code 208 305 233#
Nursing Homes & FHCA	Thursday 4:15 pm	866-951-1151	Code 8484844#
Healthcare Providers	Tuesday 6:30 pm	888-585-9008	Code 208 305 233#

**Expect to see testing numbers and cases increase as the state conducts the LTC testing initiative**

**State-Supported Testing Sites**



**Telemedicine Video**

[Medicare Coverage & Payment of Virtual Services](#)

**[Wheelchair and Assistive Technology Users ATTENTION: PRECAUTIONS for COVID-19](#)**

**AHCA Emergency Rule 59AER20-1 and Nursing Home Requirements 5/5/2020**

[Emergency Rule: Hospital Testing Requirements for Long-term Care Facility Residents](#)

[AHCA Alert: Nursing Home Resident Transfers](#)

[Q&A for 59AER20-1](#)

[Emergency Rule: Requiring Staff COVID-19 Testing at Long-term Care Facilities \(5/10/2020\)](#)

[59AER20-2 Mandatory Entry and Testing for Assisted Living Facilities](#)

[59AER20-3 Mandatory Entry for Testing and Infection Control for Nursing Homes](#)

[Emergency Rule: Hospital COVID-19 Testing Requirements for Long-term Care Facility Residents \(5/5/2020\)](#)

## [Executive Order 20-007](#)

State Surgeon General Scott Rivkees issued EO 20-007, which allows doctors to continue routine checkups using tele-health instead of face-to-face contact. The order is in place through May 31.

### Florida Agencies & Resources

#### Florida COVID-19 Contacts

##### [Florida Health COVID-19](#)

COVID-19 Call Center 24/7  
(866) 779-6121

[COVID-19@FLHealth.gov](mailto:COVID-19@FLHealth.gov)

[County Emergency Management](#)

#### AHCA Resources

[AHCA- COVID Alerts](#)

[Healthcare Facility Updates](#)

[Visitor Restrictions Emergency Order](#)

Transfer Forms

[SNF to Hospital](#)   [Hospital to SNF](#)

[ESS Resources](#)   [ESS Log In Page](#)

[ESS Hospital Bed Availability Dashboard](#)

#### FDEM Recovery Bureau

[Recovery Questions & Answers](#)

#### One Blood

One Blood is encouraging healthcare workers and first responders that have recovered from COVID to donate plasma. Go to [www.oneblood.org/covid19](http://www.oneblood.org/covid19) or dial 888-9DONATE

#### Institute for Health Metrics and Evaluation at the University of Washington (IHME)

[COVID-19 Hospital Forecasting](#)

#### Long-term Care Facilities with COVID-19

<https://floridahealthcovid19.gov/>  
Report link under Dashboard link

### Florida COVID-19 Resources

#### [Executive Orders](#) (Governor & State Agencies)

##### [Florida COVID-19 Daily Report](#)

Click on the **See the Report** link at the bottom of the webpage

##### [Florida Data & Surveillance Dashboard](#)

Emergency Status System: [ESS](#)

Agency for Healthcare Administration: [AHCA](#)

[AHCA COVID-19 Alerts](#)

FL Healthcare Association: [FHCA](#)

Agency for Persons with Disabilities: [APD Cares](#)

DCF Mental Health Services: [DCF](#)

FL Division of Emergency Management: [DEM](#)

#### Alternate Care Strategies

[ASPR Strategies](#)

#### Nebulizer Treatment Guidance

[Nebulizer Treatment for COVID-19 Infected Residents with Severe Respiratory Symptoms](#)

#### ASPR Workforce Virtual Toolkit

Resources for Healthcare Decision-Makers

<https://asprtracie.hhs.gov/Workforce-Virtual-Toolkit>

#### N95DECON

[Link to Resources](#)

**Three N95 decon approaches**

**1) Heat and Humidity; 2) UV-C ;**

**3) Hydrogen Peroxide Vapor**

[Caution When Reusing N95 Masks](#)

#### Relieve Stress for Healthcare Workers

[Self-Care Exercise](#)



# Federal Agencies & Resources

## Administration for Community Living

Supports needs of the aging and disability populations  
<https://acl.gov/COVID-19>

### FEMA: COVID-19 Pandemic

#### Medical Costs Eligible for Public Assistance

## FL Department of Elder Affairs

Services for Florida seniors, their families and caregivers  
<http://elderaffairs.state.fl.us/>

## FHCA Nursing Home & Regulatory Partners

Statewide Conference Call Recordings  
Email for Nursing Home/LTC Questions [covid@fhca.org](mailto:covid@fhca.org)

## Community Action Survey (FDOH)

[www.StrongerThanC19.com](http://www.StrongerThanC19.com)

## National Resources **\*Several updates\***

<a href="#">CDC COVID-19 Main Page</a>	<a href="#">CDC Situation Summary</a>
<a href="#">CDC Testing Priorities</a>	<a href="#">CDC Testing Information</a>
<a href="#">ASPR Tracie Planning Resources</a>	<a href="#">FAQs about COVID-19</a>
<a href="#">CMS Partner Toolkit</a>	<a href="#">CMS: Hospitals Without Walls</a>
<a href="#">FEMA's Rumor Control</a>	<a href="#">Travel Advisories US Dept of State</a>
<a href="#">Senior Medicare Patrol (SMP)</a>	<a href="#">Southeast ADA Center</a>
<a href="#">COVID-19 Fraud Alerts</a>	

## Critical Infrastructure Workers

Guidance for critical infrastructure workers that may have been exposed to COVID-19

## National Emerging Special Pathogen Training & Education Center

Past Recordings & Upcoming Webinars

## FEMA Rumor Control

Coronavirus Rumor Control Q&A

## PPE Information

CDC Personal Protective Equipment Guidance **\*UPDATED\***

NIOSH approved N95s

PPE Burn Rate Calculator

Guidance on strategies to optimize PPE supplies:

Eye Protection

Isolation Gowns

Facemasks

N95 Respirators

Summary List for Healthcare Facilities

Counterfeit Respirator Information

## CDC Cloth Face Coverings

How to make & wear cloth face coverings

## USDA Food & Nutrition Services

Guidance on Human Pandemic Response

## CDC Mental Health Resources

Taking Care of your Emotional Health

Helping Children Cope

## CDC Decontamination & Reuse of Filtering Facepiece Respirators

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

## After Action Review

### Starting your After Action Review Process for COVID-19

#### Steps your facility/organization should take now, while the COVID response is still ongoing:

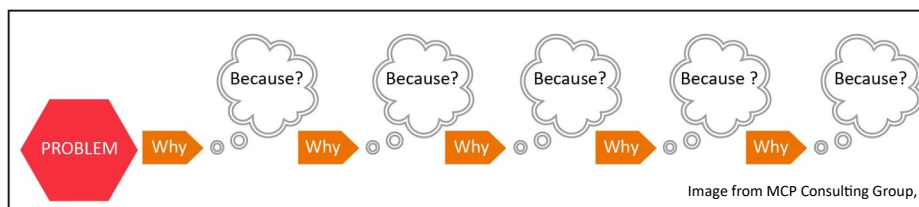
1. Designate a person to lead your organization through the AAR process. If not a senior leader, then someone that has access to the senior leadership. Identify key individuals that will need to be involved and engage them now.
2. Develop an incident timeline. This involves listing your organization's actions in time order, to see what happened when. Consider including major events that impacted your organization as well, such as stay-at-home orders or a ban on elective procedures. Here are two examples from the [WHO](#) (COVID-19) and [CDC](#) (SARS).
3. Take detailed notes on the operational and leadership actions taken during each time segment. Remember, observations are much more reliable than memories. Have key staff keep track of their response actions, outcomes and challenges throughout the response. Some organizations use the [ICS-214 form](#), but any uniform process established to capture activities is important.
4. Develop a process to collect this information regularly. One recommendation is to collect the ICS-214s at the staff sign-out/check-out station. This information will be invaluable to your leadership as you begin to change process, policies and organizational culture.
5. Consider conducting frequent, but brief, AAR sessions. This is a long response and things change over time. In these brief sessions discuss things that are going well and areas that may need improvement. Take detailed notes during these sessions. These brief AAR sessions may assist in making incremental changes to processes or large policy changes to improve the ongoing response.
6. Document everything! Remember this important rule: If it is not written down, then it didn't happen.

Analyzing Response and Root Cause Data. This can be done in phases or at the end of the response.

Next in the After Action Review (AAR) process, is evaluating all the information collected during the response, either by phase or the entire event, using the incident timeline.

As you review the information collected, for the actions taken during the response, compare the organization's actual performance with the current processes, policies, goals and objectives.

During this analysis, identify the actions that worked well and those that may require improvement. For actions that did not work well, a root cause analysis may assist in determining the underlying reason behind an identified issue or challenge. When conducting a root-cause analysis, you are attempting to trace the origin of each event/issue back to earlier events and their respective causes. It requires asking "why", multiple times, to determine the root cause of an issue or problem. This is not a foreign concept in healthcare, as it is often used in patient safety studies. So if you haven't involved your patient safety folks in the AAR process, now is a great time to do so!



#### Region 3 Alliance After Action Report-Improvement Plan Template (for non-hospital partners)

[Healthcare Facility \(non hospital\) – After Action Report Improvement Plan Template \(MS Word Template\)](#)

Your organization may use this template to document the response strengths, areas for improvement and the organization's plan for making identified improvements.

## Battelle PPE Decontamination Unit SOG Located in Miami-Dade County

Battelle has deployed a decontamination unit in coordination with FEMA and Defense Logistics Agency at no cost to the entities in the State of Florida. This unit can decontaminate **non-cellulose N95 masks only**.

Respirators (N95s) can be decontaminated up to 20 times, however they must not be visibly soiled (free of blood, mucus, makeup, lip balm, etc.) or damaged. If N95s are visibly soiled or damaged, they will be discarded.

Below are instructions in order participate in this process:

<b>Hospitals</b>	
Defined as	Hospitals within the State of Florida
<b>Mandatory First Step:</b> Signup Process	Hospitals must Sign a Service Agreement. These services are provided at no cost. Navigate to the link below to begin this signup process: <a href="https://www.battelle.org/inquiry/offerings-and-services/covid-response">https://www.battelle.org/inquiry/offerings-and-services/covid-response</a>
	After signing the service agreement, a three-digit code will be assigned to your facility. After signup, Cardinal Health will also follow-up with hospitals to coordinate N95 mask pickup.
Sending N95s to be decontaminated	<ol style="list-style-type: none"> <li>1. Identify N95s to be decontaminated and <b>write the three-digit code assigned to your facility on the masks.</b></li> <li>2. Pack N95s in a plastic bag (this does not need to be a biohazard bag). Place in another plastic bag to double bag the masks. Clean the outside of the external bag with disinfectant.</li> <li>3. Put the bag in the box and label the box with the three-digit code and a biohazard sticker (to be provided by the entity it is being picked up from).</li> <li>4. Cardinal Health Courier Service will pick up items and take them to be decontaminated.</li> <li>5. Items will be decontaminated and is expected to be curried back to the facility within 72 hours. When they are returned to your facility, Battelle will write a tally on the masks to track how many times they have been decontaminated.</li> </ol>

<b>Government Entities</b>	
Defined as	Non-hospital entities within the county, to include law enforcement, fire rescue, EMS, etc.
<b>Mandatory First Step:</b> Signup Process	Each entity must Sign a Service Agreement. These services are provided at no cost. Navigate to the link below to begin this signup process: <a href="https://www.battelle.org/inquiry/offerings-and-services/covid-response">https://www.battelle.org/inquiry/offerings-and-services/covid-response</a>
	After signing the service agreement, a three-digit code will be assigned to your facility. You will need to designate a point of contact for your facility.
Sending N95s to be decontaminated	<ol style="list-style-type: none"> <li>1. Identify N95s to be decontaminated and <b>write the three-digit code assigned to your facility on the masks.</b></li> <li>2. Pack N95s in a plastic bag (this does not need to be a biohazard bag). Place in another plastic bag to double bag the masks. Clean the outside of the external bag with disinfectant.</li> <li>3. Put the bag in the shipping box and label the box with the three-digit code.</li> <li>4. Your designated point of contact for your facility will receive prepaid FedEx and Biohazard labels from Battelle, that must be taped to the box in order to ship masks.</li> <li>5. Send via FedEx.</li> <li>6. Items will be decontaminated and shipped back to the facility within 72 hours. When they are returned to your facility, Battelle will have written a tally on the masks to track how many times they have been decontaminated.</li> </ol>