



COVID-19: CDPH Weekly Testing Recommendations for Hospitals

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Welcome

Kiyomi Burchill
Vice President, Policy





Faculty from the California Hospital Association



Carmela Coyle began her tenure as President & CEO of the California Hospital Association, the statewide leader representing the interests of more than 400 hospitals and health systems in California, in October 2017. Previously, Carmela led the Maryland Hospital Association for nine years, where she played a leading role in reframing the hospital payment system in Maryland and moving to a value-based methodology. Maryland is now considered a national leader in health care policy and innovation.



Kiyomi Burchill is responsible for developing CHA's policy positions on a wide range of legislative and regulatory issues that affect California hospitals and health systems, including seismic safety, licensing and certification, public health, health information technology, and quality. She closely coordinates with CHA's advocacy, data, and communications teams to create and execute effective strategies on behalf of CHA's members.



Faculty from the California Hospital Association



Lois Richardson has a multifaceted job at CHA. She is responsible for evaluating the legal impact of proposed legislation/regulations on California hospitals and providing legal advice to CHA's advocacy staff. In addition, she is the author of numerous CHA publications, including the *Consent Manual*, *California Health Information Privacy Manual* and *California Hospital Survey Manual*. Lois has also served as the executive director for the California Society for Healthcare Attorneys since 2000.



BJ Bartleson provides leadership in developing, communicating and implementing CHA policy related to nursing, emergency services, trauma and medication safety. She is recognized statewide and nationally as a nurse leader with more than 30 years of experience as an administrator, educator, researcher, clinician, manager and expert in multiple areas of acute patient care management and nursing practice.



Overview: A Framework for Understanding

Carmela Coyle
President & CEO





All-Facilities Letter, 20-88

Kiyomi Burchill
Vice President, Policy



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Weekly Screening Testing

- This had been circulating by organized labor since CDPH put in place weekly testing in SNFs in September
- CHA recommended this be postponed in our conversations, and formally in our November 10 surge preparations recommendations
 - Due to rising demand for COVID-19 tests as cases increase
 - Testing reagent and other supply challenges. Augmented testing capacity had not yet materialized
 - Inconsistent with CDC recommendations
 - Vaccination planning
 - Surge preparations
- However, CDPH released the recommendations on testing on Nov. 25. CHA has continued to be in communication with CDPH, seeking clarification



All-Facilities Letter 20-88

- Recommends testing health care personnel:
 1. With signs or symptoms consistent with COVID-19
 2. With known or suspected exposure
 3. Who are asymptomatic
- Recommends testing patients:
 1. Prior to admission
 2. Who are newly symptomatic
 3. Who are exposed to a suspected or confirmed case during their hospital stay
- CDPH has authority to issue emergency regulations, which would result in citations and penalties
- Requiring testing plans



Definition of Health Care Personnel

- Same as CDC's from its [Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2](#) (last updated July 17). So, any policies developed to comply with those, may be useful.
- Key components:
 - Paid and unpaid, includes contract staff
 - Persons with potential for direct or indirect exposure to patients or infectious materials, contaminated environmental surfaces, contaminated air, and
 - Persons not involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting
- For vaccine planning, hospitals reported **number** of health care personnel highest risk, high risk, moderate risk, and low risk for exposure. Those could be used in testing plan.



Clarifications from CDPH

- Developing FAQs
- Anticipated to address:
 - Which pieces of the AFL are required, and which are recommended?
 - Is it voluntary for health care personnel to participate in weekly testing?
 - Do health care personnel who have been vaccinated need to be tested?



Compliance

Lois Richardson
Vice President, Legal Counsel



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Compliance

- Shall = must = required
- Should = recommendations (not required)
- What does the AFL require vs recommend?
- Potential consequences for noncompliance with plan submission requirement vs testing recommendations



What You Can Do

- Submit a good faith/best efforts plan
- Actions you can take and when, based on your resources: patient census, available staffing, testing capacity
- Barriers to meeting recommendations and date or occurrence you can resolve (increase testing capacity, use Perkins Elmer, hire additional employee health staff, get staff from MHOAC ...)



Keep in Mind:

- ATD plan and Cal/OSHA requirements
- Prohibit administrative and other staff from being in contact with caregivers if possible
- Don't make your plan a policy, which can be enforced
- Public Records Act



Testing & Resources

BJ Bartleson

Vice President, Nursing & Clinical Services



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AFL 20-88 Testing

- Authorized SARS COVID-19 virus nucleic acid amplification (NAAT)(PCR) tests for symptomatic/asymptomatic individuals ([FDA Coronavirus Testing Basics](#))
- Antigen detection assay—should normally be used for symptomatic individuals ([CDPH Antigen Testing Guidelines](#))
- For limited NAAT (nucleic acid amplification tests) tests, can be used for asymptomatic patients and repeated every 3 days per AFL 20-88



AFL 20-88 Testing Mitigation Plan

- GACH COVID-19 [Mitigation Testing Plan Template](#) located in [AFL 20-88](#)
- Due 12/7 to District Office — hospitals may prioritize weekly screening testing the week of 12/7 and AFL recommends weekly screening testing of all HCP by 12/14
- HCP numbers for 12/7 and 12/14
- Describe your plan for testing — what platforms are you using, what/how have you attempted to prioritize based on scarce resources, what diverse opportunities have you sought? (Lab directors doing this)
- Describe your plan for the types of tests used for which patient populations? (Lab directors are doing this)
- Plan for communicating HCP testing requirements (Attach relevant P&P)
- Do you need assistance from the state to implement this? This is critical that you document here and continue to contact your MHOAC for any supply shortages continuously, even if they cannot provide assistance or supply requests
- How will you track HCP testing?



AFL 20-88 Testing Resources

- [California COVID-19 Testing Taskforce](#)
- [Lab Resources for Testing](#)
- [Antigen Testing Guidance](#)
- [Pooled Testing Guidance](#)
- [Valencia Branch Laboratory](#) Playbook for new sites and On-Boarding Document
- [Submit Questions to Testing Taskforce](#)
- Submit what you can do with what you have, with any ways you've increased capacity or could increase it



Questions

Submit your questions through the Q & A box. (Usually located at the bottom of your screen.)



Other Helpful Resources

CHA is developing materials that will be useful in communicating with hospital personnel, patients and communities. These will be available soon and emailed to you in a few days.



Thank You for Participating

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