Online at: http://www.healthdisasteroc.org/ems/archive 07/08/20

OVERVIEW OF CURRENT SITUATION (07/08/20 0630) Source: Johns Hopkins University & Medicine https://coronavirus.jhu.edu/map.html

Cases / Deaths

Worldwide: 11,863,477/ 544,949 Nationwide: 2,996,679 / 131,486 California: 284,139 / 6,576

Orange County: 20,225 / 376 Source: Orange County COVID-19 Case Counts & Testing Figures

ORANGE COUNTY PUBLIC HEALTH (as of 7/8/20 1100)

Orange County COVID-19 Summary*	Sat	Sun	Mon	Tue	Wed	Thu	Fri
<u>click for full details</u>	7/4/20	7/5/20	7/6/20	7/7/20	7/8/20	7/9/20	7/10/20
Cases Reported to Date	16,191	16,854	17,882	18,892	20,225		
Deaths Reported to Date	363	366	366	369	376		
Tests Reported Today	6,862	5,649	4,157	8,037	6,786		
Cumulative Tests to Date	260,853	266,502	270,659	278,696	285,482		

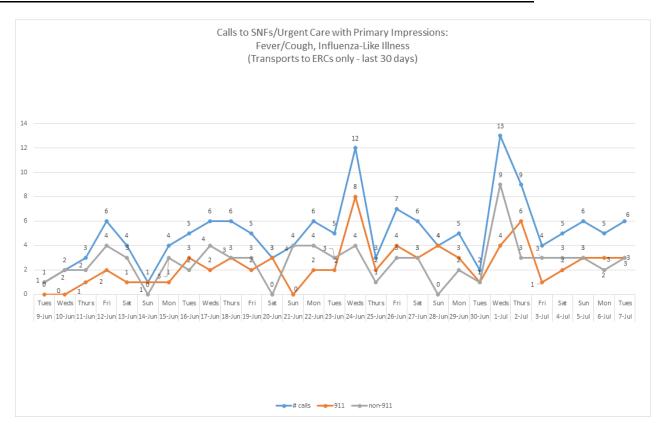
^{*}Data posted is always preliminary & subject to change. More information may become available as individual case investigations are completed. LOCAL DATA MAY BE DIFFERENT FROM THE STATE WEBSITE DATA

PUBLIC HEALTH REPORT (7/8/20)

- Orange County is seeing a substantial increase in disease transmission. OC identified our first case on 1/25 so we have been identifying cases for 166 days, and in the past 3 days have reported 16.6% of total cases (3,371 of 20,225).
- Over the past three weeks;
 - o Testing Rate: increased 69% from 110 to 186 average tests per day per 100,000 population
 - o Positivity Rate increased from 6.6% to 14.9%
 - o Case rate average increased 328% from 55.6 to 237.9 per 100,000
- Elevated disease transmission is impacting hospital capacity
 - Percent change in 3 day average COVID patients hospitalized has been an increasing trend for 17 consecutive days
 - o Percent of ICU beds available has remained stable so far, however the impact on the ICU is delayed as illness associated with increasing disease transmission continues to worsen over time.
- The trends are very concerning and we can continue to expect the impact on the healthcare system to get worse in the coming days and weeks.
 - o Increased disease transmission always comes first;
 - o Increased hospitalizations comes later as illness develops and worsens;
 - o Increased ICU need comes even later as illness continues to worsen over time.
- The current metrics show a clear reflection of the disease progression and we need a reduction in disease transmission to protect the hospitals
- Everyone in Orange County needs to adhere to the mitigation strategies to slow spread;
 - o High risk persons (65 or older, or underlying health conditions) should stay home as much as possible
 - Stay home when sick
 - o Isolation of cases and quarantine of all contacts (within 6 feet for 15 minutes or more)
 - o Practice social distancing at all times; 6 feet or more
 - Wear face coverings when unable to maintain social distancing; high compliance is critical given asymptomatic transmission
 - Wash hands frequently
 - Avoid touching face
 - Disinfect frequently touched surfaces often

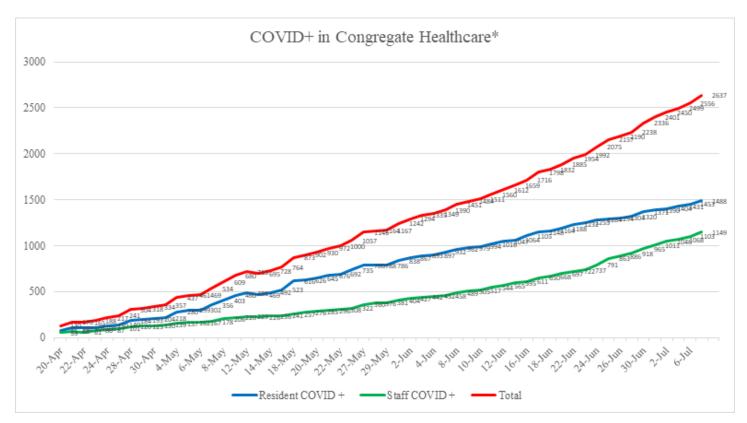
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SKILLED NURSING/ASSISTED LIVING/RESIDENTIAL CARE FACILITY - TRENDS



Reporting Date: 7/08/20 (73 SNFs reported)	Skilled Nursing Facility PPE – DAYS ON HAND*						
	0 - 3 days	0 - 3 days 4 - 7 days 8-14 days 15+ days					
N95 Masks	1	3	25	44			
Surgical Masks	0	3	22	48			
Eye Protection	0	3	22	48			
Gowns	0	3	23	47			
Gloves	0	6	19	48			
Alcohol-Based Hand Sanitizer	0	6	18	49			

Online at: http://www.healthdisasteroc.org/ems/archive 07/08/20

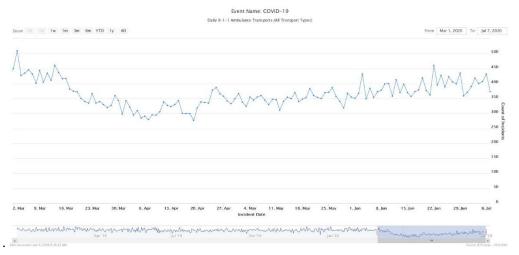


	Facility Outbreaks (as of 7/7/20 1700)				
Facility Type by Licensing Category	#	An "Outbreak" is two (2) or more confirmed cases of COVID-19 in facility residents occurring within 14 days.			
Skilled Nursing Facility	36	Advanced Rehab Center of Tustin, Alamitos West Health & Rehab, Anaheim Crest, Anaheim Healthcare Center, Buena Vista Care Center, Chapman Care Center, Country Villa Plaza, Coventry Court, Crystal Cove Care Center, French Park Care Center, Garden Grove Convalescent Hospital, Garden Park Care Center, Gordon Lane Care Center, Harbor Villa Care Center, Healthcare Center of Orange County, Huntington Valley Healthcare Center, Kindred Brea SAU, Laguna Hills Health & Rehab, Leisure Court Nursing Center, MainPlace Post Acute, Manor Care FV, New Orange Hills, Orange Healthcare & Wellness, Orangegrove Rehab Hospital, Pacific Haven Healthcare Center, Palm Terrace, Park Anaheim Healthcare Center, Rowntree Gardens, Sea Cliff Healthcare Center, Seal Beach Health & Rehab, South Coast Post Acute, St. Edna Subacute & Rehab, Terrace View Care Center, The Hills Post Acute, The Pavilion at Sunny Hills, West Anaheim Extended Care, Windsor Gardens Center of Anaheim			
Elderly Assisted Living	26	Acacia Villa, ActivCare Yorba Linda, Anaheim Crown Plaza, Ardent Care Assisted Living, Brookdale Anaheim, Brookdale Nohl Ranch, Brookdale San Juan Capistrano, Cambridge House, Carmel Village, Golden Leisure Home, Heathers McKinley, Heathers Wintergreen, Heritage Point, Kamstra Care Home, Karlton Residential, Oakmont-Capriana, Seacliff Assisted Living, Silverado Newport Mesa, Silverado Tustin Hacienda, St Francis Home, Sunflower Garden, Sunrise Villa Bradford, Sunrise Yorba Linda, The Groves of Tustin, The Regency, Whitten Heights			

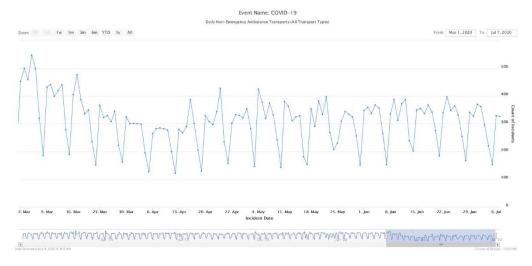
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EMERGENCY MEDICAL SERVICES STATUS

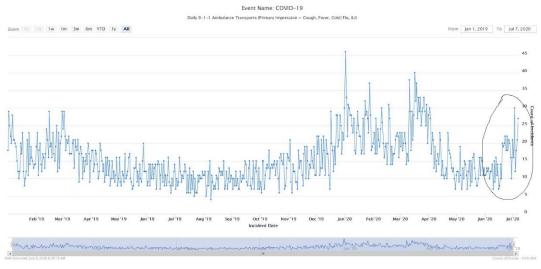
• 9-1-1 ambulance transport volume continued to trend higher despite a decrease yesterday. They are approaching normal levels at just 5-10% below normal average



• Non-emergency ambulance transports were lower compared to recent weeks. They are still about 30-35% below normal average.



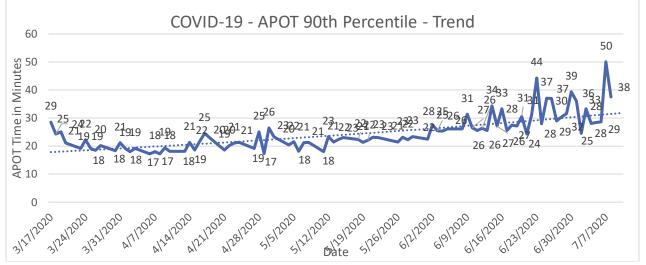
• Primary Impressions of Cold/Flu/ILI by 9-1-1 EMS providers continue to trend higher over the last several days.



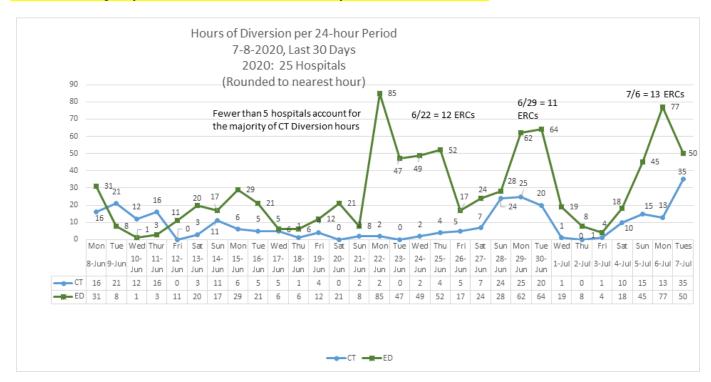
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• Ambulance Patient Offload Time (APOT) is defined as the time the ambulance arrives at the receiving destination (wheels stop) to the time that the ambulance crew physically transfers the patient to the ED gurney. Last 24 hours: Current Average APOT is <u>17m59s</u> / Current 90th Percentile APOT is <u>37m53s</u>.

• APOT increased significantly over the last 24 hours. The chart below displays a daily trend since COVID-19 began.



• Emergency Department (ED) Diversion & Computerized Tomography (CT) (ED closed to all ambulance transport due to no ED capacity or no CT available) for last 30 days 6/7/20 – 7/7/20 below.



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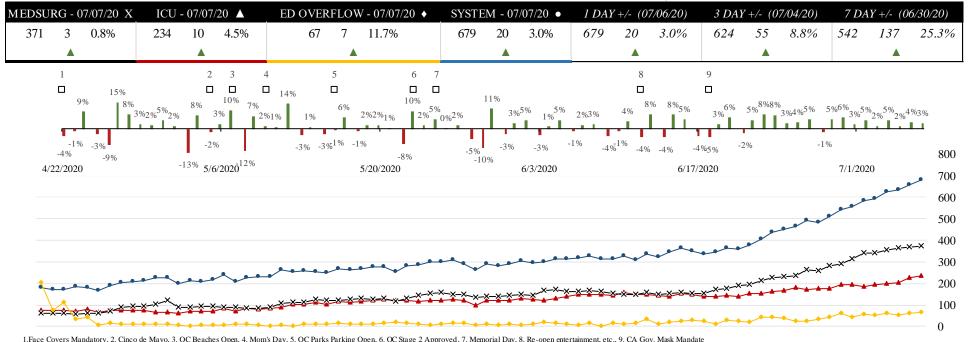
<u>HOSPITAL STATUS (Emergency Receiving Centers plus one)</u>
(26): Anaheim Regional, Anaheim Global, Chapman Global, CHOC, CHOC at Mission, Foothill, Fountain Valley, Garden Grove, Hoag-Irvine, Hoag-Newport Beach, Huntington Beach, Kaiser-Anaheim, Kaiser-Irvine, La Palma, Los Alamitos, Mission – Laguna Beach, Mission-Mission Viejo, Orange Coast Memorial, Orange County Global, Placentia Linda, Saddleback Memorial, Saint Jude, South Coast Global, St. Josephs, UCI, West Anaheim

- Since 4/1/20 6/24/20, OC Hospitals have accepted 31 COVID+ interfacility transfers from Imperial County
- As of 7/8/20, hospitals reported there were 27 out-of-county patients, including 18 patients from Imperial County currently hospitalized.

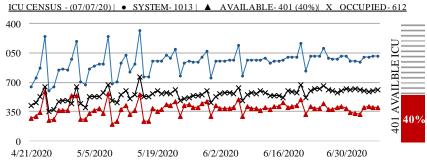
	ALL HOSPITALS (33)					EMERGENCY RECEIVING CENTERS						
DATE	Census ALL	Occupancy %	COVID+ Hospitalized	COVID+ ICU	% ICU Beds Available	% ICU Ventilators Available	Census ALL	Occupancy %	COVID+ Hospitalized	COVID+ ICU	% ICU Beds Available	% ICU Ventilators Available
6/23	3703	63%	406	154	39%	65%	3361	62%	394	147	39%	68%
6/24	3817	65%	437	161	38%	65%	3474	64%	426	154	39%	68%
6/25	3941	65%	451	166	40%	67%	3592	64%	440	159	41%	70%
6/26	3939	67%	467	179	38%	67%	3513	65%	456	172	39%	70%
6/27	3857	68%	492	170	39%	67%	3534	67%	481	163	40%	70%
6/28	3697	66%	485	175	41%	68%	3375	64%	474	168	41%	71%
6/29	3701	65%	510	176	41%	67%	3357	63%	498	169	41%	70%
6/30	3888	68%	542	192	38%	65%	3537	67%	528	184	39%	68%
7/1	3869	68%	556	193	36%	64%	3503	68%	542	185	37%	67%
7/2	3884	71%	584	187	34%	65%	3523	70%	567	179	35%	68%
7/3	3814	61%	594	193	34%	64%	3485	60%	577	185	35%	68%
7/4	3622	60%	624	197	40%	67%	3332	59%	607	189	41%	70%
7/5	3551	59%	634	203	42%	67%	3267	58%	617	195	43%	70%
7/6	3635	59%	659	224	40%	67%	3283	58%	644	216	41%	71%
7/7	3801	62%	679	234	40%	66%	3448	61%	666	226	40%	69%
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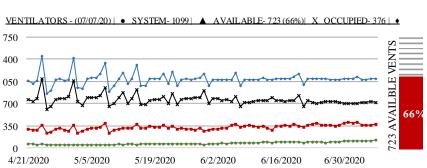
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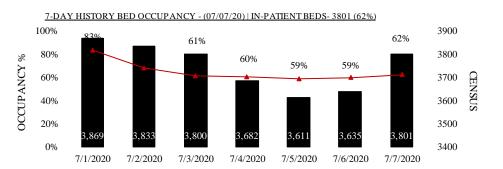
COVID 19 ORANGE COUNTY HOSPITAL SYSTEM DATA (CA SNOWFLAKE SERVER)(04/21/20 - 07/07/20) | 33 ACUTE CARE FACILITIES REPORTING

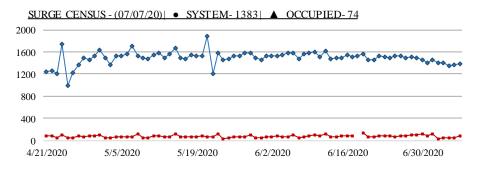


1.Face Covers Mandatory, 2. Cinco de Mayo, 3. OC Beaches Open, 4. Mom's Day, 5. OC Parks Parking Open, 6. OC Stage 2 Approved, 7. Memorial Day, 8. Re-open entertainment, etc., 9. CA Gov. Mask Mandate



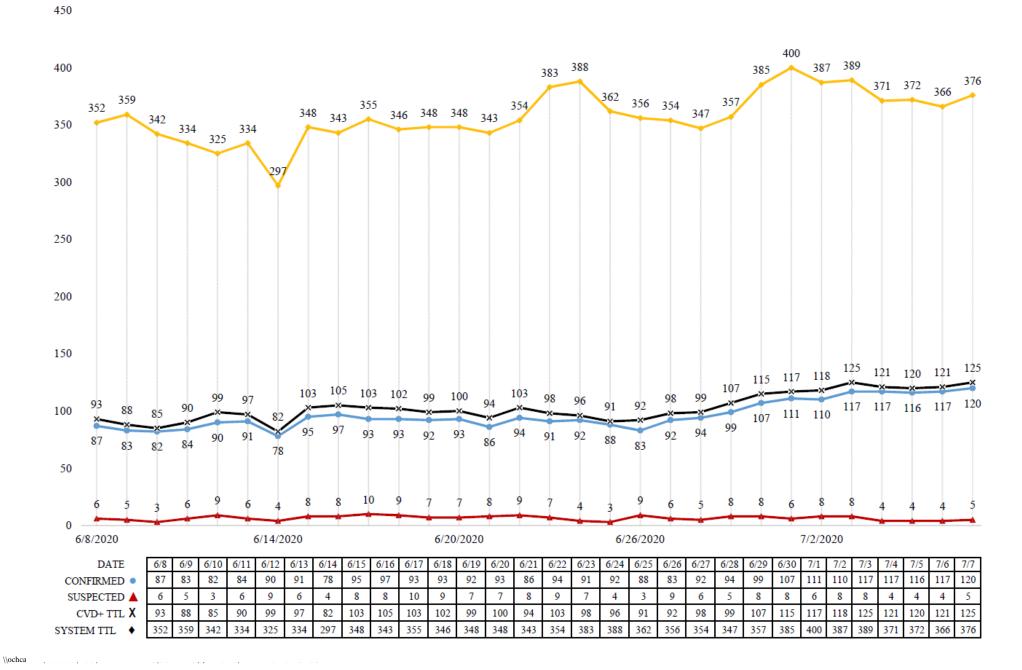






Online at: http://www.healthdisasteroc.org/ems/archive 07/08/20

COVID 19 ORANGE COUNTY HOSPITAL SYSTEM DATA (CA SNOWFLAKE SERVER) VENTILATORS IN USE (06/08/20 - 07/07/20) | ACUTE CARE FACILITIES REPORTING



Online at: http://www.healthdisasteroc.org/ems/archive 07/08/20

Reporting Date: 7/06/20	Acute Care Hospital PPE – DAYS ON HAND					
(33/33 ACHs reported)	0 - 3 days	4 - 14 days	15+ days	Non Reported		
N95 Masks	2	8	17	6		
Surgical Masks	2	7	18	6		
Face Shields	1	9	17	6		
PAPR Hoods	7	7	8	11		
Eye Protection	1	5	21	6		
Gowns	0	10	17	6		
Gloves	2	10	12	6		

- On a routine basis, the MHOAC tracks daily hospitalizations, census, occupancy and PPE availability as well as reviews epidemiologic data (doubling time).
- The criteria in the table below serve as objective measures to identify the need for hospitals to shift to crisis care strategies (i.e. activate surge plans) & uses the following assumptions:
 - o Increased pressure in hospitals & on the EMS system requires a shift to crisis care strategies
 - o Low levels of PPE will come earlier than decreased capacity and cause an abrupt change in capacity.
 - o Increased hospitalizations and low PPE could have a synergistic effect to reduce capacity.
 - o Low levels of PPE is not just a marker of capacity but causes capacity issues.

Hospital Criteria for shifting to Crisis Care Strategies LEGEND						
STATUS						
CRITERIA Normal Operations Under Control Modified Operations Assistance Need						
Rate of change in Hospitalized COVID-19	Never to 4 weeks	4 weeks to 2 weeks to	Less than 2 weeks to			
patients (doubling time over last 7 days)	to double	double	double			
Absolute COVID-19 Census in the hospital	Less than 500	500-750	>750			
Hospital census as a percentage of capacity	<80%	80% to 90%	>90%			
Supply of PPE available in the hospitals	>4 weeks	2 to 4 weeks	< 2 weeks			

Hospital Criteria for shifting to Crisis Care Strategies 7/8/20						
STATUS						
CRITERIA	Normal Modified Operations Operations Under Control Assistance Neede					
Rate of change in Hospitalized COVID-19 patients (doubling time over last 7 days)		22.3 days				
Absolute COVID-19 Census in the hospital		679				
Hospital census as a percentage of capacity		62%				
Supply of PPE available in the hospitals		2 to 4 weeks				

- It is important to note that the basis of the table is that these are concepts and criteria that we use to judge how the system is being affected by the COVID-19 pandemic. The numbers and colors given are a guideline, not a hard and fast rule. For example, if in 2 weeks our hospitalized cases go up by a factor of 1.8 to a level of 740, we will still consider that to be very concerning and would not wait until the doubling time worsens or the census tops 750.
- Hospital Surge Plans are already activated to an extent, as conditions worsen (higher COVID-19 inpatient burden, Staffing struggles, PPE concerns) the crisis care strategies of
- Does this trigger a shift to crisis care strategies and an activation of surge plans?
 That number is one factor. Surge plans are already activated to an extent. Increased concerns (more factors in the worrisome category) means increased amount of surge as in the next question.

Online at: http://www.healthdisasteroc.org/ems/archive 07/08/20

- What are the surge plans and crisis care strategies that would be implemented?
 - -Modifying units, such as converting beds/rooms to ICUs and negative pressure rooms
 - -Expanded beds also includes surge tents
 - -Flexing nursing staffing ratios
- How was the 750-patient threshold determined?
 Initial surge capacity of the hospitals was around 1000 beds. We figured that if we were getting close to that number, we need to take extra steps beyond the initial ones. Again, the exact number is not as important as the concept of stress on the system.
- All hospitals are impacted. We initially saw the highest degree of hospital burden in the hot spots of the county (Anaheim and Santa Ana), but as COVID-19 has become more widespread we are seeing the burden shift to hospitals based on their size, not just location.

AGENCY OPERATIONS CENTER / LOGISTICS SECTION

- AOC Activated at Level II; Hours of Operation Mon & Thurs 0900-1600; Warehouse Ops M-F 0900-1600
- SCARCE Resources: N95, Gloves, Testing Kits, Wipes
- DEPLETED Resources: Gowns

Total Activity						
INQUIRIES	RR RECEIVED	RR FILLED				
13,299	6,593	4,905 (74%)				

Logistics Daily Units Distributed 07-06-20					
N95 Mask	3,020				
Surgical Mask	0				
Gown	450				
Gloves	4,500				
Face Shields/Eye Protection	96				
Hand Sanitizer	100				
Other	92				
Total Units	8,258				

Inventory Report February 18 to July 2, 2020					
Medical Supply/Equipment Total Units Distributed					
N95 Mask	1,934,445				
Surgical Mask	767,305				
Gowns	608,223				
PPE-Suit	12,812				
Gloves	486,500				
Eye Protection	130,790				
Hand Sanitizer	206,989				
Other Items	249,313				
Total Units	4,396,377				

ALTERNATE CARE SITE

*Site open indefinitely to support hospital/SNF decompression

Fairview (COVID-19+)				
Patient Census (as of 7/8/2020 07:30)	CURRENT	TOTAL		
Orange County	23	39		
LA County	0	13		
Ventura County	0	1		
Total patients CENSUS / TOTAL ACCEPTED	17	53		
Patients Discharged		TOTAL		
AMA		0		
DISCHARGED				
TRANSFERRED		0		