

Nashville Area Tribal Leaders & Urban Indian Call: COVID-19 Guidance



MARCH 16, 2020



Agenda

- Opening Comments
- CDC Guidance Updates
- \$40 Million Supplemental Appropriation
- Communication Activities
- Healthcare System Preparedness
 & Response
 - Planning Activities
 - Operational Activities

- Supply Chain
- N95 Respirators Beyond Shelf Life
 & Fit Testing Guidance
- Surveillance
- Coordination with Federal and State Agencies
- Clinical Care & Facility Readiness
 Webinar March 17
- Questions & Comments





Latest Updates from CDC

- This is a rapidly evolving situation and the risk assessment may change daily.
- March 13: CDC released revisions to the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens
 - Recommend to collect and test a single upper respiratory nasopharyngeal swab
 - https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html
- March 15: CDC recommends that for the next 8 weeks, organizers cancel or postpone in-person events such as conferences, festivals, parades and weddings that consist of 50 people or more throughout the U.S.





\$40 million Supplemental Appropriation

- IHS is working closely with HHS and CDC to determine how best to allocate the \$40 million included in the supplemental appropriation.
- Tribes can provide input on the distribution approach during the National Indian Health Board's Virtual Listening Session on Tuesday, March 17 from 5:30 to 6:30pm EST, and during the IHS All Tribal and Urban Indian Organization Leader call on Thursday, March 19 from 3:30-4:30pm EST.





Communication Activities

- Encourage periodic review of the <u>CDC's Coronavirus Disease 2019</u> <u>website</u> for the most recent information, including <u>targeted health</u> <u>care provider guidance</u>.
 - https://www.cdc.gov/coronavirus/2019-nCoV/index.html
- Nashville Area Specific Info:
 - Collection of tribal travel bans and public health states of emergency
 - May submit to Ashley Metcalf, Director, Office of Tribal Affairs, by email at <u>Ashley.Metcalf@ihs.gov</u>





Planning Activities

- Stay informed about the local COVID-19 situation.
- Develop, or review, facility's pandemic response plans.
- Disseminate the CDC "<u>Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool</u>" to conduct mandatory inventory of clinical site readiness and to determine and preparedness gaps; gap analysis and recommended actions
- Ensure you know the healthcare emergency plans and response activities of your referral hospitals and emergency response.
- Keep your emergency points of contact for key partners.
- Nashville Area will be sharing various regional points of contact soon.





Planning Technical Assistance (TA)

- TA available for facility preparedness and policy development/review available for through our Office of Public Health
 - Lead: CAPT Max Boykin by email at <u>max.boykin@ihs.gov</u>
 - Alternate: CAPT Tiara Ruff by email at <u>tiara.ruff@ihs.gov</u>



Nashville Area Office, Service Unit, & Field Office Planning Activities



- Limiting transmission among employees and healthcare staff
- Providing broad leave flexibilities for school closings and exposure risks
- Reviewed and revised our emergency planning and response plans
- Canceled non-essential travel as of March 6 will run through May 9
- Conducted broad analysis of telework-eligible positions completed March 13
- Authorized telework for Nashville Area employees effective March 16
 April 3





Planning for Officer Deployments

- Submission of mission critical officers employed in IHS and Tribal facilities where a potential deployment would interfere with operations – sent to IHS HQ on March 13
- Currently have 2 officers deployed from IHS





Operational Activities

- Protect your workforce
- Screen patients and visitors for acute respiratory illness symptoms and fever before entering your facility
- Ensure proper use of personal protection equipment (PPE)
- Conduct an inventory of available PPE plan to optimize what is available
- Prepare to safely triage and manage patients with respiratory illness





Operational Activities Cont'd

- Advise employees to check for any signs of illness before reporting to work each day – facility may consider screening staff before entering the facility
- Do not require a healthcare provider's note for employees who are sick
- Consider reaching out to patients who are at higher risk of COVID-19 related complications – medication refills and notify provider by phone if they become ill
- Shift practices to triaging and assessing ill patients
- Increase use of telephone management and other remote methods of triaging, assessing, and caring for patients





Operational Activities Cont'd

- Consider limiting points of entry to the facility
- Other guidance at: https://www.cdc.gov/coronavirus/2019-ncov





Supply Chain

- Testing kits for COVID-19 available through National Supply Service Center (NSSC)
- New N95 Respirators, hand sanitizer, disinfectant, and ear-looped masks – back order from NSSC
- N95 Respirators beyond shelf life expiration available and shipped to each IHS and Tribal site on March 16 from NSSC
 - Please notify your shipping department of the pending shipment
- The focus for shipping N95 respirators is for IHS and tribes with direct services and the protection of front-line health care workers





N95 Beyond Shelf-Life Date

- https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html
- In times of increased demand and decreased supply, consideration can be given to use the N95s listed above past their manufacturer-designated shelf life when responding to COVID-19.
- The respirators exceeding their manufacturer-designated shelf life are only being released due to the potential urgent demand caused by the COVID-19 public health emergency.





N95 Precautionary Measures

- Visually inspect the N95 to determine if its integrity has been compromised.
- Check that components such as the straps, nose bridge, and nose foam material did not degrade, which can affect the quality of the fit, and seal and therefore the effectiveness of the respirator.
- If the integrity of any part of the respirator is compromised, or if a successful user seal check cannot be performed, discard the respirator and try another respirator.
- Users should perform a <u>user seal check</u> immediately after they don each respirator and should not use a respirator on which they cannot perform a successful user seal check.



OSHA Guidance: N95 Respirator Fit Testing



- A fit test is required for anyone wearing a respirator to protect against COVID-19 (initial fit testing is essential to determine if the respirator properly fits the worker and is capable of providing the expected level of protection).
- Annual fit test can be temporarily suspended if employee has already been fit tested to that respirator.
- Inform workers that the employer is temporarily suspending the annual fit testing of N95 filtering facepiece respirators to preserve and prioritize the supply of respirators for use in situations where they are required to be worn.



A LOSS

Surveillance

- Daily report ups to HQ
 - For hospitals # of beds, census, ICU beds, negative pressure rooms, ventilators, and # of cases being treated
 - For all testing data: # tested, # positive, # negative; # in process; PPE supplies, planning & preparedness activities
- Will share with reporting template with USET TEC if Tribes are interested in submitting their information



Coordination with Federal & State Agencies



- Lead IHS Nashville Area Point of Contact Harold "Rocky" Jones
 - Email: <u>Harold.jones@ihs.gov</u>
 - Phone: 316-303-5681
- Alternate IHS Nashville Area Point of Contact Geoff Elliott
 - Email: Geoffrey.Elliott@ihs.gov
 - Phone: 615-417-4179 or 615-478-9150



IHS COVID-19 TeleECHO Session on Clinical Care & Facility Readiness



Tuesday, March 17 at 2 p.m. ET/1 p.m. CT

To join us via Zoom:

https://echo.zoom.us/j/6238623556

Clinic ID: 623 862 3556

Passcode: 995783

Due to capacity limitations for call-ins, participants are asked to use group or conference room call-in and to limit individual callers as much as possible to permit broad access to as many sites as possible.





Questions & Answers

