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1. News

Recent News and Updates

- Wall Street Journal: [Coronavirus Testing Chaos Across America](#)
- The Hill: [Treasury delays tax filing deadline to July 15](#)
- Washington Times: [American Indian Tribes see lag in aid to fight coronavirus](#)
- The Hill: [State Department urges US citizens to avoid all international travel](#)
- CDC: [Daily Key Points – March 20 as of 10:45 PM](#)
- CDC: [Daily Key Points – March 19 as of 10:30 AM](#)
- CDC: [Daily Key Points – March 18 as of 11:20 PM](#)
- Politico: [National emergency declaration boosts telehealth](#)
- CNBC: [President Trump signs coronavirus relief plan to expand paid leave](#)
- U.S. Census Bureau Director Steven Dillingham on Operational Updates
- NBC News: [Trump to suspend evictions, authorizes Defense Production Act to mobilize businesses to aid coronavirus response](#)
- [The President's Coronavirus Guidelines for America – 15 Days to Slow the Spread](#)

USET/USET SPF Member News

- [EBCI Issues State of Emergency; Road Closures in Place](#)
- [EBCI Moves to Four Day Week and Closes All Lobbies](#)
- [Harrah’s Cherokee Casinos Announce Temporary Closure](#)
- [Cypress Bayou Casino Hotel temporarily suspends all casino, hotel, and restaurant operations](#)
- [Mohegan Sun, Foxwoods reach deal with Lamont to close Tuesday](#)
- [The Saint Regis Mohawk Tribe has notified the Akwesasne Mohawk Casino Resort that it intends to issue an order of closure effective March 17](#)
- [Foxwoods takes precautions to minimize the spread of coronavirus](#)
- [Wind Creek Properties in Alabama to Voluntarily Remain Closed Until March 30](#)
- [Seminole Resorts & Casinos postpone entertainment shows through March](#)
- [Seminole Hard Rock Hotel & Casino Hollywood suspends entertainment at its venues until April 15](#)
- [Eastern Band of Cherokee’s Secretary of Public Health and Human Services provides communications on the Coronavirus and its impacts on the community](#)

Policy and Legislative News

- 3/19/20 NPR: [Here’s What is in the ‘Families First’ Coronavirus Aid Package Trump Approved](#)
- 3/19/20 Press Release: [Udall Statement on Indian Country Priorities for Coronavirus Phase 3 Package](#)
- 3/19/20 NBC News: [Senate GOP unveils massive coronavirus bill that includes checks for Americans](#)
- 3/19/20 CBS News: [Senate GOP "phase 3" coronavirus bill includes checks up to $1,200 for most Americans](#)
- 3/19/20 The Hill: [McConnell Introduces Third Coronavirus Relief Proposal](#)
- 3/19/20 NPR: [Trump Signs Coronavirus Emergency Aid Package](#)
- 3/18/20 House Natural Resources Committee: [Chair Grijalva Pushes for Clarity on Federal Coronavirus Response in Indian Country – Asks for Documentation of Testing Equipment at Tribal Centers](#)
- 3/18/20 The Hill: [Senate Sends 2nd COVID-19 Relief Bill to Trump's Desk](#)
- 3/17/20 Stars and Stripes News: [Senate passes emergency bill protecting GI Bill benefits as colleges go online](#)
2. Frequently Asked Questions

The purpose of this FEMA page is to help the public distinguish between rumors and facts regarding the response to coronavirus (COVID-19) pandemic. Rumors can easily circulate within communities during a crisis, stay informed with FEMA’s updated myth vs. facts related to the federal (COVID-19) response.

General Coronavirus/COVID-19

Q: What is COVID-19?
A: Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. Current symptoms reported for patients with COVID-19 have included mild to severe respiratory illness with fever, cough, and difficulty breathing.

Q: How many coronavirus cases have been reported?
A: For the most up-to-date information please visit:
   - CDC - Number of coronavirus cases in the U.S.
   - WHO - Number of coronavirus cases globally
   - Indian Country Today - Number of coronavirus cases in the Indian health system*
 *Confirmed by Tribal Nations, the Indian Health Service, state public health agencies or the CDC

Q: Who is at risk for serious illness from COVID-19?
A: Some people may be at higher risk of getting very sick from this illness, including older adults and people who have serious underlying medical conditions like heart disease, diabetes, lung disease, and asthma.

   Click here for the latest CDC At-Risk COVID-19 information.

   The bottom line is, we are all at risk. If the healthcare system fails, then everyone will suffer. If the hospital is overloaded with COVID-19 patients, people with appendicitis, heart attacks, broken ankles and so on will not be able to be treated. This is the picture of systemic risk. Everyone is at risk if there is a systemic failure of the healthcare system, not just those with COVID-19.

   By following the appropriate recommended social isolation measures, you will be saving lives of not just those at increased risk who are infected, but also those who need other critical healthcare services, including potentially yourself. You will be saving the lives of people you will never meet.

   Everyone should follow the suggested social isolation measures. If you do not need to go out for a mission-critical purpose, do not. Again, you WILL be saving the lives of at-risk members of your own family, as well as people you will never have the pleasure of meeting.

Q: What is the risk of children becoming sick with COVID-19?
A: Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date.
Q: COVID-19 isn’t just the flu?
A: COVID-19 has been described by some as “just a cold”, or just like the common flu. COVID-19 is not the common flu. COVID-19 is an order of magnitude worse than the flu. The fatality rate is approximately 10 times worse than the flu.

The flu spreads from September through April in the US, and June through August in the Southern Hemisphere. Yes, it does cause severe illness in many, but it does so over a longer time course. Time is a variable that is working against us during this COVID-19 outbreak. COVID-19 victims will be presenting to a hospital in need of critical care at a rate that is far higher than occurs with the flu.

In addition, these patients will be requiring hospital treatment over the course of a few weeks rather than the 3-4 months of a typical flu season. The healthcare system in the USA is not ready to handle tens of thousands or hundreds of thousands of people over a short time frame. In Italy, the healthcare system buckled under the strain and the healthcare teams are now forced to make horrible life and death decisions.

Q: Are the symptoms of COVID-19 different in children than in adults?
A: No. The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally presented with mild symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported. It’s not known yet whether some children may be at higher risk for severe illness, for example, children with underlying medical conditions and special healthcare needs. There is much more to be learned about how the disease impacts children.
Q: Are young adults immune from the coronavirus?
A: American adults of all ages—not just those in their 70s, 80s and 90s—are being seriously sickened by the coronavirus, according to a report on nearly 2,500 of the first recorded cases in the United States. The report, issued March 18 by the Centers for Disease Control and Prevention, found that—as in other countries—the oldest patients had the greatest likelihood of dying and of being hospitalized. But of the 508 patients known to have been hospitalized, 38 percent were notably younger—between 20 and 54. And nearly half of the 121 patients who were admitted to intensive care units were adults under 65, the CDC reported. Read the full MSN article here.

Q: There are only 2177 cases ... why is everyone so worried?
A: If only a snapshot in time had relevance, then perhaps stating that only there are “only” 2177 cases (March 14, 2020) [now 3,000 cases 3/15/20, 6AM ET] would be relevant and somewhat comforting. Italy has over 15,000 cases today, they only had a few hundred cases a week ago. Stating that we only have 1600 cases today is absolutely irrelevant in the face of a pandemic virus spreading under exponential conditions. We will help put the term exponential spread into context down below.

**Immunologically naive populations:**

Viruses have been circulating around the globe for millennia. One family of viruses that have been circulating are referred to as coronaviruses. About a quarter of common colds are caused by coronaviruses. Our bodies form antibodies to foreign invaders such as bacteria or viruses. If we have antibodies from a previous exposure, then we can rapidly ramp up the production of those antibodies if we are infected by that same virus at a later date. This is why you only get Chicken Pox and the Measles once. The first episode generates protective antibodies so you can’t get infected a second time. For other infections, previous exposures do not make you immune to future infections, but it does make subsequent exposures milder.

COVID-19 is a severe respiratory illness caused by the virus named SARS-CoV2. It is a novel virus, which means that no one in the world has antibodies to it because no one has ever been infected by it before. As such, when the COVID-19 virus invades our body we do not have antibodies. We do not have a template to utilize from a previous exposure to rapidly create a defense against the virus. Because no one has antibodies, everyone is at risk for catching the virus, becoming ill, and spreading the virus so that it can infect those around you.

**Exponential spread:**

Exponential math is very hard to grasp. Every person with the COVID-19 virus infects approximately 2 people. Some less, some more. The infection rate doubles every 6 days. That means that if 50,000 people have the virus today, then in 6 days 100,000 people will have it. In another 12 days it’s 400,000 and less than two weeks later it’s over a million people. We have 330 million people in the US. The experts expect that 40-70% of people will be infected. Exponential growth does not take that long to get to those scary high numbers. Every 6 days we delay the number of infections double. This YouTube video does a great job at explaining this.

Q: Is it time to panic?
A: NO. This document is trying to help you to understand the situation at hand and not to terrify you. We want to make sure you understand the facts and understand what is at stake. This is a Pearl Harbor moment for our country. We are facing a real threat and we need to face it with all of our resources. When people decry the seriousness of this moment they are steering our country off a cliff, we need everyone to understand that this is important and if we work together to slow the spread we will get through this as we are learning from Singapore, Hong Kong, South Korea, and China.
The effectiveness of our healthcare system to deal with a sudden tsunami of respiratory illness is what is at risk. If our healthcare system buckles under the strain of tens of thousands of patients then we could be looking at a catastrophe.

Q: Personal Risk vs Systemic Risk
A: When we talk about risk, there are many different elements to consider. Naturally, we are concerned about ourselves and our loved ones. This is an example of personal risk. By and large, your personal risk is low. The overall fatality rate for COVID-19 appears to be around 0.6%-1%. The lower bound (0.6%) comes from the South Korea data. As we will discuss later, certain populations with certain diseases carry an increased risk of a serious life-threatening infection.

What we as physicians are most concerned about is systemic risk. Complex systems, such as our healthcare system, function because all the moving pieces fit together and interact with one another in such a way that the system functions under normal loads, lower than normal loads, and slightly higher than normal loads but may break down under the very high loads we anticipate with COVID19. We have watched in horror at what is taking place in Italy where their healthcare system is failing. The healthcare system was overwhelmed by a flood of people requiring critical medical care all arriving too close together in time. Italy does not have enough ICU beds, ventilators (mechanical breathing machines), and medications to manage all the patients that needed it. Physicians in Italy are judging who gets an ICU bed and critical care and who does not because there is not enough supply to take care of everyone. We do not want to see this happen here. This should be very clear:

This will happen here, and it will happen soon – possibly in one to two weeks – if we do not take very bold steps at this time.

Q: Who’s at risk?
A: Some people may be at higher risk of getting very sick from this illness. This includes:

- Older Adults
- People who have serious underlying medical conditions like heart disease, diabetes, lung disease, and asthma.

Click here for the latest CDC At-Risk COVID-19 information.

The bottom line is, we are all at risk. If the healthcare system fails, then everyone will suffer. If the hospital is overloaded with COVID-19 patients, people with appendicitis, heart attacks, broken ankles and so on will not be able to be treated. This is the picture of systemic risk. Everyone is at risk if there is a systemic failure of the healthcare system, not just those with COVID-19.

By following the appropriate recommended social isolation measures, you will be saving lives of not just those at increased risk who are infected, but also those who need other critical healthcare services, including potentially yourself. You will be saving the lives of people you will never meet. Everyone should follow the suggested social isolation measures. If you do not need to go out for a mission-critical purpose, do not. Again, you WILL be saving the lives of at-risk members of your own family, as well as people you will never have the pleasure of meeting.

Q: I have diabetes. What do I need to know about the coronavirus?
A: Click here for the latest information from the American Diabetes Association.

Q: What do I do if I feel sick?
A: The CDC recommends the following:

- Stay home except to get medical care
- Call ahead before visiting your doctor
• Cover your coughs and sneezes
• Clean your hands often
• Avoid sharing personal household items
• Clean all “high-touch” surfaces everyday


Q: What do I do if I think I have been exposed?
A: Call your doctor
• If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.
• You can also use the COVID-19 symptom self-checker. The self-checker helps users make decisions about seeking appropriate medical care. This system is not intended for diagnosis or treatment of COVID-19 or other diseases.

Prevention and Preparation
Q: How can I prevent COVID-19?
A: Practice everyday preventive actions to help reduce the risk of getting sick and remind everyone in your home to do the same. These actions are especially important for older adults and people who have severe chronic medical conditions:
• Avoid close contact with people who are sick.
• Stay home when you are sick, except to get medical care.
• Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
• Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
• If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
• Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).

Q: How can my family and I prepare for a COVID-19 outbreak?
A: Create a household plan of action to help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community:
• Talk with the people who need to be included in your plan and discuss what to do if a COVID-19 outbreak occurs in your community. Plan ways to care for those who might be at greater risk for serious complications, particularly older adults and those with severe chronic medical conditions like heart, lung or kidney disease. Make sure they have access to several weeks of medications and supplies in case you need to stay home for prolonged periods of time.
• Get to know your neighbors and find out if your neighborhood has a website or social media page to stay connected.
• Create a list of local organizations that you and your household can contact in the event you need access to information, healthcare services, support, and resources.
• Create an emergency contact list of family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.
Q: Do I need to wear a facemask to prevent COVID-19?
A: The Centers for Disease Control and Prevention (CDC) does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms. This is to protect others from the risk of getting infected. The use of facemasks also is crucial for health workers and other people who are taking care of someone infected with COVID-19 either at home or in a health care facility.

Q: What SHOULD we do? — The Importance of Social Isolation
A: Containment of COVID-19 is no longer possible. The virus is already in the country and is currently spreading. We need to slow the spread. Mitigation is the best current strategy. It involves strict social isolation. If 50% of the US population becomes infected, 5% of infected people will need a ventilator in an ICU, and if we have only a limited number of ventilators available in the country, you can quickly see the issue at hand.

This is an extremely time-sensitive and serious issue that needs to be addressed now. We can’t simply manufacture the number of ventilators necessary. We need to slow the spread and decrease the overall rate at which people will be coming to the hospital.

We use the description: We must Flatten The Curve. That means that we need to slow the rate of infection so that the number of people who need hospital services remains in the range that our healthcare system can supply. In mitigation we are no longer trying to contain the virus, we merely are trying to slow the rate of infection to keep the healthcare system from collapsing.

Q: Who should follow suggested social isolation measures?
A: EVERYONE. If you don’t need to go out for a mission-critical purpose, do not. Again, you WILL be saving the lives of at-risk members of your own family, as well as people you will never have the pleasure of meeting.

Q: The stores are all out of disinfectant sprays and hand sanitizer. Can I make my own?
A: Yes, you can make your own disinfectant if you’re trying to kill coronavirus on a non-porous surface. “Unexpired household bleach will be effective against coronaviruses when properly diluted,” the US Centers for Disease Control and Prevention said.

The CDC’s recipe calls for diluting 5 tablespoons (or ⅓ cup) of bleach per gallon of water, or 4 teaspoons of bleach per quart of water.

You can also make your own hand sanitizer. The Nebraska Medical Center – famous for its biocontainment unit and treatment of Ebola patients – offers this recipe:

What you’ll need:
- 2/3 cup 91% isopropyl alcohol (rubbing alcohol)
- 1/3 cup aloe vera gel
- Mixing bowl
- Spoon or something for whisking
- Small container, such as a 3 oz. travel bottle
- Optional: essential oil to give your hand sanitizer a fragrance

Directions:
In a mixing bowl, stir isopropyl alcohol and aloe vera gel together until well blended. Add 8-10 drops of scented essential oil (optional, but nice!). Stir to incorporate. Pour the homemade hand sanitizer into an empty container and seal. Write “hand sanitizer” on a piece of masking tape and affix to the bottle.
Information for Indian Country

Q: How does my Tribal Nation request an emergency declaration?
A: The Federal Emergency Management Agency (FEMA) published a list of frequently asked questions about the current process for Tribal governments to request a Presidential emergency or major disaster declaration independently of a state.

Q: Can Tribal Nations request test kits for their clinics from IHS?
A: Test kits will become available through National Supply Service Center as early as this week. If you have no kits, you may use CDC guidance for Dacron plastic swabs. For more information, click here: Public Health Laboratory testing for COVID-19.

Q: Where can we purchase Personal Protective Equipment (PPE)?
A: Through the IHS National Service Supply Center or directly from the manufacturer. Watch Video here from CDC: https://youtu.be/bG6zlSnenPg

Q: Where can I find more information about Tribal respiratory protection programs?
A: Click here for an example: Respiratory Protection Plan – Catawba Indian Nation.

Q: Where can I find information on Tribal pandemic planning?
A: Click here to view a template from Washington state: https://aihc-wa.com/incident-responses-and-other-news/.

Q: How will the Food Distribution Program on Indian Reservations (FDPIR) be impacted?
A: A USDA Food Distribution representative informed USET staff on March 19 that the program is operating normally, and that USDA is not aware of any FDPIR food deliveries being affected by COVID-19. On a national call on March 18, a USDA representative stated that national warehouses are fully stocked and prepared to provide food for up to 3 months. However, if you are experiencing any challenges that the USDA FDPIR program needs to be aware of, please direct any questions to Kathy Stanley, USDA Food Distribution, at 540-226-1502.

Q: What if I have a routine IHS appointment and previously scheduled procedure?
A: IHS is encouraging all individuals to call their local IHS facility before seeking any care—this includes previously scheduled medical visits, mental health appointments, and surgical procedures. To locate your nearest IHS facility, please use the IHS Find Health Care website. As of now, there is no indication that IHS pharmacies will need to alter their current practices for distributing prescription medicines. Should the CDC recommend reducing the number of patient visits to IHS facilities, the IHS Pharmacy Program will explore alternative delivery options for medications, such as the Consolidated Mail Outpatient Pharmacy Program.

Q: How can I support my Elders?
A: IHS acknowledges that many American Indians and Alaska Native families live in multi-generational households. Elders and those who have serious chronic medical conditions such as heart disease, diabetes, or lung disease are at higher risk of contracting coronavirus. Please follow the CDC’s guidelines to prepare your households for the elderly and other vulnerable populations. If an elder begins to exhibit coronavirus
symptoms, please contact your nearest IHS health facility for further assistance. Use the [IHS Find Health Care website](https://www.ihs.gov) to locate your closest facility.

**Information for Healthcare Personnel**

**Q:** What are the clinical features of COVID-19?  
**A:** The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of asymptomatic infection with COVID-19. See also [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19)](https://www.cdc.gov/mmwr/mmwrhtml/cd20200150.htm).

**Q:** Who is at risk for COVID-19?  
**A:** Currently, those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with symptomatic, confirmed COVID-19 and those who live in or have recently been to areas with sustained transmission. Some people may be at higher risk of getting very sick from this illness. This includes older adults, and people who have serious underlying medical conditions like heart disease, diabetes, lung disease, and asthma. Click [here](https://www.cdc.gov/coronavirus/2019-ncov/downloads/at-risk-covid-19.html) for the latest CDC At-Risk COVID-19 information.

**Q:** Who is at risk for severe disease from COVID-19?  
**A:** The available data are currently insufficient to identify risk factors for severe clinical outcomes. From the limited data that are available for COVID-19 infected patients, and for data from related coronaviruses such as SARS-CoV and MERS-CoV, it is possible that older adults, and persons who have underlying chronic medical conditions, such as immunocompromising conditions, may be at risk for more severe outcomes. See also [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19)](https://www.cdc.gov/mmwr/mmwrhtml/cd20200150.htm).

**Q:** When is someone infectious?  
**A:** The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present. Asymptomatic infection with SARS-CoV-2 has been reported, but it is not yet known what role asymptomatic infection plays in transmission. Similarly, the role of pre-symptomatic transmission (infection detection during the incubation period prior to illness onset) is unknown. Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g., MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2-14 days.

**Q:** Which body fluids can spread infection?  
**A:** Very limited data are available about detection of SARS-CoV-2 and infectious virus in clinical specimens. SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and SARS-CoV-2 has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, but whether infectious virus is present in extrapulmonary specimens is currently unknown. The duration of SARS-CoV-2 RNA detection in upper and lower respiratory tract specimens and in extrapulmonary specimens is not yet known but may be several weeks or longer, which has been observed in cases of MERS-CoV or SARS-CoV infection. While viable, infectious SARS-CoV has been isolated from respiratory, blood, urine, and stool specimens, in contrast – viable, infectious MERS-CoV has only been isolated from respiratory tract specimens. It is not yet known
whether other non-respiratory body fluids from an infected person including vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.

Q: Can people who recover from COVID-19 be infected again?
A: The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

Q: How should healthcare personnel protect themselves when evaluating a patient who may have COVID-19?
A: Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to persons under investigation (PUI) for COVID-19. Healthcare personnel evaluating PUI or providing care for patients with confirmed COVID-19 should use, Standard Transmission-based Precautions. Until more is known about how the COVID-19 spreads, CDC and OSHA recommend using a combination of standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect healthcare workers with exposure to the virus. See the Interim Guidance for Personal Protective Equipment. To request items from the Strategic National Medical Stockpile, submit this form to Dr. Beverly Cotton, IHS NAO Director at Beverly.cotton@ihs.gov.

Q: Where can we purchase Personal Protective Equipment (PPE)?
A: Through the IHS National Service Supply Center or directly from the manufacturer.
Watch Video here from CDC: https://youtu.be/bG6zISnenPg

Q: What can we do if we are running low on or if we run out of Personal Protective Equipment (PPE)?
A: The CDC has provided strategies for optimizing the supply of facemasks, eye protection, isolation gowns, and N95 respirators.

Q: Where can I find more information on correctly fitting an N95 respirator?
A: The Occupational Safety and Health Administration (OSHA) published temporary guidance on N95 fit testing during the COVID-19 outbreak on March 14. OSHA also published a transcript from a training video on respirator fit testing.

Q: Where can I find more information about Tribal respiratory protection programs?
A: Click here for an example: Respiratory Protection Plan – Catawba Indian Nation.

Q: What communication technology can I use to provide telehealth services?
A: On March 17, the US Department of Health and Human Services (HHS) Office for Civil Rights (OCR) announced that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19. In support of this action, OCR will be providing further guidance explaining how covered health care providers can use remote video communication products and offer telehealth to patients responsibly.

Q: What are the steps for setting a drive-up for collecting samples?
A: Click here for a diagram of general steps that Tribal clinics established for the collection of drive-up samples.

Q: Are there other resources for healthcare professionals?
A: Yes. Visit links below.
   - CDC: Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)
   - CDC: Information for healthcare professionals
   - CDC: Caring for Patients
   - CDC: Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)
   - CDC: Guidance for Discontinuation of Home Isolation
   - North Carolina Summary of CDC Guidance for Discontinuation of Home Isolation
   - CDC: Additional FAQs for Healthcare Personnel.

Information for Schools and Childcare Providers

Q: Is there guidance on closing schools and childcare facilities?
A: Yes. Please visit the CDC’s website for more information: Interim Guidance for Administrators of U.S. Childcare Programs and K-12 Schools

Q: Are there resources for schools and childcare facilities?
A: Yes. Visit links below.
   - CDC: Environmental Cleaning and Disinfection Recommendations – Community Facilities
   - Department of Education: Resources for Schools and School Personnel

Q: What disinfectants should I use against the Coronavirus?
A: Please refer to EPA’s recommendations: Disinfectants for Use Against COVID-19
3. Best Practices

Best Practices for Pandemic Preparedness and Planning

- COVID-19: Model Plans, Policies, Codes and Resolutions
- From Eastern Band of Cherokee Indians: DRAFT Pandemic Flu Plan
- Tribal Pandemic Influenza Plan
- Pandemic Flu Checklist for local Health Departments
- CDC: Pandemic Preparedness Resources
- CDC: Pandemic Preparedness Resources

While the content at the provided links was developed to prepare for, or respond to, an influenza (“flu”) pandemic, the newly emerged coronavirus disease 2019 (COVID-19) is a respiratory disease that seems to be spreading much like flu. Guidance and tools developed for pandemic influenza planning and preparedness can serve as appropriate resources for health departments in the event the current COVID-19 outbreak triggers a pandemic.

- CDC: Nonpharmaceutical Interventions (NPIs)

NPIs are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic influenza (flu). NPIs are also known as community mitigation strategies. When a new virus spreads among people, causing illness worldwide, it is called a pandemic. Because a pandemic virus is new, the human population has little or no immunity against it. This allows the virus to spread quickly from person to person worldwide. NPIs are among the best ways of controlling pandemics when vaccines are not yet available. This website provides decision makers, planners, and public health professionals with educational tools, resources, pandemic planning guides, checklists, and select research about the types of NPIs and how they work in different settings.

Prevention Best Practices

- Wash your hands often with soap and water for 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are ill.
- Stay home when you are ill.
- Practice good respiratory etiquette and cover your mouth and nose when coughing or sneezing.
- If using a tissue, immediately throw the tissue in the garbage and wash your hands.
- If you don’t have a tissue, sneeze or cough into your sleeve or arm.

Water System Preparedness and Pandemic Best Practices

- Water Environment Federation coronavirus webcast from February 25, 2020
- Stantec: Introduction to Coronavirus
- American Water Works Association: Water System Preparedness and Best Practices for Pandemic Influenza
- Environmental Protection Agency: Pandemic Influenza Fact Sheet for the Water Sector
Best Practices for Healthcare Personnel

- North Carolina Department of Health and Human Services (NC HHS): COVID-19 Outpatient Triage and Assessment Guidance
- NC HHS: Interim guidance for use of personal protective equipment
- NC HHS: Interim Guidance for Discontinuation of Home Isolation for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)
- To request items from the Strategic National Medical Stockpile, submit this form to Dr. Beverly Cotton, IHS NAO Director at Beverly.cotton@ihs.gov.
- CDC: Guidance for Nursing homes
- CDC: Guidance on infection prevention and control recommendations for healthcare worker.
- A diagram for general steps that Tribal clinics established for the collection of drive-up samples.
4. Legislation and Federal Policy

**TRIBAL NATIONS ARE STRONGLY ENCOURAGED TO INTERNALLY DOCUMENT THE DETAILS OF THEIR LOSSES WITH THE POSSIBILITY OF REIMBURSEMENT BECOMING AN OPTION AS THE RELIEF AND RESPONSE EFFORT UNFOLDS**

Pending Legislation
Coronavirus Aid, Relief, and Economic Security Act (CARES Act)
Status: Currently Being Negotiated
3/22 Roll Call: Coronavirus stimulus package stalls after Senate motion rejected
3/22 Washington Post: Treasury’s power over $500 billion loan program becomes key sticking point in coronavirus aid bill
3/21 Press Release Senator McConnell
  • Bill Text: Senate Republican Version
  • Indian Country Specific Requests
    o 3/20 Letter from House Progressive Caucus
    o 3/20 Tribal Priorities for Economic Development and Employment for COVID-19 Stimulus Package
      ▪ Tribal Employment Priorities – FUTA and Fisheries Technical Corrections
    o 3/20 Tribal Priorities for Tribal Governance and Housing for COVID-19 Stimulus Package
    o 3/20 Tribal Priorities for Health Education and Nutrition for COVID-19 Stimulus Package
    o 3/20 Indian Country Priorities Summary for COVID-19 Stimulus Package
    o 3/20 Sens. McSally (R-AZ) and Daines (R-MT) Letter to Majority Leader McConnell with Tribal Requests for 3rd Stimulus
    o 3/19 Tribal Gaming Nations letter to Congress on COVID-19
    o 3/18 National Indian Gaming Association Request $18B in Federal Aid for Tribal Gaming
    o 3/18 Native CDFI Network (NCN) Calls on Congress to Provide $100 Million in Emergency Funding for NACA
    o 3/17 NCAI Compiled List of Policy Priorities
    o 3/17 House Native Caucus Letter with NCAI-NIHB-NCUIH Requests
    o 3/16 Letter from Senator Steve Daines (MT) to President Trump recommending additional steps to include Native Americans

CDC Tribal Public Health Security and Preparedness Act (To ensure Tribal Nations have direct access to the Public Health Emergency Preparedness Program)
Status: Introduced in Senate and House
  o S. 3486: Sen. Udall Press Release
  o H.R. 6274: Reps. Haaland and Gallego Press Release
  o Bill Text

Tribal Medical Supplies Stockpile Access Act (To Guarantee Tribal Health Authorities Access to the Strategic National Stockpile)
Status: Introduced in Senate
Passed Legislation

**H.R. 6201**: The Families First Coronavirus Response Act
Status: Signed into law on 3/18
- Bill Text
- Bill Summary
- 3/20 Hobbs, Straus, Dean & Walker, LLP: [HR 6201’s Employment Related Provisions](#)

**H.R. 6074**: The Coronavirus Preparedness and Response Supplemental Appropriations Act (includes $40M Indian country specific component)
Status: Signed into law 3/06
Funding Distribution Status: HHS announces upcoming action to provide funding to tribes for COVID-19 response
- Bill Text
- Bill Summary

Executive Action/Requests

3/17 [Letter from OMB to Congress Requesting Additional $45.8 billion in Funding to Executive Agencies](#)
3/17 [Treasury Department Proposal for Third Congressional Funding Bill](#)

Continue to Help Identify Legislative Priorities for Future Emergency Response Packages

❖ **FOR USET MEMBER TRIBAL NATIONS**
To include any specific items or priorities in USET’s legislative efforts regarding COVID-19 response and relief efforts, please email lmalerba@usetinc.org.

❖ **NCAI NATIONAL LEGISLATIVE PRIORITIES OUTREACH**
[https://docs.google.com/document/d/1-8XaFgZgLzdE5ra_kh65wrHuNQ3kMAzjXaG4PwlS4o/edit?usp=sharing](#)

Other Resources and Items of Interest

- 3/17 [Senate Democrats](#)
- 3/20 [COVID-19 Relief for Small Businesses Act of 2020](#)
- 3/19 House Majority Leader: [Dear Colleague: Update on House Floor Schedule](#)
- 3/5 [Bi-Partisan Senate Letter to HHS](#)
5. Resources, Funding Opportunities, and Guidance

A. Guidance

- Administration for Community Living/ Administration on Aging: [Older Americans Act Disaster Relief FAQs](#)
- US Department of Agriculture (USDA): [USDA Ensures Food Safety During COVID-19 Outbreak](#)
- The President’s Coronavirus Guidelines for America – 15 Days to Slow the Spread
- Centers for Disease Control and Prevention (CDC): [Recommendations on school closure](#)
- Hobbs Straus Dean & Walker: [Authorities and Considerations in Addressing the Global COVID-19 Outbreak in Indian Country](#)
- USET Coronavirus Fact Sheet
- Update and Guidance on How to Flatten the Curve: [flattenthecurve.com](#)
- CDC: This [interim guidance](#) is to help household members plan for community transmission of COVID-19 in the US
- CDC: [Interim guidance](#) for Administrators of US K-12 Schools and Childcare Program: Plan, Prepare, and Respond to COVID-19
- CDC: [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#). This is a guide for communities describing possible coronavirus transmission. Community mitigation strategies are often the most available interventions to help slow the transmission of COVID-19 in communities.
- CDC: [Guidance](#) for Nursing homes
- CDC: [Guidance](#) on infection prevention and control recommendations for healthcare workers
- **Guidance on Essential Critical Infrastructure Workforce:** The Department of Homeland Security identified essential critical infrastructure workers that are needed to maintain the services and functions that Americans depend on daily. Examples of the workforce include: communications, chemical, nuclear, energy, government facilities, healthcare and public health, defense industrial base, water, and many others. The memo can be found [here](#).
- **Recommendations to Cancel Adult Elective and Non-Essential Medical, Surgical and Dental Procedures:** CMS released recommendations to delay non-essential procedures in an effort to preserve personal protective equipment (PPE), beds, and ventilators for facilities as well as to free up health care workers to treat patients with COVID-19. The recommendations provide a framework for hospitals and clinicians to implement immediately to determine and identify non-essential and elective procedures. The recommendations and guidelines can be found [here](#).
- **CMS Updates FAQs for Medicaid and CHIP:** CMS released updated FAQs that address issues raised by states over the prior few days. The document includes answers to questions related to the flexibilities CMS is affording to states in managed care, benefits, financing, 1115 demonstrations, and leveraging “1135” waivers offered as part of the President’s declaration of a national emergency. States may submit questions to CMS through their state leads. The FAQs can be found [here](#).
- **CMS Guidance to Programs of All-Inclusive Care for the Elderly (PACE) Organizations:** Medicare and Medicaid beneficiaries that participate in PACE typically have chronic conditions, are older and therefore at higher risk for COVID-19. The guidance offers clear, actionable information to PACE Organizations on accepted policies and standard procedures with respect to infection control. The guidance outlines that POs can ensure access to Part D drugs by relaxing “refill-too-soon” edits & providing maximum extended day supply & waiving prior authorization.
requirements at any time that they otherwise would apply to drugs used to treat or prevent COVID-19. More information about the guidance can be found [here](#).

- **FAQs for Catastrophic Health Coverage:** CMS released an FAQ document that clarifies coverage for the diagnosis and treatment of COVID-19 by catastrophic health plans. The FAQs issued today align with guidance the Internal Revenue Service (IRS) released last week, which provides flexibility to high deductible health plans to provide health benefits for diagnosis and treatment of COVID-19 without application of a deductible or cost-sharing. The FAQs can be found [here](#).

- **Updated FAQs for Healthcare Professionals:** CDC updated their frequently asked questions for healthcare personnel to include information for pregnant healthcare workers. The FAQs generally address symptoms, risks, treatment and waste management issues for healthcare professionals treating patients with COVID-19. The FAQs can be found [here](#).

### B. Funding Opportunities

- **Small Business Administration (SBA):** [SBA Updates Criteria on States for Requesting Disaster Assistance Loans for Small Businesses Impacted by Coronavirus (COVID-19)](#)
- **New England Grassroots Environment Fund COVID19 Rapid Response Funding – Seed Grants**
- **Financial Relief Resources for Artists**
- **The SOZE Agency Artist and Activist Relief Fund**
- Keep up to date with the latest Coronavirus-related scams at [www.ftc.gov/coronavirus](http://www.ftc.gov/coronavirus) or by [signing up to get these consumer alerts](#).

### C. Resources

#### I. General Resources

- **Surviving Isolation**
- **Federal Emergency Management Agency (FEMA):**
  - Fact Sheet: [Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures](#)
  - [Current Process for Tribal Governments to Request a Presidential Declaration](#)
  - [Coronavirus (COVID-19) Response: Tribal Recipients](#)
  - Resources include:
    - Information for Tribal Governments Including: Model Tribal Communicable Disease Emergency Response Plan; Government Response Actions; and Governance and Authority
    - Information for Tribal and Urban Healthcare Providers
    - Information for Tribal Communities
- **Council on Governmental Relations developed a [list of resources related to the Institutional Agency Responses](#)**
- **To request items from the Strategic National Medical Stockpile, submit this [form](#) to Dr. Beverly Cotton, IHS NAO Director at [Beverly.cotton@ihs.gov](mailto:Beverly.cotton@ihs.gov).**
- **PowerPoint for Community Education**
- Keep up to date with the latest coronavirus-related scams at [www.ftc.gov/coronavirus](http://www.ftc.gov/coronavirus) or by [signing up to get these consumer alerts](#).
• CDC Clinician Outreach and Communication Activity Group has compiled all COVID-19 webinars on the TRAIN Learning Network. Access the TRAIN Learning Network training resources by creating a TRAIN account at https://www.train.org/main/welcome. Once you’re logged in, you can access COVID-19 training at the following link: TRAIN Learning Network COVID-19 training resources. Topics include:
  o Infection Prevention and Control
  o Caring for Pregnant Women and Children
• CMS: Telehealth Toolkit for General Practitioners
• CMS: End-Stage Renal Disease Providers Toolkit

II. Resources for Grants Management
• Office of Management and Budget (OMB): Guidance on Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)
• 03/19/20 OMB Memo M-20-17: “Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19) due to Loss of Operations”
• WE HAVE ALREADY SEEN FAKE GRANT COMMUNICATION CIRCULATING CONCERNING NON-COMPLIANCE. MAKE SURE TO VALIDATE ANY/ALL GRANT COMMUNICATIONS TO ENSURE THAT YOU ARE NOT THE VICTIM OF A SCAM.

III. Resources for Healthcare Personnel
• CDC: Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)
• CDC: Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance)
  Guidance as of March 16, 2020
  o New guidance added for a strategy to discontinue home isolation without testing.
  o Updated guidance for a test-based strategy: The recommendation to collect both NP and OP swabs at each sampling has been changed so that only one swab is necessary, preferably NP, at each sampling.
• CDC: COVID-19 Emergency Declaration Healthcare Providers Fact Sheet
• North Carolina Department of Health and Human Services (NC HHS): COVID-19 Outpatient Triage and Assessment Guidance
• NC HHS: Interim guidance for use of personal protective equipment
• CDC: Information for Healthcare Professionals
• CDC: What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection
• CDC: Healthcare Professionals: Frequently Asked Questions and Answers
• CDC: Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)
• CDC: Strategies for optimizing the supply of facemasks, eye protection, isolation gowns, and N95 respirators.
• To request items from the Strategic National Medical Stockpile, submit this form to Dr. Beverly Cotton, IHS NAO Director at Beverly.cotton@ihs.gov.
• A diagram for general steps that Tribal clinics established for the collection of drive-up samples.

IV. Resources for Housing Personnel
• US Department of Housing and Urban Development (HUD): COVID-19 FAQs for the Public Housing, Housing Choice Voucher (HCV) (including the Project-based Voucher Program [PBV]) and Native American Programs
• HUD: Quick Guide to Community Development Block Grant (CDBG) Eligible Activities to Support Infectious Disease Response

V. Behavioral Health Resources
• Substance Abuse and Mental Health Services Administration (SAMHSA): Taking Care of Your Behavioral Health – Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak
• SAMHSA: Coping With Stress During Infectious Disease Outbreaks
• American Psychological Association (APA): Keeping Your Distance to Stay Safe
With the number of COVID-19 cases increasing every day, psychologists offer insights on how to separate yourself from others, while still getting the social support you need.
• APA: Five Ways to View Coverage of the Coronavirus
Tips to help you manage anxiety, put news reports in perspective and maintain a positive outlook.
• CDC: Manage Anxiety and Stress
• The Native Wellness Institute is bringing uplifting messages, information, entertainment and tools to help your physical, mental, emotional and spiritual well-being. They will have programming for all ages and stages. LIVE each day at Noon Pacific on the Native Wellness Institute Facebook page!

VI. Resources for Pandemic Preparedness and Plans
• CDC: Pandemic Preparedness Resources
While the content at the provided links was developed to prepare for, or respond to, an influenza (“flu”) pandemic, the newly emerged coronavirus disease 2019 (COVID-19) is a respiratory disease that seems to be spreading much like flu. Guidance and tools developed for pandemic influenza planning and preparedness can serve as appropriate resources for health departments in the event the current COVID-19 outbreak triggers a pandemic.
• CDC: Nonpharmaceutical Interventions (NPIs)
NPIs are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic influenza (flu). NPIs are also known as community mitigation strategies. When a new virus spreads among people, causing illness worldwide, it is called a pandemic. Because a pandemic virus is new, the human population has little or no immunity against it. This allows the virus to spread quickly from person to person worldwide. NPIs are among the best ways of controlling pandemics when vaccines are not yet available. This website provides decision makers, planners, and public health professionals with
educational tools, resources, pandemic planning guides, checklists, and select research about the types of NPIs and how they work in different settings.

- From EBCI: DRAFT Pandemic Flu Plan
- Tribal Pandemic Influenza Plan
- Pandemic Flu Checklist for local Health Departments

VII. Resources for Telemedicine
- Centers for Medicare & Medicaid Services (CMS): Medicare Telemedicine Health Care Provider Fact Sheet
- CMS: Press Release: President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak
- CMS: Press Release: CMS Publishes FAQs to Ensure Individuals, Issuers and States have Clear Information on Coverage Benefits for COVID-19
- CMS: COVID-19 FAQs for Essential Health Benefits

VIII. Resources for Parents and Caregivers
How to talk with children about the coronavirus
- CDC: Talking with children about Coronavirus Disease 2019: Message for parents, school staff, and others working with children
- New York Times: Talking to Teens and Tweens About Coronavirus
- National Public Radio: Just For Kids: A Comic Exploring The New Coronavirus
- PBS Kids: How to Talk to Your Kids About Coronavirus
- Substance Abuse and Mental Health Services Administration (SAMHSA): Talking with Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks

How to keep kids busy and keep yourself calm
- Common Sense Media: Resources for Families During the Coronavirus Pandemic
  Navigate social distancing and school closures with quality media and at-home learning opportunities for your kids.
  - Help Your Family De-Stress During Coronavirus Uncertainty
  - Movement Apps, Games, and Websites
  - Apps to Help with Mental Health
  - What online learning resources are available to supplement my homeschooling?
  - Free Educational Apps, Games, and Websites
  - 17 Apps to Help Kids Stay Focused
- Scholastic Kids
- PBS Kids
  - Molly of Denali
  - Is your child’s school closed due to coronavirus concerns? PBS KIDS’ new weekday newsletter offers activities and tips you can use to help kids play and learn at home. Sign up here!
• **We Are Teachers:**
  - [This Principal’s List of Things to Do During COVID Closures Is Going Viral for All the Right Reasons](#) – Choose one activity a day to get you through the next six weeks.
  - [Free Online Learning Resources](#)
  - [Easy Hands-On Activities Families Can Do At Home (Teacher Approved!)](#)
  - [18 Best Podcasts for Kids in Elementary, Middle, and High School](#)
  - [60+ Awesome Websites for Teaching and Learning Math](#)
  - [20 Educational Games and Activities Kids Can Do With Alexa](#)
  - [30 of Our Favorite Educational Shows on Amazon Prime](#)
  - [30 Great Educational Netflix Shows](#)
• **Wirecutter:** [Our Favorite Educational Apps and Learning Games for Kids](#)
• **Motherly:** [The 100+ best kids movies on Netflix, Hulu + Amazon Prime](#)
• **Slate:** [Home-school My Kids—Here’s what keeps them occupied](#)
• **Audible:** [Free stories](#)
  For as long as schools are closed, we're open. Starting March 20, kids everywhere can instantly stream an incredible collection of stories, including titles across six different languages, that will help them continue dreaming, learning, and just being kids.
• **Other Learning Resources:**
  - [Learning Resources for Kids](#)
  - [Space Projects](#)
  - [Educational Resources Activities](#)
  - [Online Education Classes](#)
  - [Free Daily Courses for Kids](#)
  - [Home Activities for Kids](#)
  - [Educational Websites](#)
  - [Parent and Kids Activities](#)
  - [The Native Wellness Institute](#) is bringing uplifting messages, information, entertainment and tools to help your physical, mental, emotional and spiritual well-being. They will have programming for all ages and stages.
  LIVE each day at Noon Pacific on the [Native Wellness Institute Facebook page](#)!

### IX. Print Resources for Communication – fact sheets, flyers, and posters

- **Flyer** – [USET Coronavirus Fact Sheet](#)
- **Flyer** – [Share Facts about COVID-19](#)
- **Flyer** – [What you need to know](#)
- **Flyer** – [Stop the spread of germs](#)
- **Flyer** – [What to do if you are sick](#)
- **Flyer** – [Get your Clinic Ready for Coronavirus Disease 2019](#)
- **Sign/Flyer** – [10 ways to manage respiratory symptoms at home](#)
- **Sign/Flyer** – [If you have these symptoms, please see the front desk immediately](#)
- **Sign/Flyer** – [Please read before entering](#)
- **Flyer** – [Stay Health Wash Your Hands](#)
- **Flyer** – [Wash Your Hands](#)
- **Flyer** – [Keep Calm and Wash Your Hands](#)
- **Poster** – [Stop the spread of germs](#)
- **Poster** – [Symptoms of Coronavirus Disease 2019](#)
X. Education Resources

- Bureau of Indian Education (BIE): BIE-Funded School Closure Guidance Memorandum
- Bureau of Indian Affairs (BIA): March 14 Dear School Leaders Letter – Guidance and Communications Protocols
- BIA: School Closures
- Head Start Early Childhood Learning and Knowledge Center: Coronavirus Prevention and Response
- The Readiness Emergency Management for Schools (REMS) Technical Assistance (TA) Center has useful information, resources, trainings, and tools for addressing infectious diseases, related topics, and protecting the school community.
- Fact Sheet: Impact of COVID-19 on Assessments and Accountability under the Elementary and Secondary Education Act
- CDC guidance on Considerations for School Closures
- Press Release 03/20/2020: Helping Students Adversely Affected by School Closures, Secretary DeVos Announces Broad Flexibilities for States to Cancel Testing During National Emergency
- Federal Student Aid: Coronavirus Information for Students, Borrowers, and Parents
- Dept of Education: Broad flexibilities provided to states to bypass ESSA mandated testing for the 2019-2020 school year due to COVID-19 national emergency. States education leaders can find the waiver application here. (March 20, 2020)
6. Calls/Webinars/Briefings

Upcoming
Beginning March 23

- Mondays and Wednesdays: Bureau of Indian Affairs Eastern Regional Office Tribal Leaders Call
  Mondays and Wednesdays at 1:00 PM Central
  Call (877) 953-1744 Participant Code: 4523532

Monday, March 23

- Northwest Portland Area Indian Health Board COVID-19 teleECHO Clinic
  Northwest Portland Indian Health Board is hosting a COVID-19 clinic on Monday. The target audience is Physicians, Advance Practice Providers, Pharmacists, RNs, Medical Assistants, other Healthcare Professionals. The clinical objective is to educate IHS, Tribal and Urban healthcare providers on COVID-19 clinical care and facility readiness.
  To join, simply click here at the time of clinic: https://echo.zoom.us/j/807187455. If you are unable to join via video, please join the audio connection by dialing: (301) 715- 8592 and enter Meeting ID: 807 187 455.
  Monday, March 23, 12:00 PM Pacific

- Centers for Disease Control and Prevention (CDC): Update for Rural Partners, Stakeholders, and Communities on the Coronavirus Disease 2019 (COVID-19) Response
  Dr. Jay Butler (Deputy Director for Infectious Diseases) will share guidance with partners, public health practitioners, healthcare providers, and others working to protect the health of rural communities. He will describe what CDC knows at this point and what CDC is doing in response to this outbreak. There will also be time for questions and answers.
  Please email eocevent337@cdc.gov to submit questions in advance and indicate that questions are for the 3/23 call.
  Monday, March 23 at 1:00 PM Eastern (register)

- International Economic Development Council
  COVID-19: Preparing for What Comes Next
  Monday, March 23, 3:00 PM–4:00 PM Eastern (more info and register)

Tuesday, March 24

- IHS Telebehavioral Health Center of Excellence Webinar
  Target audience is for leaders, managers, providers, behavioral health staff in Urban, Indian and Tribal programs who are interested in transitioning their behavioral health program to a telebehavioral health model.
  Connection Information:
  1. Go to: https://ihs.cosocloud.com/tbhealth/
  2. Select the “Enter as a Guest” option
  3. Enter your name, first and last, with designation in the box designated Name (ex: Jane Doe, MD).
  4. Click on the “Enter Room” button
Thursday, March 26

- IHS Domestic Violence Prevention (DVP) Planning Series: Safety Planning Basics
  Across the U.S., American Indian and Alaska Natives living on the reservations, Rancherias, Native Villages, and urban Natives living in the cities are facing many restrictions due to the spread of COVID-19. Layoffs, unemployment, school closures, telecommuting, food insecurity, fear of the unknown, stigma, anxiety and being quarantined in an abusive relationship. All of these factors can cause an increase in domestic violence. IHS Domestic Violence Prevention program invited StrongHearts Native Helpline to present on how to provide safety plans for victims who are under lockdown. StrongHearts is a native helpline that provides culturally appropriate, confidential and anonymous help for Native Americans affected by domestic violence and dating violence. The helpline number to Stronghearts is 1-844-7NATIVE.
Thursday, March 26, 1:00 PM - 2:00 PM CDT (more info and register in advance; log in on day of webinar)

Past

- March 16: Nashville Area Tribal and Urban Indian Call: COVID-19 Updates
  - Presentation from call on Monday, March 16, 2:00 PM-3:00 PM (Central)
  - IHS has posted a document that answers many questions received during the last two calls. IHS has also added a link at the top of the IHS.gov homepage that will take you to the latest COVID-19 info from IHS.
- March 17: Tribal Leader Town Hall on COVID-19
  Recording: VIDEO: Tribal Leader Town Hall on COVID-19
  PDF of the PowerPoint slides: SLIDESHOW: Tribal Leader Town Hall on COVID-19
- March 17: IHS Covid-19 TeleECHO Session: IHS Clinical Readiness and Patient Care
- March 17: National Indian Health Board Listening Session
  - Notes and Recording
  - Coronavirus (COVID-19) Live Virtual Session Notes
  - Participant List
  - 03.17.20 NIHB Legislative Report to Tribal Leaders
- March 18: Employment Issues in the Face of COVID 19: How to Protect Employees and Follow the Law
- March 18: CDC Answering 20 Questions about COVID-19
  - Call Slides
  - CDC Emergency Preparedness and Response Facebook
- March 18: White House Indian Country COVID-19 Response Team Call
  Hobbs, Straus, Dean & Walker: Notes from March 18 White House Call
- March 19: COVID-19 and Housing
- March 19: Veterans Affairs Educations Services Webinar
- March 19: Centers for Disease Control and Prevention (CDC) Update on the Coronavirus Disease 2019 (COVID-19) Response
- March 19: Federal Update on the Coronavirus Disease 2019 (COVID-19) to Tribal Leaders and Urban Indian Organization Leaders
- March 19: Preparing Your Business to Navigate Coronavirus Disruption
- March 19: CDC Media Telebriefings: Update on COVID-19
  Transcripts from media telebriefings are available at www.cdc.gov/media.
• March 19: Centers for Medicare & Medicaid Services (CMS): COVID-19 Stakeholder Call Recording/Transcripts
  Transcripts and audio recordings from past calls are available to download. CMS will hold future calls and post those transcripts and audio recordings as they become available. To access Coronavirus COVID-19 Stakeholder calls visit: https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts.
• March 20: Press Conference - Indian Country Addresses COVID-19
• March 20: U.S. Department of Education’s COVID-19 Conference Call with K-12 Stakeholders
  o Readout
• March 20: HUD Call on COVID-19 Information for Tribally Designated Housing Entities
• March 20: SAMHSA Q and A Session for Discretionary Grantees
• March 20: COVID-19 and Homeless American Indians/Alaska Natives
7. Key Partners

A. Federal Partners

- **Indian Health Service (IHS) Area Offices and Directors**
  - Alaska Area Indian Health Service – Evangelyn "Angel" Dotomain
  - Albuquerque Area Indian Health Service – Leonard Thomas, MD
  - Bemidji Area Indian Health Service – Daniel R. Frye
  - Billings Area Indian Health Service – Bryce Redgrave
  - California Area Indian Health Service – Beverly Miller
  - Great Plains Area Indian Health Service – James Driving Hawk
  - Nashville Area Indian Health Service – Beverly Cotton, DNP, RN
    - Max Boykin, Facility Preparedness, Max.boykin@ihs.gov
    - Harold Jones, Coordination with Federal and State Agencies, (316) 303-5681
  - Navajo Area Indian Health Service – Roselyn Tso
  - Oklahoma City Area Indian Health Service – Rear Adm. Travis Watts, PharmD
  - Phoenix Area Indian Health Service – Charles Ty Reidhead, MD, MPH
  - Portland Area Indian Health Service – Dean Seyler
  - Tucson Area Indian Health Service – Dixie Gaikowski

- **Bureau of Indian Affairs (BIA) Regional Offices**
  - Richard Melville, Eastern Regional Director

- **Centers for Disease Control and Prevention (CDC)**
  - Email: TribalSupport@cdc.gov
  - Phone: (404) 498-0300

- **FEMA Tribal Contacts** (National Tribal Affairs Advisor, Headquarters Tribal Liaisons, Regional Tribal Liaisons)

- **World Health Organization (WHO)**

- **Federal Trade Commission** (here)

- **U.S. Food & Drug Administration** (here)

- **U.S. Department of Education** (here)

- **U.S. Department of Agriculture** (here)
  - 3/20 [National Agricultural Statistics Service Press Release](https://www.nass.usda.gov/AGS/pressreleases/2020/nass.service.press.release.032020.pdf); USDA NASS remains operational and reports on schedule amid COVID-19; Asks farmers and ranchers to complete surveys online

- **U.S. Small Business Administration** (here)

- **U.S. Department of Labor** (here)

- **U.S. Department of Homeland Security** (here)

- **U.S. Department of State** (here)

- **U.S. Department of Veterans Affairs** (here)

- **U.S. Environmental Protection Agency** (here)

- **U.S. Department of the Interior** (here)

- **Office of the Director of National Intelligence** (here)

- **U.S. Election Assistance Commission** (here)

- **U.S. Department of Health & Human Services**: Darcie Johnston (Phone: 202-690-1058)

- **U.S. Department of Homeland Security**: Cherie Short (Phone: 202-893-2941)

- **U.S. Department of State**: Bill Killion (Phone: 202-647-7595)

- **U.S. Department of Transportation**: Sean Poole (Office: 202-597-5109, Cell: 202-366-3132)
• U.S. Department of Education: Susan Falconer (Phone: 202-320-6837)
• U.S. Department of Veterans Affairs: Thayer Verschoor (Phone: 202-461-7385)
• U.S. Environmental Protection Agency: Britt Carter (Phone: 202-440-0728)
• U.S. Small Business Administration: Ryan Lambert (Phone: 202-615-6570)
• U.S. Department of Agriculture: Lillie Brady (Phone: 202-845-3872)

B. Tribal Partners
• National Indian Health Board (NIHB)
  Stacy A. Bohlen, Chief Executive Officer
  Phone: (202) 507-4073
• National Council of Urban Indian Health (NCUIH)
  Fracys Crevier, Executive Director
• National Council of American Indians (NCAI)
  Fawn Sharp, President
• Native American Finance Officers Association (NAFOA)
  Dante Desiderio, Executive Officer
  Phone: (202) 631-2003
• National American Indian Housing Council (NAIHC)
  Gary Cooper, Chairman
  Tony Walters, Executive Director

C. Tribal Epidemiology Centers (Link to map) (COVID-19 Resources)
• Alaska Native Tribal Health Consortium (Anchorage, AK)
  Ellen M. Provost, DO, MPH, MS, (907) 729-4567
  COVID19plan@anthc.org
• Albuquerque Area Southwest (Albuquerque, NM)
  Kevin English, DrPH, (505) 962-2602
• California Rural Indian Health Board (Sacramento, CA)
  Vanessa Cresci, MSW, MPA, (916) 929-9761
• Great Lakes Inter Tribal Council (Lac du Flambeau, WI)
  German Gonzalez, MD, MPH, (715) 588-1093
• Great Plains Tribal Chairmen’s Health Board (Rapid City, SD)
  PJ Beaudry, MPH, (605) 721-1922 ext. 155
• Inter Tribal Council of Arizona (Phoenix, AZ)
  Jamie Ritchey, PhD, MPH, (602) 258-4822
• Navajo Nation (Window Rock, AZ)
  Ramona Antone-Nez, MPH, BSN, (928) 871-6265
• Northwest Portland Area Indian Health Board (Portland, OR)
  Victoria Warren-Mears, PhD, (503) 228-4185
• Rocky Mountain Tribal Leaders Council (Billings, MT)
  Helen Tesfai, (406) 252-2550
• Southern Plains Tribal Health Board (Oklahoma City, OK)
  Tracy Prather, MHA, (405) 652-9216
• United South and Eastern Tribes (Nashville, TN)
  Christy Duke, (615) 872-7900
  USETCovid19responseteam@usetinc.org
• Urban Indian Health Institute (Seattle, WA)
  Abigail Echo-Hawk, MA, (206) 812-3030

D. State Health Departments
  Alabama
  Connecticut
  Florida
  Louisiana
  Maine
  Massachusetts
  Mississippi
  New York
  North Carolina
  Rhode Island
  South Carolina
  Texas
  Virginia
8. Tribal Business and Economic Impact

- Small Business Administration (SBA)
  - SBA Updates Criteria on States for Requesting Disaster Assistance Loans for Small Businesses Impacted by Coronavirus (COVID-19)
  - SBA Disaster Assistance in Response to Coronavirus
  - Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
  - Economic Injury Disaster Loans
*Note that SBA loans are not eligible to non-profits, including governments and municipalities. The disaster loans are administered through the states and territories. More information is available at www.SBA.gov/disaster.

- COVID Action Platform
- Preparedness Planning for Your Business
- Tips for Business and Community Leaders Working to Address the Social and Economic Fall-Out from the Coronavirus
- How can restaurants & bars survive COVID-19 pandemic?

**Native Women Lead** has compiled several resources and is working on others:

- They have launched a Google Spreadsheet with their partners to identify resources, funding and information sessions to support Native American small businesses.
- They want to amplify a new initiative launched by metalsmith and curator Kristen Dorsey, to aid fellow Indigenous creatives facing hardship during this time. If you are a Native artists & creative, fill in your info to gain support from community patrons in the Emergency Virtual Art Market.
- They will host virtual events, webinars, and sessions that offer critical and culturally relevant support for your businesses in where they are - These will be announced in the coming weeks.
- They will be launching their online virtual platform with our partner, Ureeka, in the coming weeks so you can find and connect with one another online, even if they can’t be in physical space together. In the meantime, check out their upcoming webinar “Preparing Your Business to Navigate Coronavirus Disruption” Thursday, March 19 at 4 pm MST.
- They are working with their partners to pull together resources for you. Be sure to join and follow along on the Facebook Page, Native American Small Business Resources.

Information for Businesses:

- Interim Guidance for Businesses and Employers
- Information for Communities, Schools, and Businesses
- Environmental Cleaning and Disinfection Recommendations – Community Facilities
- SBA: COVID-19 Resources
- DOL: Guidance for Preparing Workplaces for Coronavirus
- DOL: OHSA Resources for Workers and Employers on COVID-19
- WHO: Get Your Workplace Ready for COVID-19
- CISA: Risk Management for COVID-19
- EPA: Disinfectants for Use Against COVID-19
• Department of Commerce: https://content.govdelivery.com/accounts/USDOC/bulletins/28177d9
• Keep up to date with the latest coronavirus-related scams at www.ftc.gov/coronavirus or by signing up to get these consumer alerts.
• Entrepreneur’s Survival Guide in the Age of the Coronavirus

WE HAVE ALREADY SEEN FAKE GRANT COMMUNICATION CIRCULATING CONCERNING NON-COMPLIANCE. MAKE SURE TO VALIDATE ANY/ALL GRANT COMMUNICATIONS TO ENSURE THAT YOU ARE NOT THE VICTIM OF A SCAM.
9. USET/USET SPF and USET-Region Meetings/Events
Postponement/Cancellation Notices & Complete List of Indian Country Postponements/Cancellations

- March 16-20, Washington, D.C., USET SPF/USET Impact Week Postponed
- March 19: Department of Interior consultation regarding the realignment of Indian Affairs energy offices. Being Rescheduled. Teleconference consultation on March 26 will still occur.
- March 24-26, Portland, ME, USET’s Project ECHO HCV/HIV PrEP/Substance Use Disorder Clinical Training Postponed
- April 6-7, Nashville, TN, Native American Finance Officers Association (NAFOA) Annual Conference Rescheduled to April 20-21 as Virtual Event: NAFOA’s Virtual Conference - Your Questions Answered
- April 7-8, Nashville, TN, USET’s SDPI Grant Training Rescheduled as Virtual Training
- April 10, Nashville, TN, USET Cost Principles Training for Managing Federal Grants and Cooperative Agreements Postponed
- April 30-May 1, Nashville, TN, USET-IHS NAO Behavioral Health RPMS Training Postponed
- June 9-10, Choctaw, MS, USET’s Wetland Delineation Seminar Postponed to September 1-3

For a complete list of postponements and cancellations in Indian Country, please click here.
10. Declared States of Emergency

**USET/USET SPF Tribal Nations that have declared a state of emergency**
- Chitimacha Tribe of Louisiana
- Eastern Band of Cherokee Indians
- Jena Band of Choctaw Indians
- Mashantucket Pequot Tribal Nation
- Mashpee Wampanoag Tribe
- Mississippi Band of Choctaw Indians
- Narragansett Indian Tribe
- Passamaquoddy Tribe at Indian Township
- Penobscot Indian Nation
- Saint Regis Mohawk Tribe
- Seminole Tribe of Florida
- Tunica-Biloxi Tribe of Louisiana

**States that have declared a state of emergency**
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
11. Surveys: Information Gathering for Strengthened Advocacy Efforts

- Chair Raúl M. Grijalva (D-Ariz.) and the majority staff of the House Natural Resources Committee are seeking information from Native American communities impacted by coronavirus on the level of governmental response they’ve seen, the status of their health and social safety needs, and how Congress and other agencies can better serve them during the pandemic. The Committee has set up an online form available at https://bit.ly/2IzFWur and is now welcoming input from tribes and tribal organizations across the country.

- The National Indian Health Board (NIHB) is asking for your assistance in assessing the coronavirus prevention and response capacity in Indian Country. NIHB has the opportunity to share information on Tribal needs and advocate for resources with both the Congress and Administration. NIHB is gathering key data from as many Tribal Nations as possible to create a comprehensive profile of what is needed.
  
  Click here to take the survey: NIHB Coronavirus Survey

- American Indian Alaska Native Tourism Association is distributing this survey broadly to get a better understanding of the impact of the response/containment effort for the COVID-19 specific to Indian Country tourism. Individual responses are confidential; they will be looking for collective data and concerns to ensure voices are heard in the days, months and year to come as they collectively work towards supporting Native communities.
  
  Click here to take survey: https://www.surveymonkey.com/r/aianta_covid19

- The Self-Governance Communication & Education Tribal Consortium (SGCETC), a non-profit tribal organization governed by a Tribal Board of Directors, requests your assistance. Over the last week, they have increasingly heard concerns about the lack of access to supplies associated with collecting the samples for COVID-19 testing and a need for increased access to a limited number of public and private labs that analyze the tests. To be more effective in their efforts to relay their needs and challenges to those that can potentially assist in getting additional resources, they want to ensure their requests for assistance are as clear and direct as possible. In addition, by periodically surveying your supply need priorities over the next few weeks, they can determine if current shortages are being resolved and if other supplies are moving into a category of concern for supply shortages. Please note that this is a very limited survey specifically related to supplies generally associated with the collection of samples needed for COVID-19 analysis. SGCETC will secure all survey results and will NOT share individual results or identify survey respondents to anyone without the written permission of the Tribal Nation. Again, our analysis and communication related to the results will be in aggregate and will not identify specific Tribes or Clinics. If you have questions regarding the purpose for the survey or our safeguarding of information, please contact Jay Spaan, Executive Director, at jays@tribalselfgov.org or 918-370-4258.
  
  Click here to take the survey. https://www.surveymonkey.com/r/SupplyStatus

- Native Women Lead has co-created a survey to better understand the challenges you are facing and how they can be supportive of you. Please fill out this survey and share it with your network. Native Women Lead is working to figure out how they can help move capital and resources to you all. Your support in filling out the survey will help guide them and all of their partners to ensure they are doing our best.