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1. News

Recent News and Updates

- Secretary DeVos Directs FSA to Stop Wage Garnishment, Collections Actions for Student Loan Borrowers, Will Refund More Than $1.8 Billion to Students, Families
- Letter from President Donald J. Trump to America’s Governors
- FEMA: COVID Advisory March 26
- Vice: The US Has Neglected Indian Country for Years. Now Comes a Pandemic.
- CDC: Daily Key Points – March 25 as of 10:00 PM
- CDC: Daily Key Points – March 24 as of 9:30 PM
- US Dept of Justice March 24: Justice Department Files Its First Enforcement Action Against COVID-19 Fraud
- CDC: Daily Key Points – March 23 as of 10:45 PM
- FEMA: COVID Advisory March 23
- 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: Weekly Key Messages – March 22 as of 11:40 PM
- CDC: Daily Key Points – March 20 as of 10:45 PM
- CDC: Daily Key Points – March 19 as of 10:30 AM

USET/USET SPF Member News

- Southampton Town Utilizes Shinnecock Signs to Post Public Service Announcements
- Coushatta Tribe and Vivera Pharmaceuticals Join Forces in Fight Against COVID-19
- 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

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
2. Frequently Asked Questions

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, everyone is 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.

   It is suggested that individuals halt all non-essential social interactions (excludes Grocery store, pharmacy, etc.) entirely. Following recommended social isolation measures will reduce the risk/rate of exposure, as well as ensure that healthcare services are available to those who need them.

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: Though COVID-19 has been described by some as being similar to the common flu, the two viruses are extremely different. The magnitude of risk and severity of COVID-19 is higher than the flu. Unlike the flu, COVID-19 has a shorter incubation period than the flu. Individuals who contract COVID-19 can present to the hospital in need of critical care at a rate higher than those with the flu. Hospital visits for the flu tend to span out over a specific 3-4 month time period (“Flu Season”), while the surge in COVID-19 cases will overwhelm hospitals in a matter of weeks. The healthcare system in the USA is not equipped to handle the potential tens of thousands of people who will need care all at once. In Italy, the healthcare system buckled under the strain and the healthcare teams are now forced to make tough decisions due to lack of resources and hospital beds.

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 aren’t many cases in my community … why is everyone so worried?
A: It isn’t known yet know how dangerous the new coronavirus is, but estimates suggest that the mortality rate is higher than the seasonal flu. There is no vaccine for the new coronavirus, so it’s harder for vulnerable people—elderly people and those with existing respiratory or immune problems—to protect themselves.

It also isn’t yet known how contagious it is. Studies suggest that every person with the coronavirus infects about 2 people, and 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 more than 1 million.

Q: Is it time to panic?
A: There is no need to panic. It is, however, important to understand the facts surrounding coronavirus. This document can help individuals understand information and resources needed to address COVID-19 in the United States. Lessons from China and other countries show that the more informed everyone is, the easier it will be to work together to slow the spread of coronavirus in the United States. Everyone needs to understand that this is important and that working together will slow the spread as learned from Singapore, Hong Kong, South Korea, and China.

Q: Personal Risk vs Systemic Risk
A: There are many different elements to consider when discussing risk. Naturally, people are concerned about themselves and their loved ones. This is an example of personal risk. By and large, one’s 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 physicians are most concerned about is systemic risk. Complex systems, such as a 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 may break down that complex system. The systemic risk is that the health care system may break down under the very high loads that is anticipated with COVID19. Italy is an example of healthcare system that broke down under a heavy load. 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. This can happen here, and it possible if bold steps are not taken at this time.
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. Please also see this fact sheet on What People with Diabetes Should Know.

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. Please also see this fact sheet on Information for People Who Have Had Close Contact with Someone with COVID-19.

Q: What if someone in my household has been exposed?
A: Just because a person has been exposed does not mean that they will get sick. The purpose of self-quarantine is to keep exposed people away from well people so that if they do become sick, they don't spread their illness. Infected people may be able to spread the virus before the symptoms begin, but experts don't yet know how likely they are to infect others and when they become infectious. This is why it is important that an exposed person limits contact with others in their household. While other members of the household don't need to do anything in particular, people under self-quarantine should:
- Practice social distancing with other household members, which means staying at least six feet away. If possible, stay in a separate room.
- Practice good hygiene and wash their hands regularly.
- Avoid sharing household items or eating utensils.
- Regularly clean high-touch surfaces, including phones, game controllers, remotes, light switches, faucets and toilet handles. But be mindful of using strong chemicals in enclosed spaces, as improperly used chemicals can cause eye or throat irritation or breathing problems. If the person does not develop the disease within 14 days of exposure, the risk has passed and the person no longer needs to self-quarantine. Read the full article here.

Q: Someone in my household is sick. What do I do now?
A: If you have to take care of a sick family member, you must also protect yourself. There are additional things that both of you can do to protect your health:
- Isolate the sick person from other people in the household in a separate room if possible.
- Have only a single family member care for that person, minimizing the risk to other family members.
- In addition to everyone practicing regular hand-washing, the caregiver should wash their hands after any direct contact with the sick person.
The sick person should cover their mouth and nose with a tissue when they cough or sneeze, then discard it.

- Don’t share household items or eating utensils.
- If the weather permits, open windows to increase ventilation.

You should continue these practices until the person is no longer infectious. Because testing is difficult to obtain, you can stop these steps 72 hours after symptoms have resolved and at least seven days have passed since symptoms first appeared. Read the full article here. Also see this fact sheet on Prevention Steps for Caregivers and Household Members of Individuals Diagnosed with COVID-19.

**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:** What SHOULD we do? — The Importance of Social Isolation

**A:** Because the virus is already circulating within the US, containment is no longer possible. Mitigation, or slowing the spread of the virus, is the best strategy. This involves strict isolation and social distancing measures. 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 should follow suggested isolation measures. All non-essential contact (excluding grocery stores, pharmacy, etc.) should be halted completely. Limiting unnecessary social interaction will help lower the spread of disease, and ultimately save lives.

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 healthy individuals wear a facemask, as it will not completely protect from respiratory illnesses like COVID-19. You should only wear a mask if you have tested positive for COVID-19, are showing symptoms, or are recommended by your healthcare provider. This is to protect others from the spread of the virus. The use of facemasks is also 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: **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.

Q: What should I do if I have traveled from a country with an outbreak of COVID-19?
A: Please refer to this [Care kit booklet](#) from the CDC for recommendations.

**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. The resources below may be of assistance:
- Template: [Administrative Plan for Public Assistance](#)
- Fact Sheet: [Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures](#)

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/bG6zISnenPg](https://youtu.be/bG6zISnenPg)

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?

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, and see the CDC’s checklist for older persons. 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 to locate your closest facility. Please also see this fact sheet of Common Questions and Answers for Tribal Elders.

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).

Q: Who is at risk for COVID-19?
A: Based upon available information to date from the CDC, those at high-risk for severe illness from COVID-19 include:
- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
  - People with chronic lung disease or moderate to severe asthma.
  - People who have heart disease with complications.
  - People who are immunocompromised including cancer treatment.
  - People of any age with severe obesity (body mass index [BMI≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk.
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk.

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. Click here 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).

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: How do I know if I can trust a distributor of Personal Protective Equipment (PPE)?
A: For a list of reputable manufacturers for a distributor to utilize, the CDC recommends this site.
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: How do I report a COVID-19 case?
A: CDC has developed a form that provides a standardized approach to reporting COVID-19 cases (individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19). The COVID-19 Case Report Form is designed to collect key information on COVID-19 case-patients, including:
- Demographic, clinical, and epidemiologic characteristics
- Exposure and contact history
- Course of clinical illness and care received

Additional resources to assist in the completion and analysis of the COVID-19 Case Report Form are available:
- COVID-19 Case Report Form Instructions
- Data dictionary

For jurisdictions that have the capacity to do their own laboratory testing

For reporting jurisdictions who are able to assign nCoV IDs for COVID-19 case-patients and use CDC’s electronic reporting system: The jurisdiction should enter all cases into CDC’s electronic reporting system with the jurisdiction-issued nCoV ID, unless other arrangements to transmit data have been made and approved by CDC. At this time, we ask that jurisdictions prioritize case reporting. However, jurisdictions can use the CDC’s electronic reporting system to manage PUI data based on their local needs.

For reporting jurisdictions that are not yet able to assign nCoV IDs or use CDC’s electronic reporting system: The jurisdiction should call the CDC EOC Watch desk at 770-488-7100 to receive a CDC-issued nCoV ID, and to complete a PUI and Case Report Form.

For jurisdictions that do not have capacity to do their own testing and are sending specimens to CDC for testing

This document provides supplemental guidance regarding specimen collection, storage, and shipping to CDC laboratories: Completing a CRF and Specimen guidance.
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
- CMS: COVID-19 FAQs
- IHS: COVID-19 website
- IHS: Avoid Nebulizer Therapy to Reduce the Spread of COVID-19

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
- CDC: Guidance for Schools and Child Care Programs
- Department of Education: Resources for Schools and School Personnel

Q: What disinfectants should I use against the Coronavirus?
A: The CDC recommends that you prepare a bleach solution by mixing:

- 5 tablespoons (1/3rd cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water

Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at this link) that are suitable for porous surfaces.
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**
  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**
- Water Environment Federation: **Water Professionals Guide to COVID-19**
- Stantec: **Introduction to Coronaviruses**
- American Water Works Association: **Water System Preparedness and Best Practices for Pandemic Influenza**
- Environmental Protection Agency: **Pandemic Influenza Fact Sheet for the Water Sector**
- EPA: **Coronavirus (COVID-19) and drinking water and wastewater**
- EPA: **Information from the CDC about water transmission and COVID-19**
Best Practices for Healthcare Personnel

- North Carolina Department of Health and Human Services (NC HHS): [COVID-19 Outpatient Triage and Assessment Guidance](https://www.ncdhhs.gov/covid19)
- NC HHS: [Interim guidance for use of personal protective equipment](https://www.ncdhhs.gov/covid19)
- NC HHS: [Interim Guidance for Discontinuation of Home Isolation for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)](https://www.ncdhhs.gov/covid19)
- To request items from the Strategic National Medical Stockpile, submit this [form](https://www.osha.gov/SLTC/covid-19/controlprevention.html) to Dr. Beverly Cotton, IHS NAO Director at Beverly.cotton@ihs.gov.
- CMS: [Guidance](https://www.cms.gov) for Nursing homes
- CDC: [Guidance](https://www.cdc.gov) on infection prevention and control recommendations for healthcare worker.
- A [diagram](https://www.cdc.gov) 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
Third Stimulus: H.R. 748 The Coronavirus Aid, Relief, and Economic Security (CARES) Act
Status: Passed the Senate, House to vote 3/27
- 3/26 CARES Act [Bill Text]
- 3/26 CARES Act [Bill Summary—Division A] and [Bill Summary—Division B]
- 3/26 CARES Act [SCIA Summary of Tribal Provisions]
- Indian Country Specific Requests
  - 3/20 [Letter from House Progressive Caucus]
    - Tribal Employment Priorities – FUTA and Fisheries Technical Corrections
  - 3/20 [Tribal Priorities for Tribal Governance and Housing for COVID-19 Stimulus Package]
  - 3/20 [Tribal Priorities for Health Education and Nutrition for COVID-19 Stimulus Package]
  - 3/20 [Indian Country Priorities Summary for COVID-19 Stimulus Package]
  - 3/20 [Sens. McSally (R-AZ) and Daines (R-MT) Letter to Majority Leader McConnell with Tribal Requests for 3rd Stimulus]
  - 3/19 [Tribal Gaming Nations letter to Congress on COVID-19]
  - 3/18 [National Indian Gaming Association Request $18B in Federal Aid for Tribal Gaming]
  - 3/18 [Native CDFI Network (NCN) Calls on Congress to Provide $100 Million in Emergency Funding for NACA]
  - 3/17 [NCAI Compiled List of Policy Priorities]
  - 3/17 [House Native Caucus Letter with NCAI-NIH-NCUIH Requests]
  - 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
- S. 3486: [Sen. Udall Press Release]
- [Bill Text]

Tribal Medical Supplies Stockpile Access Act (To Guarantee Tribal Health Authorities Access to the Strategic National Stockpile)
Status: Introduced in Senate
- [Bill Text]
- [Bill Summary]
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](#)
- This legislation includes Indian country specific funding. IHS is currently consulting on how to best disperse this funding. To offer your views and comments, please provide feedback ASAP by emailing [consultation@ihs.gov](mailto:consultation@ihs.gov).

**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](#)
- This legislation includes Indian country specific funding. IHS is currently consulting on how to best disperse this funding. To offer your views and comments, please provide feedback ASAP by emailing [consultation@ihs.gov](mailto:consultation@ihs.gov).

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](#)

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](mailto:lmalerba@usetinc.org).

- [NCAI NATIONAL LEGISLATIVE PRIORITIES OUTREACH](#)
  
  [https://docs.google.com/document/d/1-8XaFgZgLZdE5ra_kh65wrHuNQ3kMAzjXaG4Pwl54o/edit?usp=sharing](https://docs.google.com/document/d/1-8XaFgZgLZdE5ra_kh65wrHuNQ3kMAzjXaG4Pwl54o/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](#)
- 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: [Recommendations on school closure](#)
- CDC: [Guidance](#) for Schools and Child Care Programs
- 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.
- CMS: [Guidance](#) for Nursing homes
- CDC: [Guidance](#) for Retirement Communities and Independent Living
- CDC: [Guidance](#) on infection prevention and control recommendations for healthcare workers
- IHS: [Avoid Nebulizer Therapy to Reduce the Spread of COVID-19](#)
- **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 and providing maximum extended day supply and 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.

- **CDC**: [Interim Guidance](#) for Responding to Coronavirus Disease 2019 (COVID-19) among People Experiencing Unsheltered Homelessness

- **CDC**: [Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities](#)

- **USDA**: [FNS Program Guidance on Human Pandemic Response](#)

- **USDA**: [Coronavirus Frequently Asked Questions from the USDA](#)

- **VA**: [Veterans’ Affairs Office of Tribal Government Relations Contact Information](#)

- **HUD**: [Dear Lender Letter to Section 184 and 184A Lenders and Servicers on the Foreclosure and Eviction 60 Day Moratorium in connection with the Presidentially Declared COVID-19 National Emergency](#)

- **USPS**: [Updates and FAQs for Residential Customers](#)

- **USPS**: [Updates and FAQs for Business Customers](#)

**B. Funding Opportunities**

- **NEW** – CDC: At least $40 million is available for a new non-competitive notice of funding opportunity (NOFO) to reach all Title I and Title V Tribal Nations with funding to respond to the 2019 novel coronavirus (COVID-19). The anticipated NOFO publication date is March 30.

  Based on input from the Department of Health and Human Services (HHS), the Indian Health Service (IHS), and Tribal partners and stakeholders, CDC is taking a multifaceted approach to provide COVID-19 funding to Indian Country. This approach aims to get public health resources out quickly during the COVID-19 declared emergency and enable broad access and opportunity for COVID-19 resources across Tribal Nations. This approach also reflects the statutory requirements of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123).

  Though this is a non-competitive grant, there are immediate, required actions (which can take 3-14 business days) that you can take now to avoid delays in accessing, applying for, and receiving awards. **Act now to ensure your organization has these steps completed and is eligible prior to submitting your application:**

  1. Obtain a [Data Universal Numbering System (DUNS)](#). D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. If one does not exist for your business location, it can be created within 1 business day.

     For additional help, contact [SAMHelp@dnb.com](mailto:SAMHelp@dnb.com) or call 1-866-705-5711.

  2. Register for a [System for Award Management (SAM)](#) account
a. You will need your organization’s DUNS number and Tax ID number or Employer Identification Number (EIN).
b. If you are already registered, please ensure that your account is active at least through June 2020.
c. Reference Registration instructions for SAM and the SAM Quick Start Guide for additional information.
d. For help, contact the supporting Federal Service Desk (FSD) via their website or at 1-866-606-8220.

3. Register your organization on Grants.gov
   a. Before applying for a funding opportunity, you need to register an account with Grants.gov which can be completed in minutes.
   b. Reference the Grants.gov Online Help Portal for additional information.
   c. For help, contact support@grants.gov or call 1-800-518-4726.

- HHS Announces Grants to Provide Meals for Older Adults
- 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 or by signing up to get these consumer alerts.
- DOL: Availability of Up To $100 Million in National Health Emergency Dislocated Worker Grants in Response to COVID-19 Outbreak

C. Resources
   I. General Resources
      • Surviving Isolation
      • Federal Emergency Management Agency (FEMA):
        o Fact Sheet: Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures
        o Current Process for Tribal Governments to Request a Presidential Declaration
        o Coronavirus (COVID-19) Response: Tribal Recipients (fact sheet)
      • Congressional Research Service: March 24 Senior Nutrition Programs’ Response to COVID-19
        Resources include:
        o Information for Tribal Governments Including: Model Tribal Communicable Disease Emergency Response Plan; Government Response Actions; and Governance and Authority
        o Information for Tribal and Urban Healthcare Providers
        o 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.
      • PowerPoint for Community Education
• Keep up to date with the latest coronavirus-related scams at 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
• FEMA: 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.

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
• CMS: COVID-19 FAQs
• 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.
• CDC has developed a form that provides a standardized approach to reporting COVID-19 cases (individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19). The COVID-19 Case Report Form is designed to collect key information on COVID-19 case-patients, including:
  o Demographic, clinical, and epidemiologic characteristics
  o Exposure and contact history
  o Course of clinical illness and care received
Additional resources to assist in the completion and analysis of the COVID-19 Case Report Form are available:
  o COVID-19 Case Report Form Instructions
  o Data dictionary

For jurisdictions that have the capacity to do their own laboratory testing
For reporting jurisdictions who are able to assign nCoV IDs for COVID-19 case-patients and use CDC’s electronic reporting system: The jurisdiction should enter all cases into CDC’s electronic reporting system with the jurisdiction-issued nCoV ID, unless other arrangements to transmit data have been made and approved by CDC. At this time, we ask that jurisdictions prioritize case reporting. However, jurisdictions can use the CDC’s electronic reporting system to manage PUI data based on their local needs.
For reporting jurisdictions that are not yet able to assign nCoV IDs or use CDC’s electronic reporting system: The jurisdiction should call the CDC EOC Watch desk at 770-488-7100 to receive a CDC-issued nCoV ID, and to complete a PUI and Case Report Form.

For jurisdictions that do not have capacity to do their own testing and are sending specimens to CDC for testing:
This document provides supplemental guidance regarding specimen collection, storage, and shipping to CDC laboratories:
  o Completing a CRF and Specimen guidance
• The Coushatta Tribe of Louisiana announced on 3/24 that they are partnering with Vivera Pharmaceuticals to gain FDA emergency approval for the Vivera Pharmaceuticals powered by Pharmact AG CoV - 2 Rapid Test, a novel rapid testing kit manufactured by Pharmact AG, a leading German manufacturer of rapid diagnostic testing kits.
As States around the country issue mandatory stay-at-home orders, and with no definitive end in sight to this global crisis, there will be a significant increase in the need for reliable testing to adequately serve those who need the most support. The CoV-2 Rapid Test provides results within 20 minutes, making it ideal for point of care testing and triage of large patient populations. This proprietary assay does not require additional equipment or use of already overburdened third-party laboratories.
• Indian Health Service – COVID-19 website
• CDC: The **personal protective equipment (PPE) burn rate calculator** is a spreadsheet-based model that provides information for healthcare facilities to plan and optimize the use of PPE for the response to coronavirus disease 2019 (COVID-19). Similarly, non-healthcare facilities (e.g., correctional facilities) may find this tool useful for planning and optimizing PPE use as part of the response to COVID-19. This tool can also be used for planning PPE use outside the context of COVID-19, where PPE shortages may also occur due to supply chain issues related to the COVID-19 response (e.g. manufacturing facilities).

• CDC: [Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019 (COVID-19)]

**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.

• The National Child Traumatic Stress Network: [Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019 (COVID-19)]

• CDC: [Manage Anxiety and Stress]

• The [Native Wellness Institute](https://www.nativewellnessinstitute.org/) 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](https://www.facebook.com/NativeWellnessInstitute/)

• IHS: [Resources for Mental Health Programs]

**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
  • CDC: Tips to keep children healthy while school’s out

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.
  o Help Your Family De-Stress During Coronavirus Uncertainty
  o Movement Apps, Games, and Websites
  o Apps to Help with Mental Health
  o 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:**
  - 8 Student Activities for Learning About the 2020 Census – While we’re all doing our part to flatten the curve, take a moment to count your family in the 2020 Census!
  - 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:** I Home-school My Kids—Here’s what keeps them occupied
- **Audible:** Free stories
  For as long as schools are closed, Audible is 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.

- **Virtual Art Exhibit Tours:**
  - The Louvre – Free online tours are offered for three of their most popular exhibits.
  - Georgia O’Keefe Museum – Six virtual exhibits are available online.
  - Space Center Houston – If you download their app, you can try some ‘augmented reality experiences’
  - Detroit Institute of Art – Four online exhibits, including two focused on Frida Kahlo

- **Virtual Museum Tours:**
  - Smithsonian National Museum of Natural History – You can move at your own pace through a 360-degree room-by-room tour of every exhibit in the building!
  - Vatican Museum – Includes the Sistine Chapel and St. Peter’s Basilica.
  - NASA – Online tour of the Langley Research Center

- **Virtual Zoo/Aquarium Tours:**
  - New England Aquarium - Each day at 11 a.m. ET, the aquarium’s social media platforms include live videos, a behind-the-scenes look at animal care, and online visitors will find a special webpage on neaq.org to take a "virtual visit" to the aquarium.
  - San Diego Zoo - Livestreams of habitats all throughout the zoo.
  - Atlanta Zoo – Live Panda cam!
  - Cincinnati Zoo – They hold a daily Home Safari every day at 3:00pm ET on Facebook.
Monterey Bay Aquarium – It’s Shark Week every day with these live streams.
National Aquarium – Floor-by-floor tours of this famous Baltimore aquarium.

Virtual Theme/National Parks:
- Walt Disney World – There is a ton of content here! Virtually tour most of the parks (some of which include ‘rides’). You can also find plenty of unofficial YouTube ride along videos! Just search the ride you’re interested in on the YouTube search bar.
- LEGOLAND Resort Florida – Check out multiple attractions throughout the park online, including The Great Lego Race and Miniland USA.
- SeaWorld Orlando – This virtual tour includes Discovery Cove and a ‘ride’ on their steel rollercoaster, Mako.
- Disney Hollywood Studios – Start at 1:22 of this YouTube video to experience Disney’s newest ride: Star Wars’ Rise of the Resistance!
- Yellowstone National Park – This virtual tour includes the Park’s canyons, hot springs, and Old Faithful, of course.
- Yosemite National Park – Tour this stunning National Park – complete with sound – which includes the famous Mariposa Grove of Sequoias.

If you download the free Google Arts & Culture app, it gives you access to 1,200 virtual museum exhibit tours.

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 Healthy Wash Your Hands
- Flyer – Wash Your Hands
- Flyer – Keep Calm and Wash Your Hands
- 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. State education leaders can find the waiver application here. (March 20, 2020)

XI. Resources for Tribal Administrators, Managers, and Teleworkers
Tips for Managers/HR While Working from Home

- Manager/Employee Relations
- How to Run an Effective Virtual Meeting
- How to Manage Your Team from Home
- 7 Tips to Remotely Manage Your Team
- COVID-19 Emergency Sick and Family Leave: What Employers Need to Know

Improving Your Work from Home Experience

- 32 Tips to Make Working from Home Easier – Nextiva Blog
• **5 Tips for Staying Productive and Mentally Healthy While You're Working from Home** – TIME Magazine
• **7 Effective Ways to Work from Home During the Coronavirus Outbreak** – GoodHousekeeping
• **Keeping Your Mind and Body Healthy** – TIME Magazine
6. Calls/Webinars/Briefings/Observances

**Upcoming**

**Recurring – Next call is Monday, March 30**
- Every Monday and Thursday: Joint USET/USET SPF, BIA Eastern Region Office, and IHS Nashville Area Office Weekly Tribal Nations COVID-19 Response and Relief Effort Call
  - Every Monday and Thursday at 1:00 PM Central
  - Dial-in number: 435-777-2200; Conference ID: 139-8682
  - Your line will be placed on mute when you join. If you would like to ask a question, please push *5 on your phone keypad to be placed in a question queue.

  **THIS CALL IS INTENDED FOR USET/USET SPF & EASTERN REGION/NASHVILLE AREA TRIBAL NATIONS ONLY**

**Recurring – Next call is Thursday, April 2**
- Every Thursday: IHS Federal Update on the Coronavirus Disease 2019 (COVID-19) to Tribal Leaders and Urban Indian Organization Leaders *(weekly on Thursdays)*
  - Every Thursday at 3:30 PM-5:00 PM Eastern
  - Conference Call: 800-857-5577
  - Participant Passcode: 6703929
  - Webinar Adobe Connect: [https://ihs.cosocloud.com/r4k6jib09mj/](https://ihs.cosocloud.com/r4k6jib09mj/)
  - Participant Password: ihs123

**Friday, March 27**
- **Association on American Indian Affairs: #ShareHealing**
  - This is a challenging time, and it may be difficult or impossible to come together in person to celebrate life and pray for our continued health and healing because of the COVID-19 pandemic. The Association on American Indian Affairs invites Indian Country and the world to come together for 20 minutes of unity in thought and prayer, as we all come together—from our homes or a quiet place with physical distance from others—to share 20 minutes in prayer, good thoughts and unity of spirit.
  - Let us join together to #ShareHealing to send thoughts of healing and health during this uneasy and fearful time. Please share, if it is appropriate, what you are doing to pray, meditate, or share healing thoughts on social media by posting with #ShareHealing and by tagging us on Facebook, Twitter, and Instagram.
  - Friday, March 27, 2020 at 5:00 pm Eastern/ 4:00 pm Central/ 3:00 pm Mountain/ 2:00 pm Pacific/ 1:00 pm Alaska/ 11:00 am Hawaii time

**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](https://ihs.cosocloud.com/r4k6jib09mj/)
  - PDF of the PowerPoint slides: [SLIDESHOW: Tribal Leader Town Hall on COVID-19](https://ihs.cosocloud.com/r4k6jib09mj/)
• March 17: National Indian Health Board Listening Session
  o Notes and Recording
  o Coronavirus (COVID-19) Live Virtual Session Notes
  o Participant List
  o 03.17.20 NIHB Legislative Report to Tribal Leaders
• March 18: CDC Answering 20 Questions about COVID-19
  o Call Slides
  o CDC Emergency Preparedness and Response Facebook
• March 18: White House Indian Country COVID-19 Response Team Call
  o Hobbs, Straus, Dean & Walker: Notes from March 18 White House Call
• 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: SAMSHA Q and A Session for Discretionary Grantees
• March 20: COVID-19 and Homeless American Indians/Alaska Natives
• March 23: IHS virtual Tribal consultation on distribution of emergency COVID-19 funding
  o March 24: Hobbs, Straus, Dean & Walker, LLP Memo
• March 24: IHS Telebehavioral Health Center of Excellence Webinar
• March 24: Department of Veterans Affairs – Inter-Governmental Affairs – COVID-19 Conference Call
• March 25: Department of Veteran Affairs – Inter-Governmental Affairs
• March 25: Indian Health Service Urban Conference Virtual Session
• March 25: White House State & Local Briefing Call on COVID-19
  o Follow up
• March 25: CDC: Optimization Strategies for Healthcare Personal Protective Equipment (PPE)
  Call slides were made available prior to the call.
• March 26: Tribal Leader Town Hall: COVID-19 Phase 3 Legislation
• March 26: IHS Domestic Violence Prevention (DVP) Planning Series: Safety Planning Basics
• March 26: COVID-19: IHS Clinical Readiness and Patient Care
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
    - 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, Headquarter 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) Contact: Susan Falconer (Phone: 202-320-6837)

- U.S. Department of Agriculture (here) Contact: Lillie Brady (Phone: 202-845-3872)
  - 3/20 National Agricultural Statistics Service Press Release: 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) Contact: Ryan Lambert (Phone: 202-615-6570)

- U.S. Department of Labor (here)

- U.S. Department of Homeland Security (here) Contact: Cherie Short (Phone: 202-893-2941)
  - 3/26 Acting Secretary Chad Wolf Statement on the REAL ID Enforcement Deadline

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

- U.S. Department of Veterans Affairs (here) Contact: Thayer Verschoor (Phone: 202-461-7385)

- U.S. Environmental Protection Agency (here) Contact: Britt Carter (Phone: 202-440-0728)

- U.S. Department of the Interior (here)
  - March 25 Dear Tribal Leader Letter from the Assistant Secretary – Indian Affairs

- 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)

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
- National Congress of American Indians: [Resources for Indian Country](#)
- Indigenous Food and Agriculture Initiative: [COVID-19 Resource Library](#)

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
  USETCovid19responsesteam@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

Calls and Webinars

- **COVID-19 webinar: U.S. & Canada hotel weekly performance analysis**
  *weekly beginning Thursday, March 26*
  Join Jan Freitag, STR’s senior VP of lodging insights, for a quick-hitting weekly webinar focused on the most recently processed week of hotel performance data for the U.S. and Canada. We will cover national numbers as well as the key markets to show the most significant performance fluctuations as COVID-19 concerns broaden. This webinar series will be recorded and made available each week for those unable to join live.
  Thursday, April 2, 3:00 PM Eastern ([register](#))

- **COVID-19: Demystifying Financial Programs & Resources During This Crisis**
  The federal government offers a number of different financial programs and resources to help communities and businesses respond and recover during and after a crisis. The COVID-19 pandemic is proving to be unprecedented in nearly every way possible, which makes understanding your options even more important. Our second webinar in this series will convene top experts in understanding, leveraging and deploying financial programs and resources, including those from SBA, CDBG and EDA.
  Monday, March 30, 3:00 - 4:30 PM ET ([register](#))

Information and Resources

- 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 COVID-19](#)
  *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](http://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?](#)
- Bloomberg Government Contracts Analysis: [COVID-19 Contractor Guidance](#)
- [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](https://content.govdelivery.com/accounts/USDOC/bulletins/28177d9)
• 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.

• [Entrepreneur’s Survival Guide in the Age of the Coronavirus](http://example.com)

• [COVID-19: Crisis Management and Business Continuity](http://example.com)

• [Native Women Lead](http://example.com) has compiled several resources and is working on others:
  - They have launched a [Google Spreadsheet](http://example.com) 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 artist/creative, fill in your info to gain support from community patrons in the [Emergency Virtual Art Market](http://example.com).
  - 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 in partnership with [Ureeka](http://example.com) in the coming weeks so you can find and connect with one another online.
  - They are working with their partners to pull together resources. Be sure to join and follow along on the Facebook Page, [Native American Small Business Resources](http://example.com).

**Surveys: Information Gathering for Strengthened Advocacy Efforts**

Please see the [Surveys](http://example.com) section to participate in surveys from American Indian Alaska Native Tourism Association, Native Women Lead, and the Center for Indian Country Development at the Federal Reserve Bank of Minneapolis.

**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 Postponed
   - 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
   - June 23-25, American Indian & Alaska Native National Behavioral Health Conference Canceled

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

**US/SET SPF Tribal Nations that have declared a state of emergency**
- Aroostook Band of Micmacs
- Chitimacha Tribe of Louisiana
- Coushatta 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/2IZFWu and is now welcoming input from tribes and tribal organizations across the country.

- 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.

- 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

- 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.

- Understanding the economic impacts of COVID-19 in Indian Country is critical for public policy. The Center for Indian Country Development at the Federal Reserve Bank of Minneapolis would be grateful if you could share your Native Nation’s experience with COVID-19, including how it is impacting your Tribal government’s and enterprises’ workforces, how your Native Nation is responding, and what financial needs are arising. Your responses will help them more effectively inform Tribal, federal, and state leaders on policy solutions to the challenges now facing Indian Country. The survey should take no longer than 6-7 minutes to complete. All responses are anonymous, and only aggregated results will be shared publicly. The deadline to complete the survey is 8:00 p.m. CDT Friday, March 27. To begin the survey click here.
• There is legislation that includes Indian country specific funding. IHS is currently consulting on how to best disperse this funding. To offer your views and comments, please provide feedback ASAP by emailing consultation@ihs.gov.

• While we’re all doing our part to flatten the curve, take a moment to be counted in the 2020 Census! The 2020 Census will determine congressional representation, inform hundreds of billions in federal funding every year, and provide data that will impact communities for the next decade. Native Americans living on reservations and in traditional villages were the most undercounted people in the 2010 U.S. Census.

The federal government allocates nearly $1 billion in annual federal resources to Indian Country based on Census data. American Indian and Alaska Native governments use this money to provide educational assistance for low-income children, employment and training programs, health services, special programs for elders, and Indian housing and community development. Without an accurate count, Tribal governments do not receive adequate funding for these programs and are less able to meet the needs of their people.

Learn more about the importance of participating in the census and be counted at https://2020census.gov/.

• 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.

This survey has closed.