

# Guide to Initial Steps in Responding to a Newly Identified Case in a Tribal Community



## Confirming Report and Convening Decision Makers

- 1.** Confirm if a laboratory-confirmed case. Depending on where you received the information, it might mean speaking with the Local Health Department (LHD), public health or reference laboratory, or local hospital. Do not rely on reports from community members, law enforcement or Facebook alone.
- 2.** Clinical care and infection control measures for individual with confirmed COVID-19 along with protection and risk assessment of healthcare personnel (HCP) and other patients as appropriate.
- 3.** Notify the following if not already done: LHD (including mandatory notifiable disease case reporting), Tribal Health Program (THP) executive leadership, and Tribal Council (through your CEO). Please also notify CRIHB (Thomas Kim, MD) at 916-929-9761 and IHS California Area Office (Charles Magruder, MD) at 916-930-3927 for additional assistance.
- 4.** Arrange for a cross-jurisdiction collaboration meeting including: Tribal Council representative, THP executive leadership, THP Medical Director, County Health Officer, county public health emergency preparedness coordinator, county emergency services manager (for non-public health related resources and perspective).
- 5.** In this meeting, establish inter-jurisdictional coordination (as needed, Tribal Council to formally invite the county *in writing* for assistance or activate an MOA), and formulate a coordinated plan and messaging. Given the sovereignty of Tribal nations, attendance by a high-level representative and decision-maker from the Tribal government is ideal. Counties cannot and should not assume that their services and jurisdiction extend onto Tribal lands without prior invitation or arrangement.
- 6.** Consider activating your Tribe's incident command system or other response according to the Tribe's emergency preparedness and response plan. This may include a multi-disciplinary task force which meets regularly.

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- 7.** Consider, with your LHD, steps to take to mitigate (or if appropriate, contain) transmission at tribal enterprises, particularly casinos.

### Initial Messaging to Tribal Community & Patients

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- 1.** Public announcement through the suggested Tribal Chairperson and THP Medical Director or CEO is suggested. If appropriate, consider a webcast through Facebook or Youtube streaming. For areas of reasonable internet coverage, a large proportion of Tribal members use Facebook as a major information source of information and communication. Other means will need to be employed for those reservations and Rancherias that have poor access to internet service. If at all possible, consider ways to minimize gathering a large group of people.
- 2.** Have a summary or press release shared with community members posted in key areas (tribal building, store, post office, and clinic) with contact information.
- 3.** Messaging topics to include: 1) situation and risk to community members especially elders and those with underlying chronic illnesses, 2) reinforcing foundational personal prevention measures, 3) social distancing or containment/mitigation measures to be implemented and self-observation instructions, 4) instructions on accessing care at THP for those with respiratory illness, 5) to expect outreach to high-risk individuals, and 6) reassurance and other jointly created messages specific to your situation.
- 4.** Create a telephone script for THP Front Desk, MA and RN staff consistent with above messaging and provide training to respond to commonly asked questions.
- 5.** Update your website with your key messaging points.
- 6.** Continue to provide regular written or video updates on Facebook or your chosen medium to use as a platform to reinforce infection prevention strategies and social distancing and other mitigation measures. Commonly asked questions should be pre-emptively addressed in this forum.
- 7.** Work with Tribal Council regarding steps to be taken at Tribal worksites and in particular, sites with outside patrons such as casinos. Guidance for this is available from the California Department of Public Health (CDPH).
- 8.** Continually evaluate how community members are responding to your messaging, and monitor the changes in local epidemiology of COVID-19 infections in your region.

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### Outreach to Vulnerable Tribal Community Members

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- 1.** Create a registry of high-risk individuals from your THP electronic health record system. These individuals would either > age 50 or 60 or with chronic underlying conditions as noted in CDPH or CDC guidance. Allow healthcare providers to review the list vulnerable patient and provide them an opportunity to add additional individuals to the list. Have providers and public health nursing staff indicate which patients would particularly benefit from an in-person visit.
- 2.** If staffing allows, consider reaching out to these individuals by telephone using a script that informs them of their vulnerability to complications of COVID-19, protective measures, symptoms to monitor, how to access health care at the clinic (e.g. call first), and other messaging appropriate to your situation. Also inquire about any current healthcare related needs (e.g. medication refill, etc.) and provide information regarding assistance for other needs such as food, heating, etc.
- 3.** If you have Community Health Representatives (CHR) or Public Health Nurses, train them to share and disseminate infection prevention measures, social distancing instructions, and to identify individuals who may need a medical evaluation. Use them to visit the most vulnerable of your patients. CHRs will need to scrupulously practice hand hygiene and per the Medical Director, to use other appropriate personal protective measures to protect patients and themselves from infection. Brochures and other educational material may be reviewed during this time. An assessment of shelf-stable foods and other supplies can be made as well. Reassurance will be an important component of their message.
- 4.** Consider creating a schedule of regular visits of the most vulnerable individuals and have CHRs trained to perform active monitoring of temperature and symptoms as needed.
- 5.** Use CHRs, MAs and other clinical staff to identify any repeated misinformation shared in the community and actively address these through official communications by the Tribal Council and THP.

### Contact Tracing and Containment / Mitigation Measures

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- 1.** Contact tracing is generally not indicated in a community believed to have a significant level of sustained transmission; however, defer to the LDH based upon evolving strategies. On the other hand, if the LHD is pursuing a strategy of containment, contact tracing will likely be utilized, especially as a first case for your reservation community. Discuss this with the LHD and consider offering your public health nursing staff (and CHRs) to assist with this. Some Tribes will want to consider

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more aggressive containment measures such as shelter-in-place and travel restrictions. Consult with your Local Health Officer for

- 2.** If contact tracing is done, please review the most current guidance from CDC regarding symptomatic and asymptomatic contacts of individuals with confirmed COVID-19 and their risk stratification or follow the guidance of your LHD.
- 3.** Have self-quarantine, self-isolation or other remain-at-home written instructions.

### Continue Longer-Term Planning

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- 1.** Review your public health disaster plan with your staff.
- 2.** Invariably, the personal protective equipment (PPE) supplies will dwindle over time. Create a system to keep track of inventory if you have not already. Consider reporting to IHS and CRIHB as they advocate for support at the state and federal level.
- 3.** Ensure that you are connected and known to your regional MHOAC (Medical Health Operations Area Coordinator) who is your gatekeeper for supplies provided through California State. If you do not know who your MHOAC is, please contact your county public health emergency preparedness manager and make a personal introduction by phone.
- 4.** As a sovereign nation, the Tribe can declare a state of emergency and make a direct request for Strategic National Stockpile (SNS) supplies through the Indian Health Service Area Office Director. However, note that steps to access the SNS may vary so please keep in touch with LHD, IHS or CRIHB for guidance on this. IHS also has the Director's Emergency Fund to aid Tribes. Obtain the right contacts and forms needed to make such requests.
- 5.** Should you anticipate a surge in healthcare utilization, consider shifting visits to telephone or telemedicine platforms, extending follow-up visit intervals, providing larger medication refills or shifting to emergency/urgent care only for services for a limited period of time.
- 6.** For those in self-isolation, self-quarantine, or if the reservation is under a shelter-in-place order, consider planning for distribution point(s) of shelf-stable foods and other daily-use supplies as well as other support that will be needed for these individuals.
- 7.** As each area will have a localized response for your situation, please follow up with your LHD, regional emergency preparedness coalition, IHS or CRIHB for further assistance and support.