CRIHB COVID-19 Updates
June 16, 2020

Please sign-in in the Group Chat with your name and Tribe or Tribal Health Program name

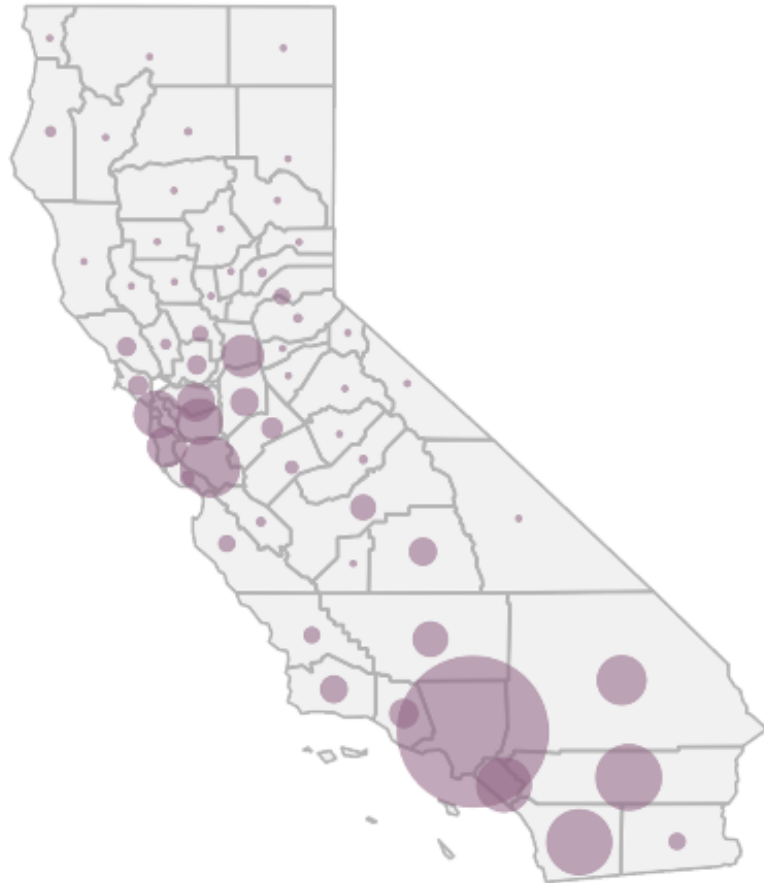# California COVID-19 By The Numbers

June 15, 2020

Numbers as of June 14, 2020

CALIFORNIA COVID-19 SPREAD

151,452
Total Cases

Ages of Confirmed Cases

- 0-17: **10,451**
- 18-49: **81,943**
- 50-64: **33,871**
- 65+: **24,981**
- Unknown/Missing: **206**

Gender of Confirmed Cases

- Female: **74,350**
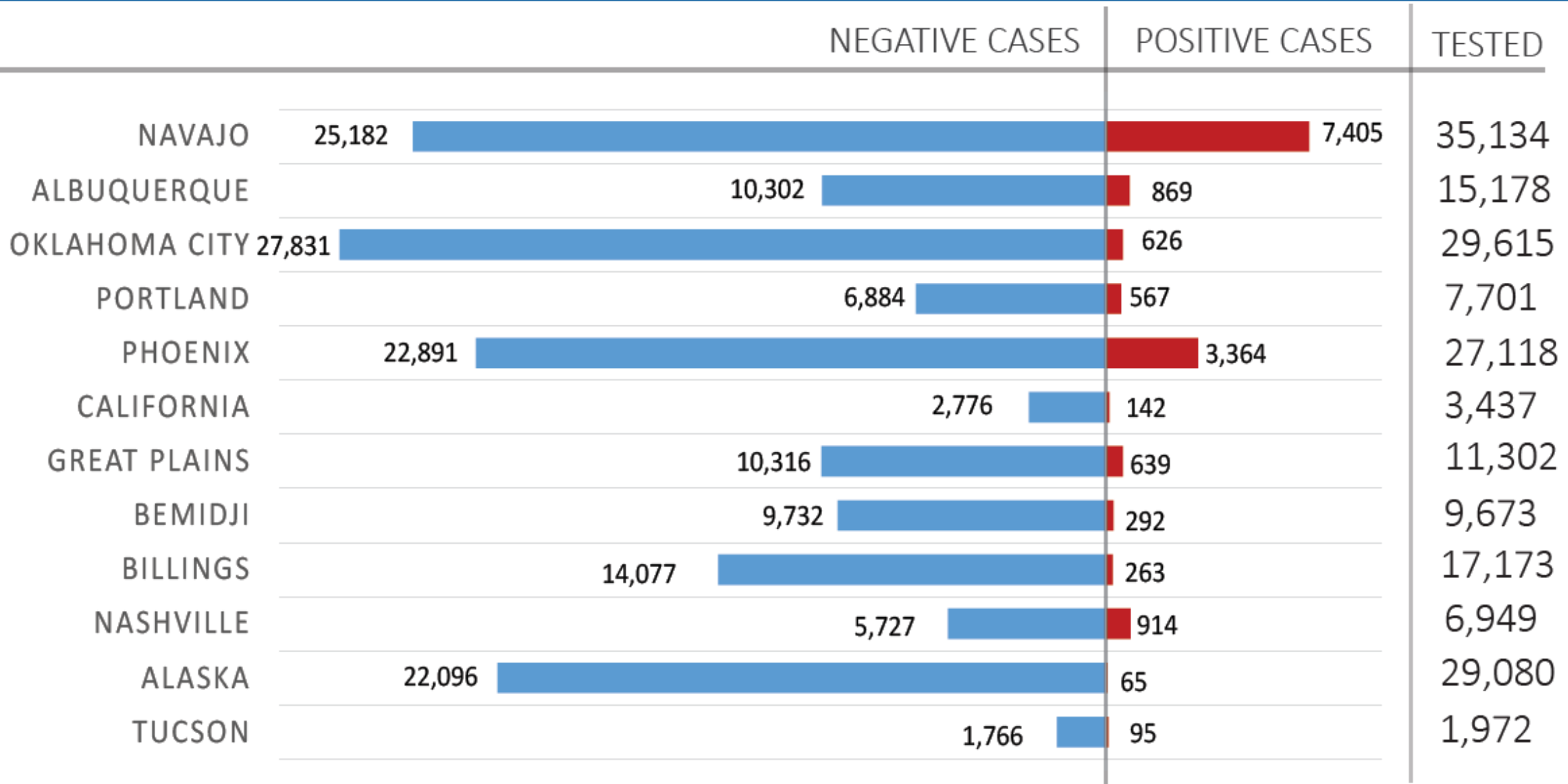- Male: **76,412**
- Unknown/Missing: **690**

Hospitalizations

Confirmed COVID-19
3,103/1,053
Hospitalized/in ICU

Suspected COVID-19
# 1,220/217
Hospitalized/in ICU

5,089
Fatalities

For county-level data:
data.chhs.ca.gov

COVID-19 CASES BY IHS AREA AS OF JUNE 13, 2020*

	NEGATIVE CASES	POSITIVE CASES	TESTED
NAVAJO	25,182	7,405	35,134
ALBUQUERQUE	10,302	869	15,178
OKLAHOMA CITY	27,831	626	29,615
PORTLAND	6,884	567	7,701
PHOENIX	22,891	3,364	27,118
CALIFORNIA	2,776	142	3,437
GREAT PLAINS	10,316	639	11,302
BEMIDJI	9,732	292	9,673
BILLINGS	14,077	263	17,173
NASHVILLE	5,727	914	6,949
ALASKA	22,096	65	29,080
TUCSON	1,766	95	1,972

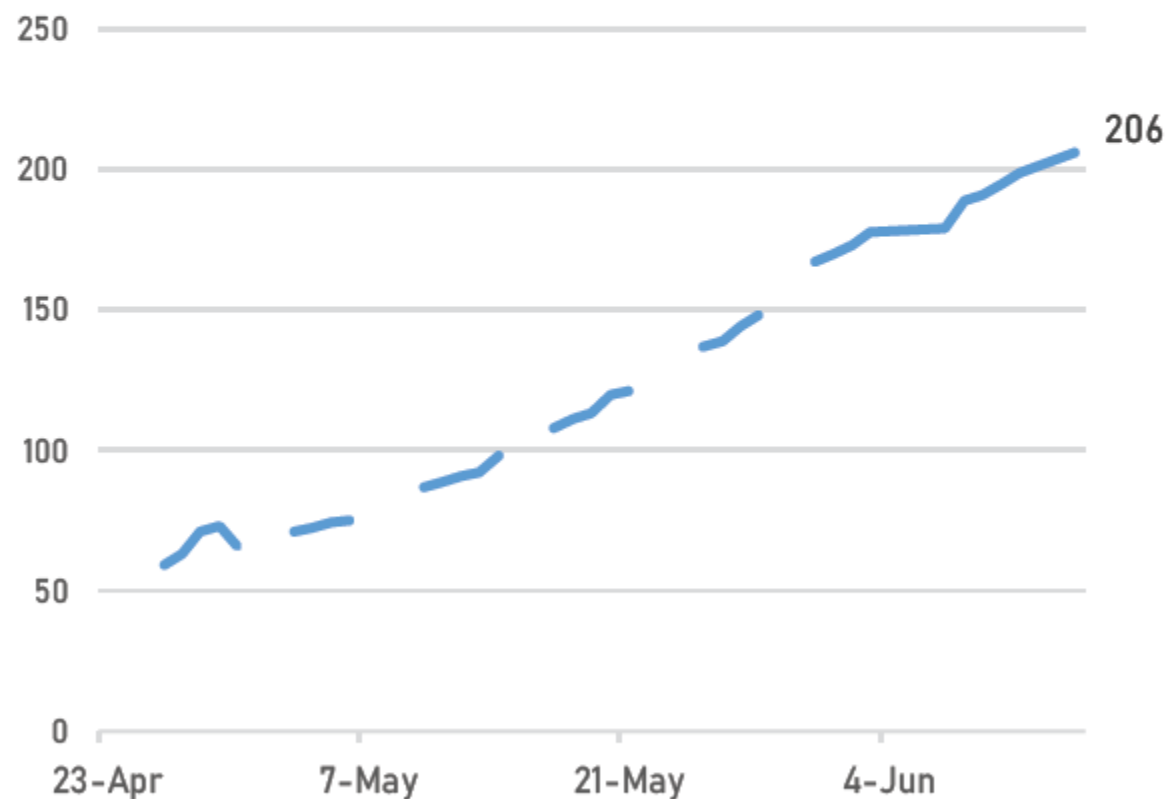*as of 7PM EST June 13, 2020

Two sources for tracking American Indian and Alaska Native (AIAN) Cases reported in California

Data from the Indian Health Service (IHS) include positive cases reported by Tribal and Urban Indian Health Programs.
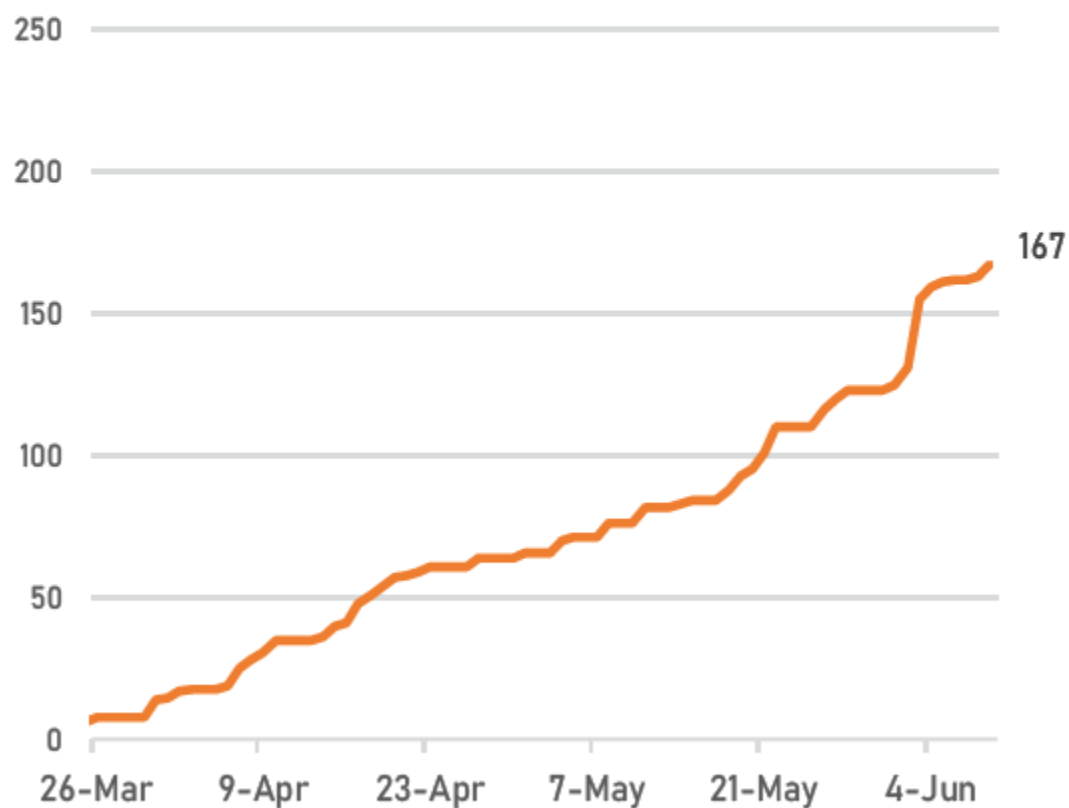
Data from California Department of Public Health (CDPH) include all positive cases of AIAN diagnosed in California.

Note: IHS data source is the IHS Data Portal, as of 6/9/2020. Gaps in CDPH reported AIAN cases are due to intermittent data availability.

State Response

- CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call:
  - Every other Friday. Next call: June 19th @11:00AM, 1-888-240-2560; 282056959#

- Governor's Tribal Advisor Tribal Leaders call:
  - W @ 5:00PM (This call is by invite only to Tribal leaders and council members)

- Operational Area (OA)/Tribal Coordination call:
  - W @ 2:00PM, 1-844-291-5489; 6115888#

- Region COVID-19 Briefing call:
  - 2 x a week @ 3:30PM by Regions I-VI

Resilience Roadmap Stages

STAGE 1:
Safety and Preparedness

Making essential workforce environment as safe as possible.

STAGE 2:
Lower Risk Workplaces

Creating opportunities for lower risk sectors to adapt and re-open.

Modified school programs and childcare re-open.

STAGE 3:
Higher Risk Workplaces

Creating opportunities for higher risk sectors to adapt and re-open.

STAGE 4:
End of Stay-At-Home Order

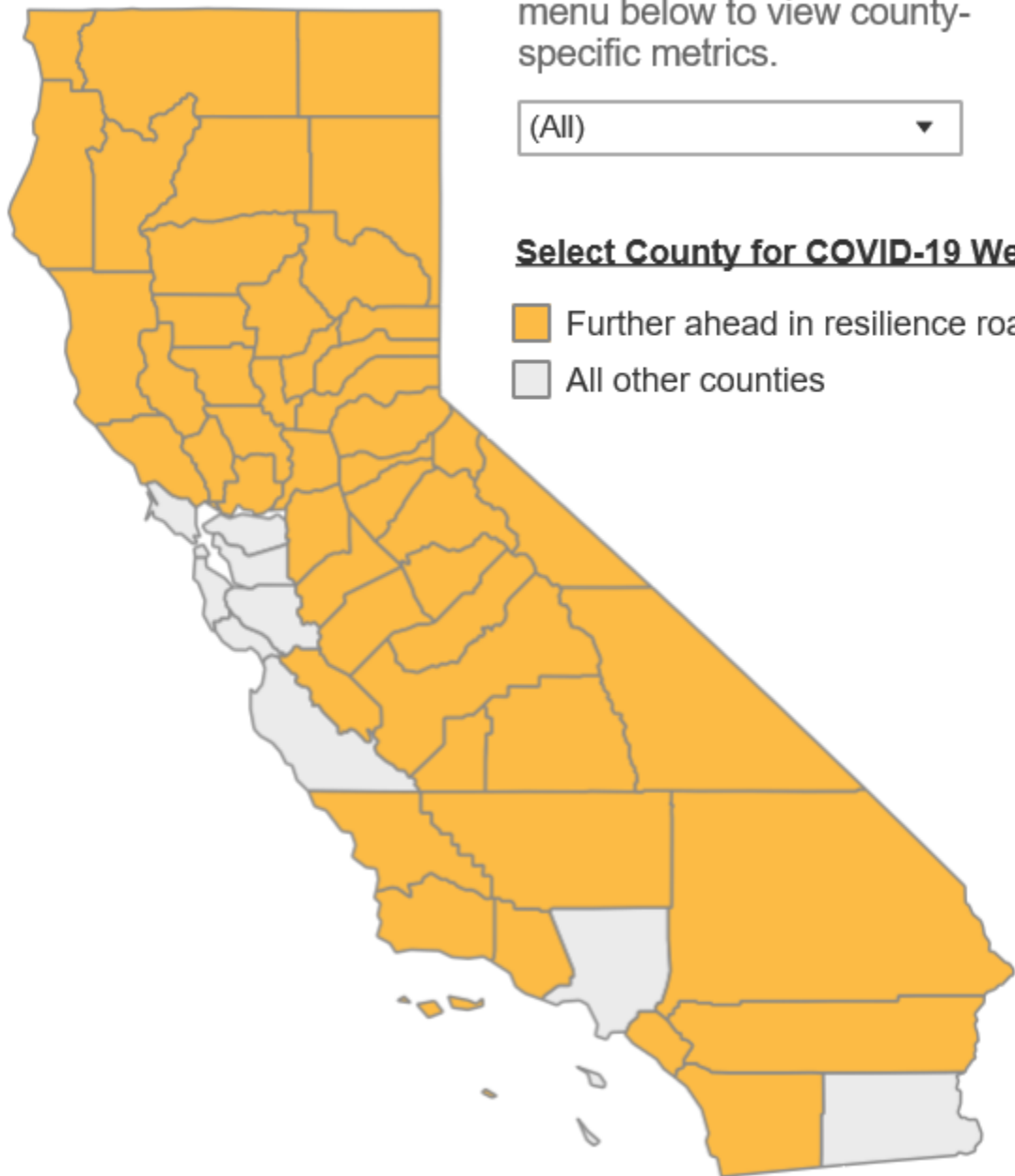Return to expanded workforce in highest risk workplaces.

Requires Therapeutics.

Click on map or **Select** from the menu below to view county-specific metrics.

(All) ▼

Select County for COVID-19 Website

☐ Further ahead in resilience roadmap
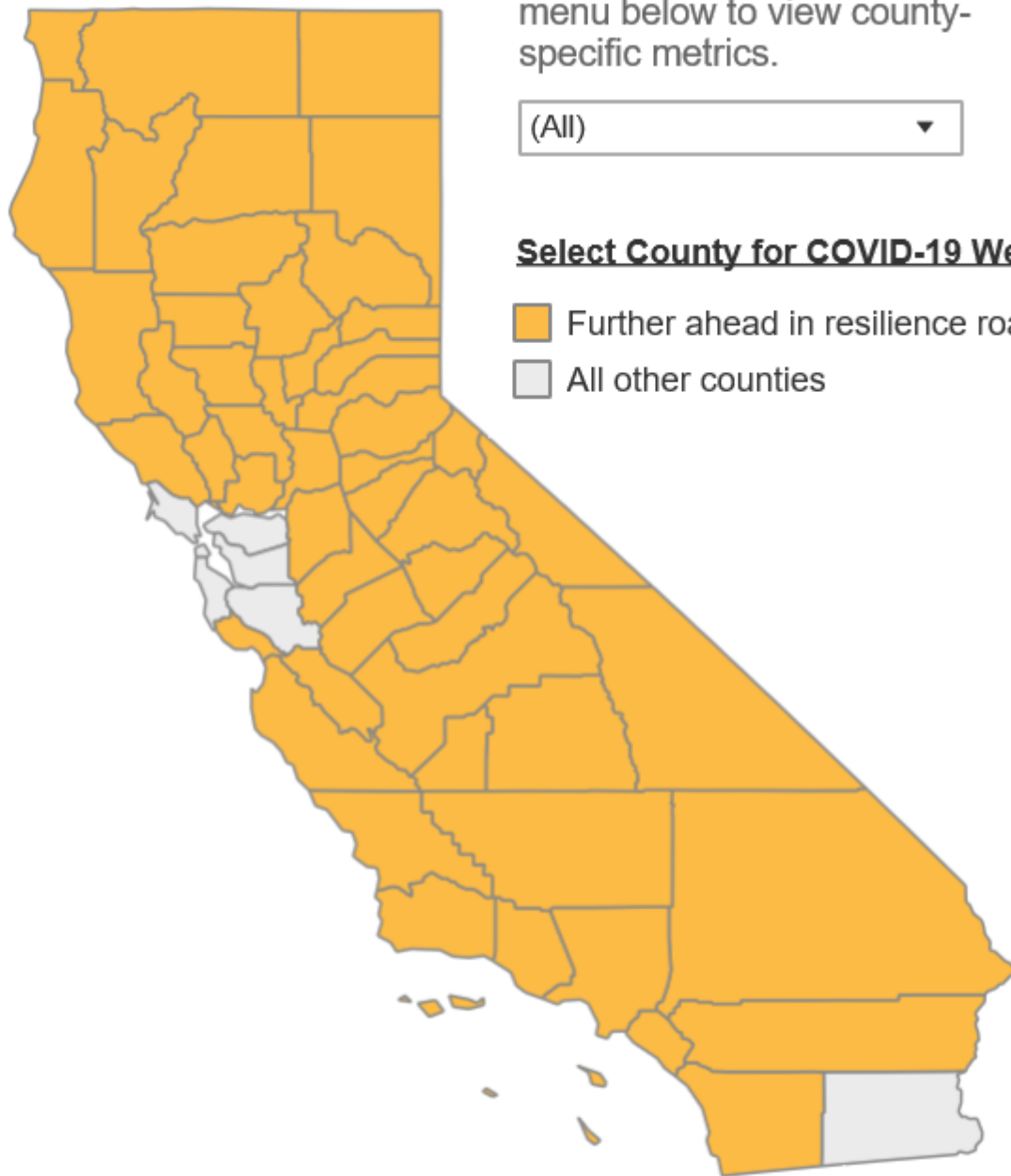
☐ All other counties

Federal Response

1st stimulus package

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: CDC announced <u>80 million </u>in funding to Tribes, Tribal Organizations, and UIOs
  - 30 million: Supplement to 9 regionally designated Tribal Organizations, including resources for sub-awards to Tribes (28 million) and other direct funds to a number of large Tribes (2 million) aka "1803" *Status: Completed*
  - 10 million: Supplement existing funding to the NCUIH, which will make sub-awards to 41 urban Indian health centers (8 million) and NIHB for COVID-19 communication activities (2 million) *Status: Completed*
  - 40 million: New non-competitive grant to reach all Title I and Title V Tribes that are eligible to apply for a Federal grant. *Status: In process*

Federal Response 1ˢᵗ and 3ʳᵈ stimulus package

- Opportunity Title: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response *Status: Initial NOA issued*
- Estimated Application Due Date: Deadline extended to June 3, 2020
- Eligible Applicants:
  - Component A: Federally recognized tribes that contract or compact with the IHS under Title I and Title V of the ISDEAA, or consortia of these tribes, or their bona fide agents, https://www.cdc.gov/tribal/documents/cooperative-agreements/OT20-2004-IHS-Component-A-Eligibility-List-508.pdf
  - Component B: All federally recognized tribes, tribal organizations, consortia of federally recognized tribes, or their bona fide agents, including Component A applicants.
- Applicants under Component A will be funded first using the initial $40 million; however, applicants under Component B should apply to be eligible for subsequent rounds of funding through this mechanism (CDC $125M via CARE Act)

Federal Response

1st and 3rd stimulus package

57 CA grantees

Base amount: $25,000

IHS Fractional Allotment: Modified version of the IHS Tribal Size Adjustment formula

Population Based Allocation: Population is defined as all individuals residing within a jurisdiction, as defined by the applicant. This can include non-AIAN. The calculation is the recipient's reported population served divided by the total population served across all recipients.

- Component A: Initial NOA= Base + IHS Fractioned Allotment

  Final NOA= Base + IHS Fractioned Allotment + Population Based Allocation

- Component B: Initial NOA= Base

  Final NOA= Base + Population Based Allocation

After *Final NOA received by June 30*, applicants will 60 days to submit a revised work plan & budget

Federal Response

1st stimulus package

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: DHHS Public Health and Social Services Emergency Fund: <u>70 million</u> to IHS will be made available to prevent and prepare for COVID-19 in AIAN communities
  - $30 million: IHS will distribute to IHS Federal health programs in support of COVID-19 response activities. These funds will be distributed according to existing allocation methodologies that use recurring Federal Hospitals and Health Clinics base funding levels. *Status: Completed*
  - $40 million: To purchase personal protective equipment (PPE) and medical supplies through the IHS National Supply Service Center. These resources will provide critical PPE and medical supplies that will be available to I/T/U health programs free of charge. *Status: Completed*

Federal Response

2nd stimulus package

- Families First Coronavirus Response Act: Signed on March 18 by President Trump to allocate <u>64 million </u>for COVID-19 testing activities to IHS.
  - IHS held a Tribal Consultation call on March 23, 2020 and an Urban Confer call on March 25, 2020.
  - 3 million: allocated to Urban Indian Organizations *Status: Completed*
  - 61 million: allocated to IHS Federal health programs and THPs, using the existing distribution methodology for program increases in Hospitals and Health Clinics funding. Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. *Status: Completed*

Federal Response   3rd stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
    - IHS: $1.032 billion- *Status: In process*
    - CDC: $125 million set aside for Tribes- *Status: Funds will be used to fund the OT-20-2004 RFA opportunity: Component B*
    - SAMHSA: $15 million set aside for Tribes- *Status: Completed, supplements awarded via existing Native Connections grants*
    - HRSA: $15 million set aside for Tribes through Rural Health Office for health care integration, telehealth services via Rural Tribal COVID-19 Response Program- *Status: Completed, list of awardees: https://www.hrsa.gov/rural-health/coronavirus/rural-tribal-covid-19-response-fy20-awards*

Federal Response

3rd stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020

$1.032 billion

- IHS: 600 million
  - $30 million to Urban Indian Organizations *Status: Completed*
  - $570 million to IHS federal health programs and Tribal Health Programs using existing distribution methodologies for program increases. *Status: Completed*
- IHS: $432 million
  - $65 million for Electronic Health Record stabilization and support
  - $367 million based on Tribal consultation and urban confer comments *Status: In process*

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_04032020.pdf

Federal Response

3rd stimulus package

$367 million

- $125 million to transfer to Facilities Account to support COVID-19 activities at IHS and Tribal health programs.
  - $74 million will support medical equipment needs- Distributed using existing formulas
  - $41 million will support maintenance and improvement needs- Distributed using existing formulas
  - $10 million will support sanitation and potable water needs- Managed by IHS and provided on case-by-case basis
- $20 million to support Urban Indian Organizations
- $50 million to IHS and Tribal health programs for increases in Community Health Representatives and Public Health Nursing via one-time, non-recurring modification to ISDEAA agreements.
- $95 million to support expansion of telehealth activities across IHS, Tribal, and UIHOs
- $26 million to support TECs and national surveillance coordination activities at IHS
- $6 million for public health support activities: broaden messaging activities
- $5 million to provide additional test kits and materials with no charge to IHS, Tribal, and UIHOs
- $10 million for non-Federal staff support for deep cleaning, equipment, protection and overtime for non-clinical staff
- $30 million to address unanticipated needs in the future
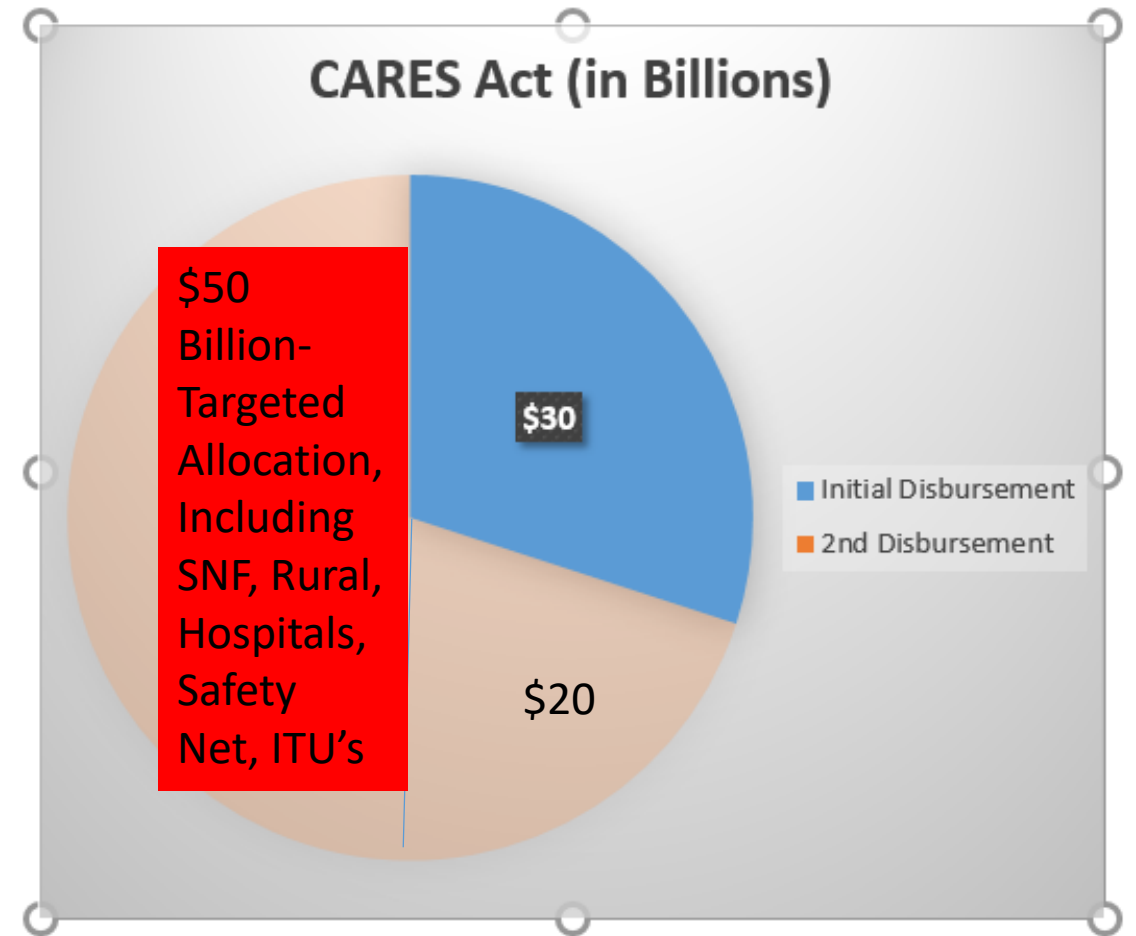
Federal Response

3rd stimulus package

- CARES Provider Relief Fund
  - $50 billion- General Distribution
    - Initial distribution of $30 billion
  - $50 billion- Targeted Allocations
    - $12 billion- 395 hospitals who provided inpatient care for 100 or more COVID-19 patients through April 10, 2020
    - $10 billion- rural acute care general hospitals and Critical Access Hospitals, Rural Health Clinics, and rural Community Health Centers
    - $4.9 billion- skilled nursing facilities
    - Funding for the COVID-19 Uninsured Program Portal
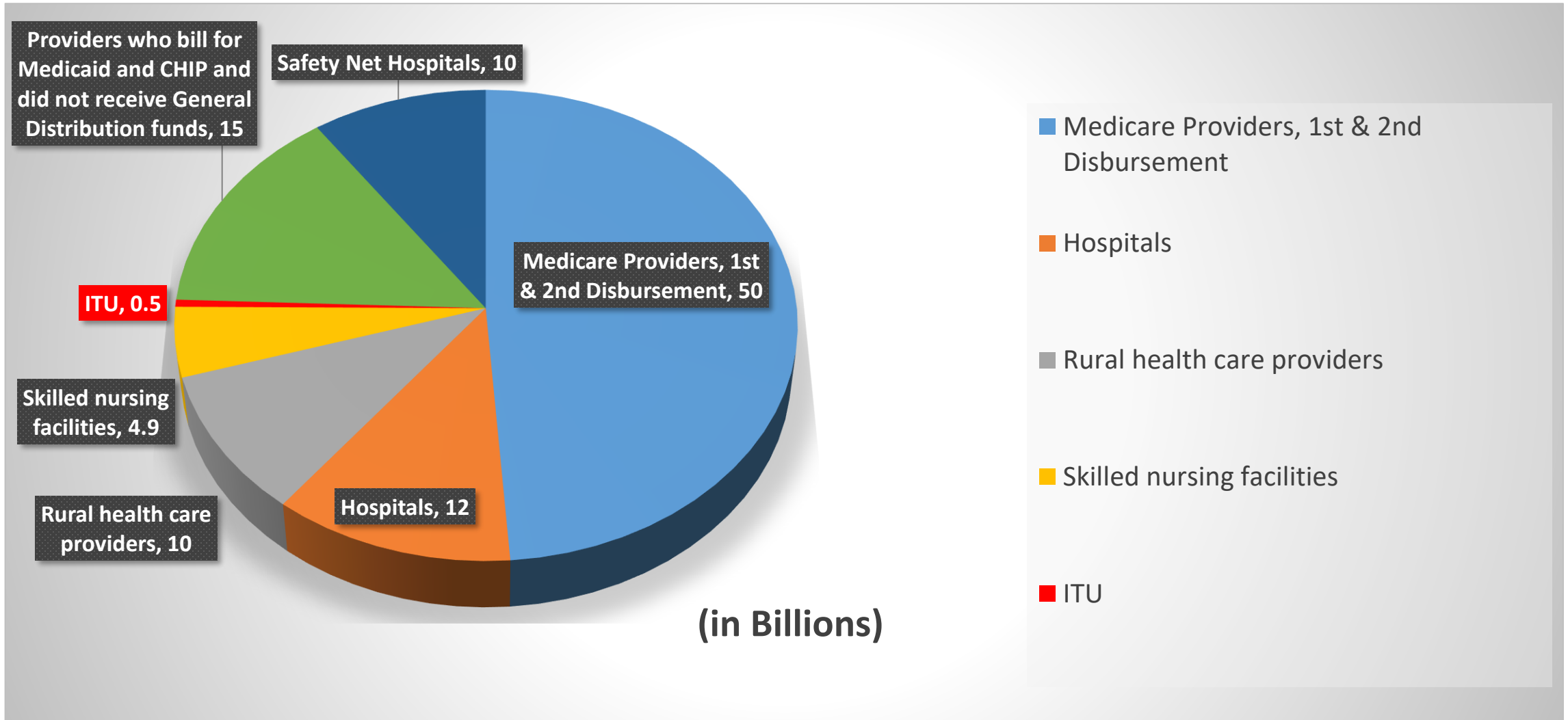   - IHS: $500 million- Distributed on the basis of operating expenses. *Status: In process*

https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

CARES Act- $100 billion in relief funds to hospitals and other healthcare providers (signed 3/27/20)

- **Initial disbursement-$30 billion-** All facilities and providers that received Medicare fee-for-service (FFS) reimbursements **in 2019** are eligible for this *initial rapid distribution.*
  - All relief payments are made to the billing organization according to its Taxpayer Identification Number (TIN).
  - Paid via **Automated Clearing House** account information on file with UnitedHealthGroup or CMS. -The automatic payments Optum Bank with **"HHSPAYMENT"** as the payment description.

CARES Act (in Billions)

$50 Billion- Targeted Allocation, Including SNF, Rural, Hospitals, Safety Net, ITU's

$30

$20

- Initial Disbursement
- 2nd Disbursement

CARES Act Provider Relief $100 Billion

Providers who bill for Medicaid and CHIP and did not receive General Distribution funds, 15

Safety Net Hospitals, 10

ITU, 0.5

Medicare Providers, 1st & 2nd Disbursement, 50

Skilled nursing facilities, 4.9

Hospitals, 12

Rural health care providers, 10

(in Billions)

Legend:
- Medicare Providers, 1st & 2nd Disbursement
- Hospitals
- Rural health care providers
- Skilled nursing facilities
- ITU

CARES Act, Provider Relief Funds for ITU's

Allocation for Indian Health Service (IHS)
Based on operating expenses

IHS and Tribal Hospitals

Payment Allocation per Hospital = $2.81 Million + 3% of Total Operating Expenses

IHS and Tribal Clinics and Programs

Payment Allocation per Clinic/Program = $187,000 + 5% (Estimated Service Population x Average Cost per User)

IHS Urban Programs

Payment Allocation per Program = $181,000 + 6% (Estimated Service Population x Average Cost per User)

How much did Tribal Clinics in CA get?

- Direct payment from HHS
- **$1,900-$2.8 Million EACH**
- CLINIC FINANCE/CEOs: Please confirm that your clinic has received these funds from HHS
- Not all Tribal/Urban clinics are listed, so we want to make sure you received your targeted allocation
- https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6

Federal Response 4th stimulus package

- Paycheck Protection Program and Health Care Enhancement Act, signed on April 24, 2020
  - Provides emergency supplemental funding to increase amounts authorized and appropriated for commitments for the Paycheck Protection Program, economic injury disaster loans, and emergency grants under the CARES Act
  - Provides $75 billion to reimburse hospitals and healthcare providers for COVID-19-related expenses and lost revenue
    - Portion of this funding may be transferred to IHS and Tribal health programs
    - Provides $750 million to Tribes, Tribal organizations, and UIHOs to develop, purchase, administer, process and analyze COVID-19 tests, scale up lab capacity, and trace the spread of the disease *Status: In process*

Federal Response   4th stimulus package

- $750 million
  - $50 million: UIOs: one-time base amount for each UIO and additional amount based on number of Urban Indian users *Status: In process*
  - $550 million: IHS federal programs and THPs using existing distribution methodologies for increases in Hospitals and Heath Clinics, PRC, Alcohol and Substance Abuse, Mental Health, CHRs and PHNs via one-time, non-recurring funds through ISDEAA agreements *Status: In process, submission of testing plan*
  - $100 million: purchase tests, test kits, testing supplies, and PPE through IHS National Supply Service Center to be distributed at no cost to IHS, THPs and UIOs
  - $50 million: Nation-wide coordination, epidemiological, surveillance, and public health support

http://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_05192020.pdf

Federal Response

- The COVID-19 Uninsured Program Portal
  - Allows health care providers who have conducted COVID-19 testing, or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020, to request claims reimbursement.
  - Link: https://www.hrsa.gov/coviduninsuredclaim
  - Providers can begin submitting claims on May 6 and the earliest providers will receive payment will be May 18th.
  - Portal: http://coviduninsuredclaim.linkhealth.com

Federal Updates

Indian Country COVID-19 Response Update Call

- Date: Thursday, June 18, 2020
- Time: 4:00 – 5:30 PM (EST)/1:00 – 2:30 PM (PST)
- Registration- RSVP is required:
  https://ems9.intellor.com/?do=register&t=1&p=901631
- Note: You must RSVP to join the call. Upon successful registration, you will receive a confirmation email with dial-in instructions.

CTEC Surveillance

- The new system allows data entry at the facility level for all I/T/U facilities. I/T/U facilities will enter the data directly into the new online data collection tool themselves.

- **Implementation:** Starting Tuesday, April 14, 2020, all of the IHS Areas will start using the new online data entry tool and discontinue submitting the daily COVID-19 Surveillance Data Excel spreadsheets.

Sign in to Indian Health Service Map Portal with

esri

For IHS Active Directory accounts use the format: username@D1

Password

☐ Keep me signed in

Sign In

Forgot password?

CRIHB Response

- Webinars
  - Setting Up a Community Isolation Facility on Tribal Lands by the American Indian Commission of Washington State
    - Link to recording: https://crihb.sharefile.com/share/view/sa3272b480d14e2e9
  - Tribal Jurisdictional Challenges with COVID-19 Pandemic
    - Link to recording: https://crihb.org/prevention-and-education/public-health/
  - NCAI Tribal Epidemiology Centers: Critical Resources During The COVID-19 Pandemic
    - Link to recording: https://www.youtube.com/watch?v=Im6MRZEjaK8&t=282s
  - TEC Directors Virtual COVID-19 Response Roundtable
    - Link to recording: https://tribalepicenters.org/tribal-epidemiology-centers-covid-19-response-webinar-recording/
  - Crisis and Emergency Risk Communication
    - Link to recording: https://crihb.org/prevention-and-education/public-health/
  - Upcoming: Considerations in Reopening Tribal Health Program Services During the Covid-19 Pandemic
    - Date: June 23, 2020 at 12:00 pm

- Educational materials that can be found at: https://crihb.org/prevention-and-education/public-health/

Stay home. Give us a chance!
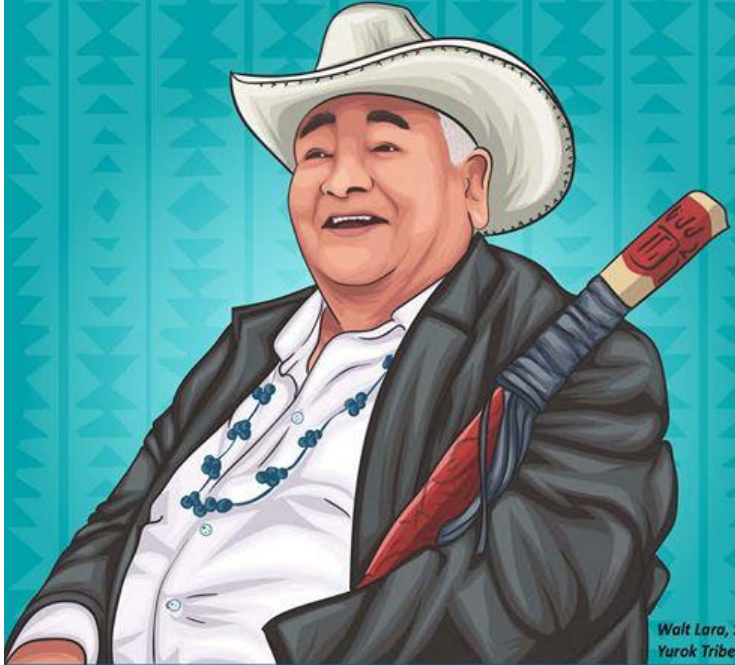
Walt Lara, Sr.
Yurok Tribe

Ways to keep Elders safe during the COVID-19 crisis:
- Designate one or two family members who will be responsible for checking in on us and caring for us.
- Make a plan to keep our food and medicine stocked. (This may mean dropping off food outside of our homes.)
- Visit with us by phone, video, or through the window.
#ProtectOurElders

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Don't put your loved ones at risk.

#StayHomeSaveLives

Lewis George
Pit River Tribe

Protect yourself and your family from COVID-19:
- Practice physical distancing.
- Wash your hands with soap and water for at least 20 seconds.
- Do not touch your face with unwashed hands.
- Cover coughs and sneezes with your sleeve or a tissue.
- Wash your hands right after you cough, sneeze, or blow your nose.
- Follow guidelines from your Tribal Council and Tribal health clinic.

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect the Keepers of Our Traditions

Juana Majel-Dixon
Pauma Band of
Luiseño Indians

The Creator gave us heart, mind, and spirit. To heal, you do not need to be physically present. Trust your heart, mind, and spirit to touch each other.
#StayHomeSaveLives

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect our Elders.
Stay home. Save lives.

Beverly J. Hunter
Table Mountain Rancheria

The best way to prevent illness is avoid being exposed to the COVID-19 virus.

* Stay home if possible.
* Wash your hands often.
* Keep space between yourself and others (stay 6 feet away, which is about two arm lengths).
* Avoid close contact with people who are sick.
* Clean and disinfect frequently washed surfaces.

#PrayerWarriorsforAll

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Stay home.
Limit physical interactions.
Save lives.

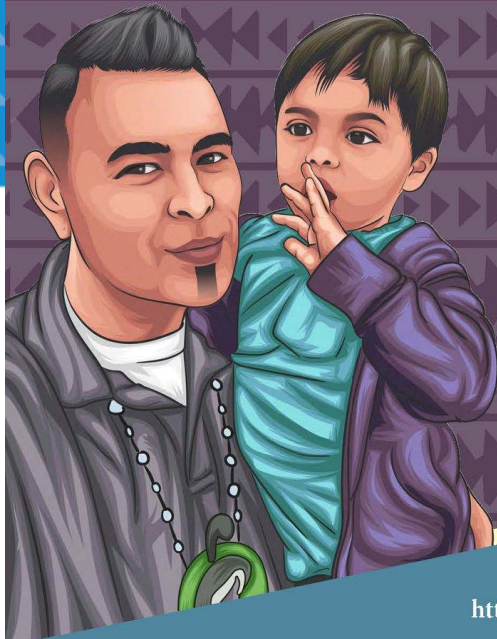#StayHomeSaveLives

Danielle Brewster
Paiute/Tachi/Mono

Activities you can do at home together as a family: smudging, making herbal teas, reading, baking, meditating, praying, doing puzzles, playing board games, drawing, singing, drumming, and dancing.

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect the future.
#StayHomeSaveLives

Silver and Awl-aw-shaw Galleto
Cloverdale Rancheria
of Pomo Indians

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect our Elders.
Stay home. Save lives.
#PrayerWarriorsforAll

Beverly Hunter, Chukchansi/Mono/Member of Table Mountain Rancheria
and Chairwoman of the Committee for Traditional Indian Health

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Be respectful.
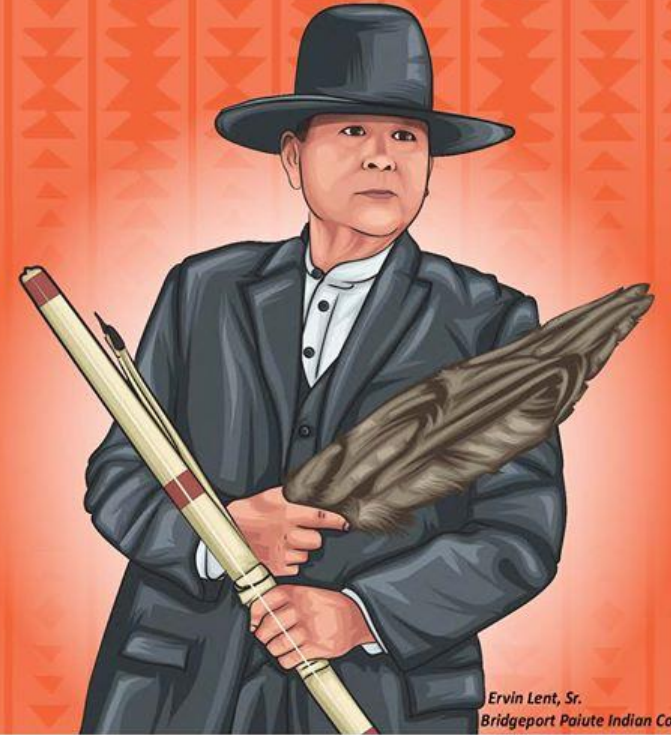
Ervin Lent, Sr.
Bridgeport Paiute Indian Colony

Take responsibility for your people.
Stay home and practice physical distancing
during the COVID-19 crisis.
#ProtectOurElders

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

COVID-19 COMMUNITY POSTER ORDER FORM

Name (please print clearly)

Tribe/Tribal Health Program/Urban Indian Health Organization

Address

City	State	Zip/Postal Code

Phone

Email

12X16 POSTER	QUANTITY
#1: Ervin Lent	
#2: Walt Lara	
#3: Lewis George	
#4: Danielle Brewster	
#5: Cutcha Risling Baldy	
#6: Juana Majel-Dixon	
#7: Beverly J. Hunter	
#8: Silver Galleto	
#9: Beverly J. Hunter	
POSTER TOTAL:	

EMAIL THIS COMPLETED FORM TO:
Yeoun-Jee Rengnez, CTEC Outreach Coordinator
Email: yrengnez@crihb.org
Phone: 916-929-9761

To order additional posters, complete and email form to yrengnez@crihb.org

Link to form:

https://crihb.org/wp-content/uploads/2020/06/COVID19PosterOrderFormFILLABLE.pdf

Public Service Announcements

- Far Northern California: Wingspan Media

- Sonoma/Mendocino Area: TBD

- Central California: TBD

- Eastern California: TBD

- Southern California: American Indian Media Concepts

How to reach us for questions:

Clinical-related assistance:
Thomas Kim, MD, MPH
Medical Director/Epidemiologist
tkim@crihb.org

PPE-related questions:
Rosario Arreola Pro
Director, Health Systems Development
rarreolapro@crihb.org

Community or data-related assistance:
Vanesscia Cresci, MSW, MPA
Director, Research and Public Health
vcresci@crihb.org

Submit CTEC TA online request:
https://crihb.org/technical-assistance-request-form/

Considerations in Reopening Tribal Health Program Services During the Covid-19 Pandemic

DIANA ZAMORA, RN
THOMAS J. KIM, MD, MPH
HEALTH SYSTEMS DEVELOPMENT
JUNE 16, 2020

Key Take-Away

- Ensure internal and external conditions are appropriate for reopening

- Maximize, engineering and administrative control strategies for infection control

- Incrementally open the clinic

- Track and respond to patient/community perceptions

Topics

- Assessing patient/community readiness

- Safety measures for reopening

- Infection control hierarchy

- Step-wise reopening

- Covid-19 surveillance of staff
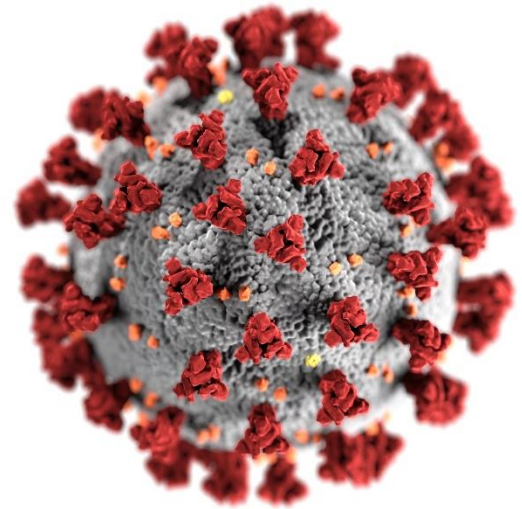
External Conditions for Reopening

- Lowering community transmission

- Robust local contact tracing

- Full hospital service capacity

- Adequate Covid-19 testing access

- Tribal, State and County health orders

Internal Conditions for Reopening

- PPE supply

- Staffing

- Patient demand for services

- Training
  - Infection control
  - HCW exposure and management

Patient and Community Perceptions

- Challenges in communicating with patients and the community on the clinic reopening process.

- Fears of possible Covid-19 exposure at the clinic.

CMA recommends that physicians take the following steps:

1. Email patients about reopening and safety protocols.

2. Leverage the power of social media to spread your message.

3. Post clear signage in and around your office.

4. Notify physicians in your area, and/or referral network that you are open for business.

Template #1: Practice Reopening Email

Dear Patient,

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, so we are excited to announce that our medical practice is now reopen for routine and non-urgent visits.

We look forward to serving you and wanted to provide information on new processes for your next appointment. All changes have been made in accordance with guidance from the Centers for Disease Control (CDC), the California Department of Public Health (CDPH) and California Medical Association (CMA) to protect our patients and staff:

+ My staff will be in contact to ask a few screening questions before your scheduled appointment. There may be additional questions when you arrive at our office.

+ Please remain in your car, and call or text **{{INSERT PHONE NUMBER}}** when you arrive. A staff member will come out to escort you to the appointment.

+ No guests or visitors will be allowed to join patients, except for parents of young children or caregivers for elderly or infirm patients.

+ Some patients will be offered the option of a virtual visit from our staff utilizing **{{INSERT PLATFORM}}**. Please know that you will still receive the same standard of care you have come to expect from us.

+ You may be asked to wash your hands or to use the hand sanitizer as soon as you enter the office.

+ Our waiting room will no longer offer magazines, children's toys and other items that are difficult to clean.

+ You may be offered fewer scheduling options for your appointment to allow for physical distancing between patients.

+ Please wear a face covering to protect yourself, other patients and our staff (young children and those with health conditions that preclude wearing a mask are exempted). While you may not feel you need one, in case you are an asymptomatic carrier of the virus, we know masks help prevent the spread of the virus, and we see high-risk patients in our practice. We thank you for helping protect them.

We look forward to seeing you again and are happy to answer any questions you may have. To make an appointment, please call **{{INSERT PHONE NUMBER}}** or visit **{{INSERT WEB ADDRESS}}**.

Most of all, thank you for being our patient. We value your trust and loyalty, and we look forward to welcoming you back to our office.

Sincerely,

Template #2: Reopening Sample Social Media Posts

Facebook/LinkedIn:

#1:

To Our Valued Patients: **{{INSERT PRACTICE NAME}}** is open and ready to serve you! Our practice is now scheduling routine and non-urgent visits, including screenings and vaccinations **{{OR WHATEVER IS APPLICABLE TO YOUR PRACTICE }}.** Call us today at **{{INSERT PHONE NUMBER}}** to schedule an appointment.

#2

To Our Valued Patients: After a few difficult months, **{{INSERT PRACTICE NAME}}** is reopening for routine, non-urgent visits. To make this reopening happen, we have implemented a few changes to keep you and our staff safe: **{{INSERT URL}}.**
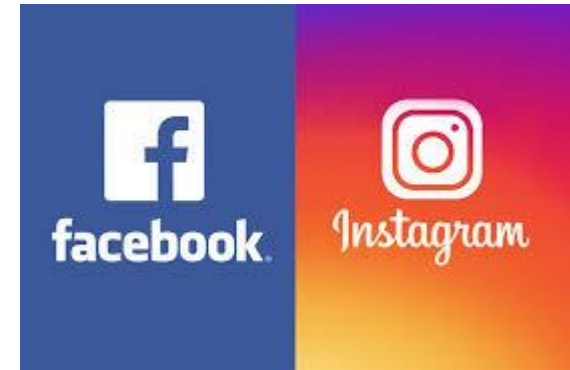
Twitter:

#1:

@**{{INSERT TWITTER HANDLE}}** is open! To schedule an appointment or learn how we are keeping you safe, visit **{{INSERT URL}}** or call **{{INSERT PHONE NUMBER }}.**

#2:

@**{{INSERT TWITTER HANDLE}}** is open, and with important changes to keep you healthy. Visit visit **{{INSERT URL}}** or call **{{INSERT PHONE NUMBER}}** to learn more.

How do I establish effective staff safety protocols?

When communicating with staff, the CDC recommends that health care facilities are aware of the following best practices:

1. Implement source control for all visitors, patients and staff entering your practice or health care facility, regardless of symptoms.

2. Encourage patients and visitors to wear cloth masks when visiting to prevent transmission from non-symptomatic individuals.

3. Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your health care facility.

4. Ensure proper use of personal protective equipment (PPE).

5. Conduct an inventory of available PPE.

6. Encourage sick employees to stay home

7. Read the full guidance for health care facilities on the CDC website

Healthcare Safety Protocols

- Maintain physical distancing

- Implement remote check in

- Limit guests & visitors

- Arrange foot traffic to minimize interactions

- Scheduling – limit the number of patients in the office, set aside times for vulnerable patients

Healthcare Safety Protocols

- Require universal face coverings – patients & staff

- Implement strict sterilization procedures – CDC guidelines

- Continue to use telehealth as appropriate

- Pre-screen patients telephonically for possible symptoms

- Appropriate use of PPE – CDC & CDPH Guidelines

- Establish & communicate a quarantine policy

CDC Resuming Business Toolkit

The Resuming Business Toolkit is designed to assist employers in slowing the spread of COVID-19 and lowering the impact in their workplace when reintegrating employees into **non-healthcare** business settings.

https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/Resuming-Business-Toolkit.pdf

GUIDANCE FOR CLEANING & DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

Follow guidance from state, tribal, local, and territorial authorities.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf

MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Is the area indoors?

YES

It is an indoor area.

NO

Maintain existing cleaning practices.

Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

Has the area been occupied within the last 7 days?

YES

Yes, the area has been occupied within the last 7 days.

NO

The area has been unoccupied within the last 7 days.

The area will need only routine cleaning.

Is it a frequently touched surface or object?

YES

Yes, it is a frequently touched surface or object.

NO

Thoroughly clean these materials.

Consider setting a schedule for routine cleaning and disinfection, as appropriate.

What type of material is the surface or object?

Hard and non-porous materials like glass, metal, or plastic.

Visibly dirty surfaces should be cleaned prior to disinfection.

Consult EPA's list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

Soft and porous materials like carpet, rugs, or material in seating areas.

Thoroughly clean or launder materials.

Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.

Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Actively encourage sick employees to stay home. Develop policies that encourage sick employees to stay at home without fear of reprisals, and ensure employees are aware of these policies.

Have conversations with employees about their concerns. Some employees may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.

Provide education and training materials in an easy to understand format and in the appropriate language and literacy level for all employees, like fact sheets and posters.

If an employee becomes sick while at work, they should be separated from other employees, customers, and visitors and sent home immediately. Follow CDC guidelines for cleaning and disinfecting areas the sick employee visited.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

WORKPLACES DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist employers in making (re)opening decisions during the COVID-19 pandemic, especially to protect vulnerable workers. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

✓ Will reopening be consistent with applicable state and local orders?

✓ Are you ready to protect employees at higher risk for severe illness?

ALL YES →

ANY NO ↓

DO NOT OPEN

Are recommended health and safety actions in place?

✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible

✓ Intensify cleaning, disinfection, and ventilation

✓ Encourage social distancing and enhance spacing between employees, including through physical barriers, changing layout of workspaces, encouraging telework, closing or limiting access to communal spaces, staggering shifts and breaks, and limiting large events, when and where feasible

✓ Consider modifying travel and commuting practices. Promote telework for employees who do not live in the local area, if feasible.

✓ Train all employees on health and safety protocols

ALL YES →

ANY NO ↓

MEET SAFEGUARDS FIRST

Is ongoing monitoring in place?

✓ Develop and implement procedures to check for signs and symptoms of employees daily upon arrival, as feasible

✓ Encourage anyone who is sick to stay home

✓ Plan for if an employee gets sick

✓ Regularly communicate and monitor developments with local authorities and employees

✓ Monitor employee absences and have flexible leave policies and practices

✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area
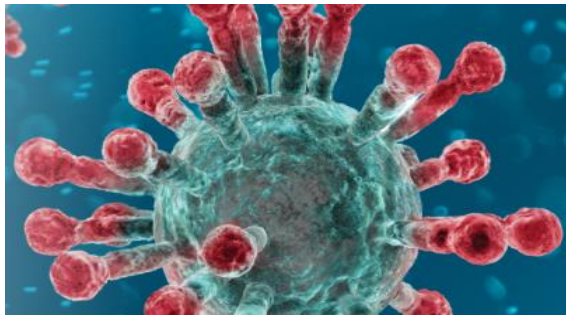
ALL YES →
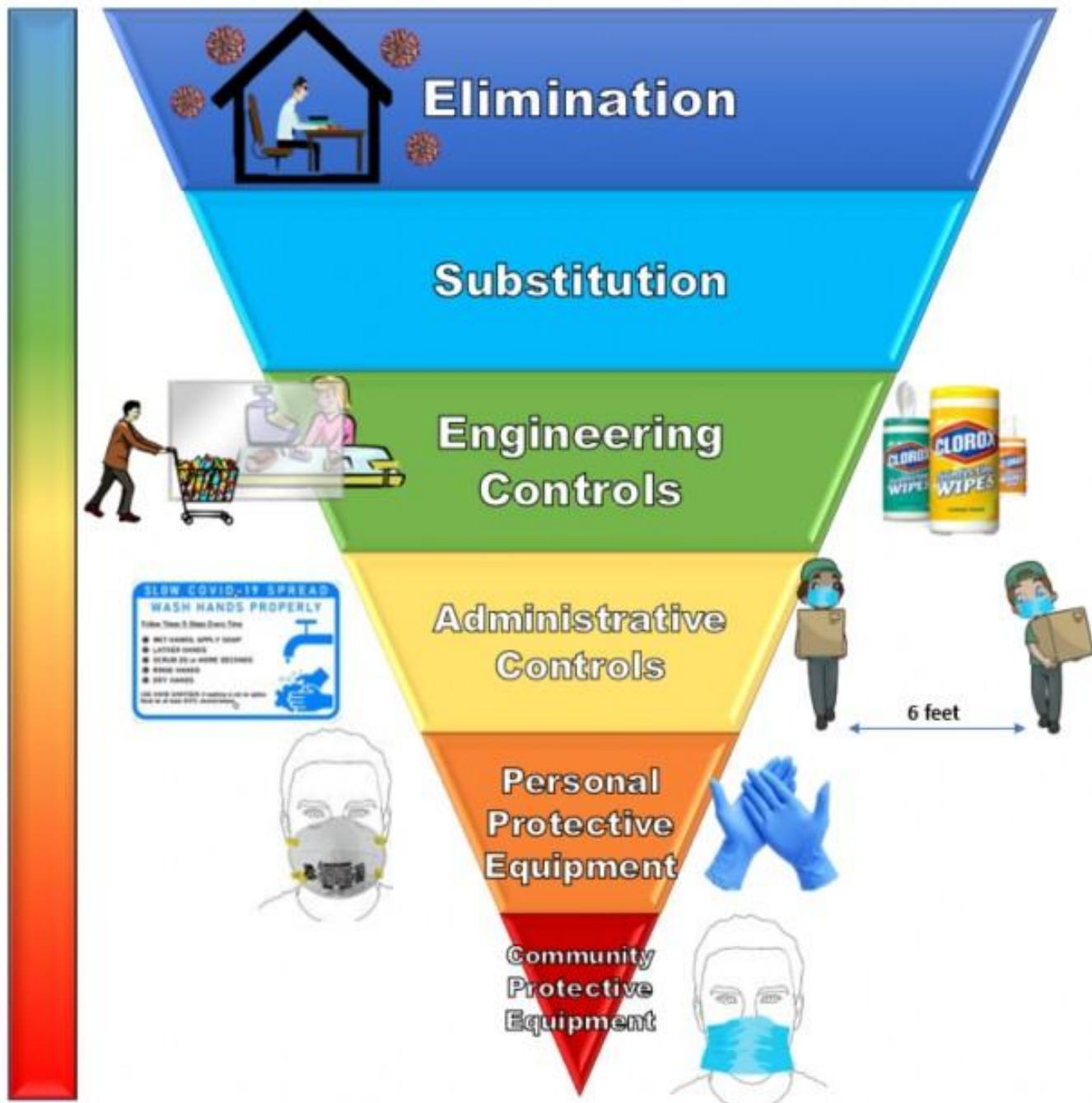
ANY NO ↓

MEET SAFEGUARDS FIRST

OPEN AND MONITOR

CDC

cdc.gov/coronavirus

https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/workplace-decision-tree.pdf

COVID 19

Hierarchy of Controls
Environmental,
Health and Safety

Engineering Control Strategies

- Clear acrylic barriers at key contact points

- Increase ventilation air changes per hour

- Designate exam room blocks for actively ill and well patients with barriers

- Uni-directional flow for entrance/egress

- No touch doors and restroom doors

Route 1

Administrative Control Strategies

- Screening employees
- Screening patients
- Tele-triage
- Limiting non-patient visitors
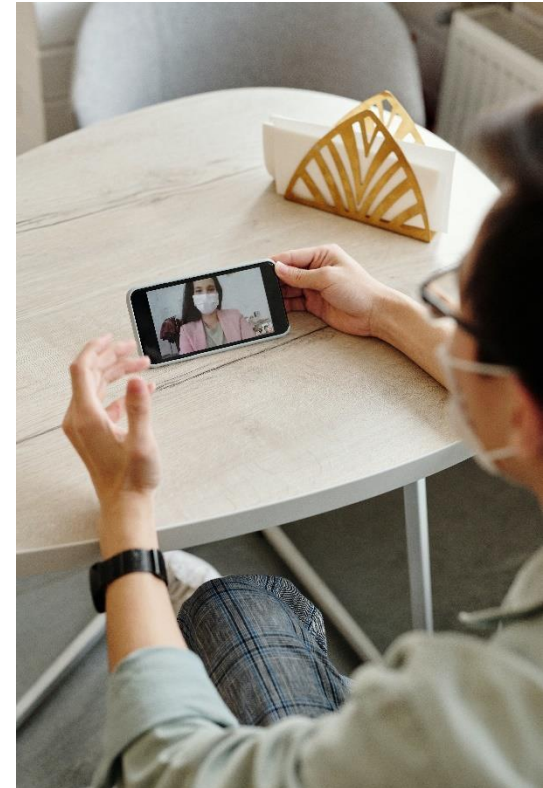
Acclimating Patients: Step-Wise Approach

- By condition
  - Diabetic Clinic
  - Hypertension Clinic
  - MAT

- Well-Child Visits and immunizations
  - Physically distance from ill patient exam rooms

- Hybrid visits (e.g. 1:2-3)
  - History → telehealth
  - Physical/labs → in-person

COVID-19 testing surveillance of clinical staff

- Baseline

- Ongoing sampling

- Use of PCR vs. antibody testing

Key Take-Away

- Ensure internal and external conditions are appropriate for reopening

- Maximize, engineering and administrative control strategies for infection control

- Incrementally open the clinic

- Track and respond to patient/community perceptions
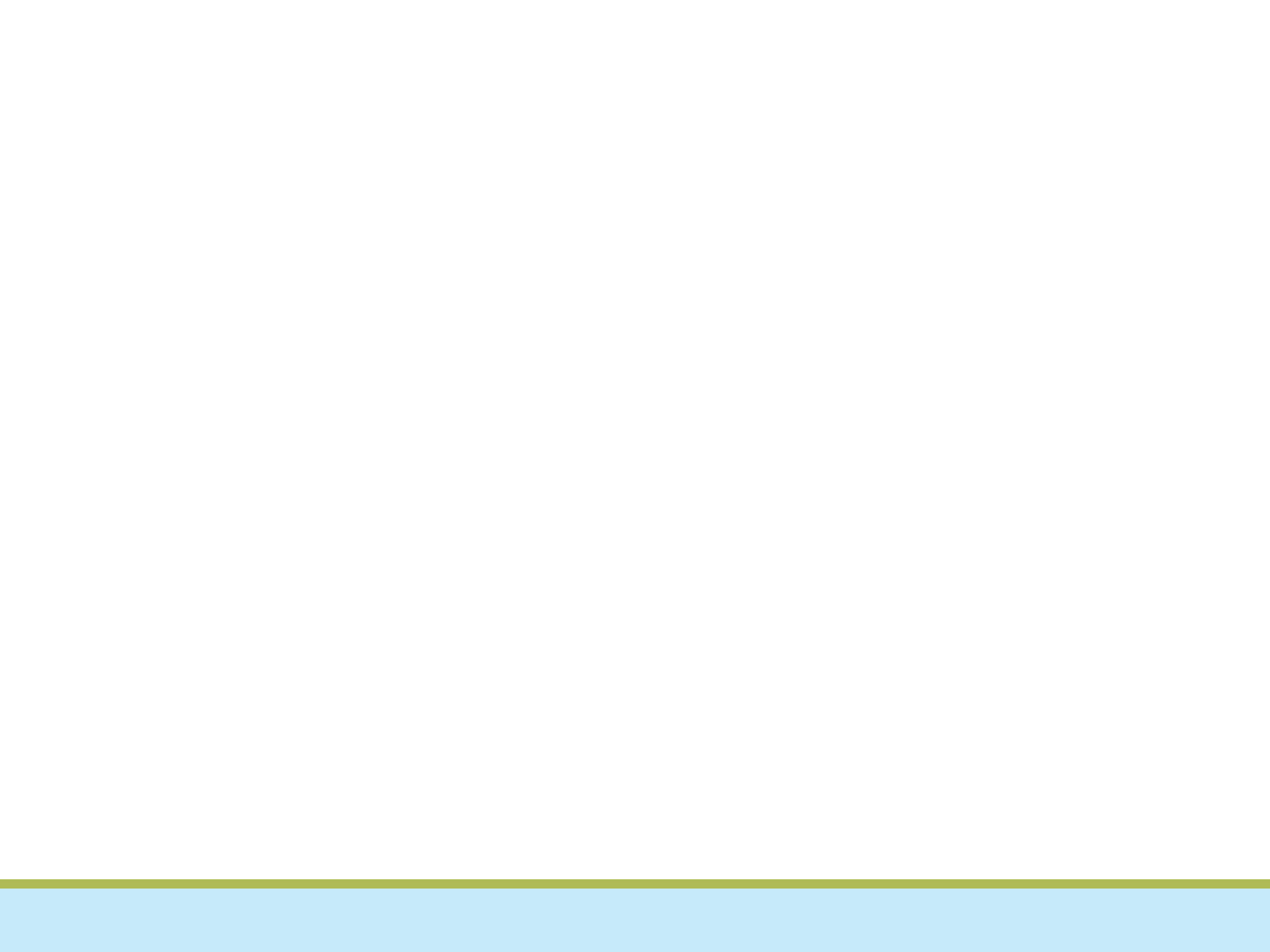
HIPAA Considerations

- Employee and patient monitoring data

- Recording names of patients in waiting area

- Informing staff/patients of potential exposure

CRIHB COVID-19 Meeting Notes

TRIBE, THP, & UIHP
ATTENDEES:

1. Southern Indian Health Council
2. Quartz Valley/ Anav Tribal Health Clinic
3. Santa Ynez Tribal Health Clinic
4. Enterprise Rancheria/ Feather River Tribal Health
5. Toiyabe Indian Health Project
6. Fresno American Indian Health Project
7. Pit River Health Service
8. Sonoma County Indian Health Project
9. United Indian Health Services
10. Karuk Tribe

_____

CRIHB STAFF
ATTENDEES:

Vanesscia Cresci
Rosario Arreola Pro
Dr. Thomas Kim
Diana Zamora

DATE: Tuesday June 16, 2020 (3:20PM-4:30PM, PST)
HOST: CRIHB

Meeting Recording:
https://us02web.zoom.us/rec/share/tZFHEJPt0mpJabOT7B3ga_4OXYjCX6a82iQZ-PoMn0c-0Yp_JRcWIKcmuizdupKh Password: 8K=%5^$4

Topics discussed
- Current rates of COVID-19
- Federal funding update
- Training for considerations in reopening THP services

Update
- 151,452 Total cases as of 06/14/2020
- 142 positive cases in California as of 06/13/2020 reported by IHS, not necessarily AIAN patients
- Still in the process of obtaining access to California Department of Public Health (CDPH) data

State Reponses Update
- CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call now every other Friday. Next call: June 19th @ 11 AM (1-888-240-2560)
- Operation Area (OA)/ Tribal Coordination call changed to once a week, Wednesdays only @ 2 PM
- Resilience Roadmap Stages: Still in Stage 2 but more counties are opening up

Federal Funding Update
First Stimulus Package (Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020)
- $40 million: non-completive grant. Status: In Process
- $30 million: supplement to 9 regionally designated Tribal Organizations. Status: Completed
- $10 million: supplement exiting funding to the NCUIH. Status: Completed
- $30 million: IHS will distribute to IHS federal health programs to support COVID-19 response activities. Status: Completed
- $40 million: For purchase of PPE and medical supplies through IHS National Supply Service Center. Status: Completed

First and Third Stimulus Package (Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response)
- Status: Initial NOA Issued
- Question: Where are these funds coming from?
  - Applicants under Component A received funding from the initial $40 million. Those in Component B, received funding from CARE Act
- If you submitted an application and did not receive a NOA reach out to them
- Final NOA should be received by June 30, after that applicants have 60 days to submit revised work plan and budget
- 57 CA grantees

Second Stimulus Package (Families First Coronavirus Response Act)
- $64 million: COVID-19 testing activities to IHS. Status: Completed

Third Stimulus Package (CARES Act)
- Majority of funds have been disseminated
- $1.032 billion. Status: In Process
- CARES Provider Relief Fund
  - $100 billion in relief funds
  - $50 billion for Targeted Allocations, of which IHS given $500 million. Status: In Process
  - $50 billion for General Distribution. Clinics also eligible to receive funds from this. $30 billion for initial distribution for facilities that receive FFS. These funds should already be posted to your account
  - Allocation for IHS calculated based on formula
  - Direct payments from HHS have been $2,000 – $2.8 million each

- o Funds have already gone out. Rosario will follow up with member clinics who are not on HHS Provider Relief Fund dataset

Fourth Stimulus Package (Paycheck Protection Program and Health Care Enhancement Act)
- Status: In Process of being sent out, required to submit a testing plan to IHS

CRIHB Response Updates
- Webinars
- Poster order form: https://crihb.org/wp-content/uploads/2020/06/COVID19PosterOrderFormFILLABLE.pdf
- Southern California Public Service Announcements almost finalized

Consideration in Reopening THP Services Training
- Training assumes THP did limit services to emergent care and have already started the process of reopening
- Key Take-Away
  - o Ensure internal and external conditions are appropriate for reopening
  - o Maximize, engineering and administrative control strategies for infection control
  - o Incrementally open the clinic
  - o Track and respond to patient/community perceptions
- External Conditions for Reopening
  - o Discuss reopening with local health officers
  - o Factor in local contact tracing capacity
- Internal Conditions for Reopening
  - o Adequate PPE supply
  - o Evaluate the necessity of care based on clinical needs
  - o Ability to do contact tracing within the clinic
- Patient and Community Perceptions
  - o Patients may be afraid to come in for services
  - o California Medical Association (CMA) has email and social media templates for use
  - o A clear, concise communication from clinic is important to let patients know you are open for routine and on-urgent visits and to explain safety protocols that are in place
- Establishing effective staff safety protocols
  - o Follow CDC recommendations
  - o THP may already be doing this
  - o CDC has a resuming business toolkit for non-healthcare business settings: https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/Resuming-Business-Toolkit.pdf
  - o CDC has guidance for cleaning and disinfecting: https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf
- Acclimating Patients
  - o Implement a step-wise approach to introducing patients back to the clinic
- COVID-19 testing surveillance of clinical staff
  - o Another webinar will be set up to discuss this in more detail
  - o Consider CDPH guidance for screening of clinical employees
  - o Hold back on using antibody tests at this time. The last call has more information on this
- THP experiences in reopening
  - o Pit River Health Service – were able to implement telephone visits quickly in the beginning and then transitioned to video visits for specific services. Did implement hybrid immunization clinic. Checked patients for symptoms and temperatures from the start. Now opening up more hands on services with limited schedule
    - Employee screening concerns: having enough supply to conduct this and how is this going to be paid for?
  - o Anav – screening outside clinic, UV lights throughout clinic and exam rooms, N95 masks for providers in direct patient contact, separate HVAC for dental department, following ADA guidelines for decontaminating dental opatories
- Question: Has anyone ordered any kiosks for temperature checks?
  - o UIHS had some built, Toiyabe has been in the process of obtaining screening equipment