

DPHHS HAN

UPDATE

Cover Sheet

DATE

April 15, 2020

SUBJECT

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

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Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

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LOCAL HEALTH DEPARTMENT reference only

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For technical issues related to the HAN message contact the Emergency Preparedness Section at 1-406-444-0919

DPHHS Health Alert Hotline:
1-800-701-5769

DPHHS HAN Website:
www.han.mt.gov

DPHHS HAN

Information Sheet



DATE

April 15, 2020

SITUATION UPDATE

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

Epidemiology Update

The number of reported cases in the United States continued to increase over the past week. To date, over 579,000 cases of COVID-19 including 22,252 deaths have been reported in the U.S., with community wide transmission identified in many states across the nation.

Montana is reporting 404 cases of COVID-19 as of 9:00 am 4/15/2020. Of these, 51 individuals have been hospitalized and seven have died. The median age of reported cases is 47.5 years (range: 1 – 91 years). Approximately half of Montana COVID-19 cases are female. To date five counties in Montana have declared that they are experiencing community-wide transmission (Flathead, Gallatin, Lewis and Clark, Missoula, and Yellowstone).

For the latest Montana updates including a map of cases (updated once per day between 9:00 and 10:00 am):

<https://covid19.mt.gov>

A detailed epi-profile of COVID-19 cases reported as of April 10 can be found at:

https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/DiseasesAtoZ/2019-nCoV/MT_COVIDSummary.pdf

For Montana COVID-19 case demographic tables and epi curve:

<https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/demographics>

CDC case counts are found here: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

WHO case counts can be viewed here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Laboratory Update

The volume of testing at the Montana Public Health Laboratory (MPHL) remains high and supplies continue to be limited. As a result, reporting times for patient results may vary. Again, please be judicious with ordering so we can accommodate the high priority patients within a reasonable turn-around time. Specimens received after 11:00 AM will generally be tested the following day.

Be aware that we are running multiple batches of tests per day.

You can check your facility's results at any time using our secured online results system, Copia: <https://copia.hhs.mt.gov/>.

You will only be able to see results for your facility. Please share the login information within your laboratory, especially

on different shifts, so results can be received more conveniently. This helps cut down on the number of the phone calls we receive during the day, as well as after hours and on weekends when the answering service takes over. If you are unsure of your login information or if your facility has not yet set up an account, please give us a call at 800-821-7284.

Also, we are having some issues with the samples being submitted in the culture transport systems. The tubes tend to leak, and they are also too long for the pipettes to fit down into, making them difficult to process. PLEASE NOTE, from now on, we are going to have to reject samples submitted in these longer tubes. You may use the swabs that come with these transport systems, as long as they are synthetic material, no calcium alginate, and no wooden shafts, but please place the swab into a separate sterile container that can be securely closed.

Please Do Not photocopy request forms. We are asking you to check around your facility for any photocopies of our requisitions, and to destroy them. Photocopies do not work with our scanning software, which forces us to have to manually enter all data. Under “normal” conditions, we have been able to deal with this issue, but now that we are processing 300-500 samples a day it has become very burdensome. Manual entry leads to increased errors in patient demographics and is also very time consuming. We are happy to provide you with a PDF of a requisition with your facility’s information and you can use this to print originals. Thank you for helping us out. It is much appreciated.

If you have any questions or concerns, please call MPHL at 800-821-7284

EMERGENCY MEDICAL SERVICES

The Governor’s Office has clarified issues related to a directive allowing limited sharing of information in possession of public health authorities with EMS/Dispatchers to help protect responders from COVID-19 risks.

The DPHHS interpretation of the directive was consistent with past practices that allowed health departments to share information when assisting with medical calls and/or follow-up on exposures reported. We don’t see that process any differently. We still encourage close contact between health departments, cases and close contacts to help facilitate medical needs when possible. This process is intended not only for EMS-type responses but to help ensure individuals self-reporting for care avoid exposing others in medical settings. We also encourage the use of CDC’s advice regarding “[Modified Caller Queries](#)” in dispatch centers. These practices will help ensure we can protect responders and other health care providers when interfacing with clients we are working with as well as those we are not aware of.

To supplement these efforts, the Gov’s Office has had discussions with the responder associations regarding additional clarifications of the directive. The additional guidance states:

“...during the duration of the COVID-19 emergency, the Directive allows dispatch centers to receive a daily updated “list” of COVID-19 positive cases from the Local Public Health Officials subject to the provisions of HIPAA. Dispatchers can then use the addresses from the list to inform law enforcement, ONLY in the event of a necessary physical response, that PPE is REQUIRED. Both HIPAA and the Directive, allow a Public Health Official to disclose the minimum necessary PHI to emergency service providers who may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of COVID-19. Consistent with current federal guidance, only designated dispatchers may receive and maintain the list.”

We encourage you to read the additional guidance, produced by a representative of the relevant associations, which outlines next steps for the responders as well as local health agencies. Please note that the current guidance limits the list to information on COVID positive individuals and does not include contacts or lists of individuals being tested.

HEALTHCARE AND LONG-TERM CARE

Issues related to PPE use and decontamination:

Facemasks

- When supplies are available, facemasks are generally preferred for healthcare providers to wear while they are in a healthcare facility as it offers both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
- Cloth face coverings should not be considered PPE and should NOT be worn instead of a respirator or facemask if more than source control is required.
- Healthcare providers should consider continuing to wear their respirator or facemask ([extended use \[cdc.gov\]](#)) while in the healthcare facility instead of intermittently switching back to their cloth face covering, which could cause self-contamination. Healthcare providers should remove their respirator or facemask and put on their cloth face covering when leaving the facility at the end of their shift.
- Visitors and patients should be wearing their own cloth face covering upon arrival to the facility per [CDC recommendations to the general public \[cdc.gov\]](#). If they are not, they should be offered a facemask or cloth face covering, as supplies allow, and instructed to wear it while in the facility.
- This recommendation does not change CDC’s guidance to use N-95 or equivalent respirators when providing care for patients with suspected or known COVID-19.
 - Facilities that do not have sufficient supplies of N-95s and equivalent respirators for all patient care should prioritize their use for activities and procedures that pose high risks of generating infectious aerosols, using facemasks for care that does not involve those activities or procedures. Once availability of supplies is reestablished, N-95s and equivalent respirators use should resume for all workers caring for these patients.
 - Facilities should consider utilizing [CDC’s PPE optimization guidance \[cdc.gov\]](#) and [PPE Burn Rate Calculator \[cdc.gov\]](#) in order to preserve PPE supplies and keep workers safe.

How to Wear a Cloth Face Covering- intended for the general public in non-medical settings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape



CDC on Homemade Cloth Face Coverings

[CDC recommends](#) wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing.

Cleaning Cloth Masks

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Coronavirus (COVID-19) Update: FDA Issues Emergency Use Authorization to Decontaminate Millions of N95 Respirators

For Immediate Release:

April 12, 2020

The U.S. Food and Drug Administration [issued \[fda.gov\]](#) an emergency use authorization (EUA) that has the potential to decontaminate approximately 4 million N95 or N95-equivalent respirators per day in the U.S. for reuse by health care workers in hospital settings.

“Our nation’s health care workers are among the many heroes of this pandemic and we need to do everything we can to increase the availability of the critical medical devices they need, like N95 respirators,” said FDA Commissioner Stephen

M. Hahn, M.D. “FDA staff continue to work around the clock, across government and with the private sector to find solutions. This authorization will help provide access to millions of respirators so our health care workers on the front lines can be better protected and provide the best care to patients with COVID-19.”

The FDA granted the EUA to Advanced Sterilization Products (ASP) for the STERRAD Sterilization Cycles (STERRAD 100S Cycle, STERRAD NX Standard Cycle, or STERRAD 100NX Express Cycle), which uses vaporized hydrogen peroxide gas plasma sterilization. There are approximately 9,930 STERRAD Sterilization systems in approximately 6,300 hospitals across the U.S. STERRAD 100S Cycle, STERRAD NX Standard Cycle and STERRAD 100NX Express Cycle vary in reprocessing times from 55 minutes, to 28 minutes, and 24 minutes. Each can reprocess approximately 480 respirators per day.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation’s food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Other resources related to PPE from Montana based sources:

Hand Sanitizer: Capacity: 50,000 100ml bottles per week

- Diamond Products, Helena <https://www.diamondproductsinc.com/> [diamondproductsinc.com]
- All American Pharmaceutical <https://allamericanpharmaceutical.com/staff-directory/> [allamericanpharmaceutical.com]
- Wildrye Distilling, Bozeman <https://wildryedistilling.com/contact/> [wildryedistilling.com]
- Crawford Distillery, Havre <https://www.facebook.com/crawforddistillery/> [facebook.com]
- Dry Hills Distillery, Bozeman <https://www.dryhillsdistillery.com/> [dryhillsdistillery.com] (406) 624-6713
- Bozeman Spirits , Bozeman <https://www.bozemanspirits.com/welcome> [bozemanspirits.com] (406) 577-2155
- Montgomery Distillery, Missoula <https://www.montgomerydistillery.com/> [montgomerydistillery.com]
- Headframe Spirits, Butte <http://www.headframespirits.com/contact/> [headframespirits.com]
- Glacier Distilling, Coram <https://www.glacierdistilling.com/visit-us> [glacierdistilling.com]
- Gulch Distillers, Helena <https://gulchdistillers.com/contact/> [gulchdistillers.com]
- Willie’s Distillery, Ennis <https://www.williesdistillery.com/contact/> [williesdistillery.com]
- Spotted Bear Spirits, Whitefish <http://www.spottedbearsprits.com/> [spottedbearsprits.com]

Sewn face masks: Capacity: 3,000/week

- No filter medium or filter medium other than N95
 - Mystery Ranch, Bozeman <https://www.mysteryranch.com/contact> [mysteryranch.com]
 - West Paw, Bozeman <https://www.westpaw.com/customer-service/our-team/customer-service#contactus> [westpaw.com]
 - Red Ants Pants/Bearpaw Outfitters, White Sulfur Springs <https://redantspants.com/contact-us/> [redantspants.com]
 - Pintlar Medical, Philipsburg <http://www.pintlermedical.com/> [pintlermedical.com]
 - ReCreate Designs, Polson <https://www.recreatedesigns.com/> [recreatedesigns.com]

3D Printed Facemasks: Capacity 1,500/week

- No filter medium or filter medium other than N95

- Montana Silversmiths, Columbus <https://www.montanasilversmiths.com/contact-us>
[\[montanasilversmiths.com\]](https://www.montanasilversmiths.com)
- H-Parts Mining, Billings <https://www.h-parts.com/sales-and-support/> [\[h-parts.com\]](https://www.h-parts.com) (406) 252-6682
- Thompson Precision, Kalispell <http://thompsonprecision.com/contact/> [\[thompsonprecision.com\]](http://thompsonprecision.com)
- Tuscano Machining, Big Timber <http://www.bigtimber.com/list/member/tuscano-machine-llc-244>
[\[bigtimber.com\]](http://www.bigtimber.com)
- Autopilot, Bozeman <https://www.autopilotdesign.com/> [\[autopilotdesign.com\]](https://www.autopilotdesign.com)
- Salient Technologies, Bozeman <https://salient-tech.com/> [\[salient-tech.com\]](https://salient-tech.com)

Plastic Injection Molded Facemasks: 15,000/week

- No filter medium
 - Spark R & D, Bozeman <https://www.sparkrandd.com/contact/> [\[sparkrandd.com\]](https://www.sparkrandd.com)
 - PDM, Manhattan <https://www.makeitplastic.com/contact-pdm> [\[makeitplastic.com\]](https://www.makeitplastic.com)
 - Blackhawk, Manhattan <https://blackhawk.com/contact-us/> [\[blackhawk.com\]](https://blackhawk.com)
 - West Paw, Bozeman <https://www.westpaw.com/customer-service/our-team/customer-service#contactus> [\[westpaw.com\]](https://www.westpaw.com)
 - Diversified Plastics, Missoula <https://www.dpiplastics.com/contact-us/> [\[dpiplastics.com\]](https://www.dpiplastics.com)
 - Cold Avenger, Missoula <https://coldavenger.com/pages/contact-us> [\[coldavenger.com\]](https://coldavenger.com)
 - Salient Technologies, Bozeman <https://salient-tech.com/> [\[salient-tech.com\]](https://salient-tech.com)
 - Creative Sales, Columbia Falls <http://www.creativesalescompany.com/contact-us.html>
[\[creativesalescompany.com\]](http://www.creativesalescompany.com)

Sewn Surgical Gowns: Capacity: 100/week

- Simms Fishing Products, Bozeman <https://www.simmsfishing.com/> [\[simmsfishing.com\]](https://www.simmsfishing.com) (888) 585-3570
- Red Oxx, Billings <https://www.redoxx.com/travel/red-oxx-government-contract-capability-statement/> [\[redoxx.com\]](https://www.redoxx.com)

Plastic Face Shields: Capacity: 2,500/week

- Ascent Vision, Belgrade <https://ascentvision.com/contact-us/> [\[ascentvision.com\]](https://ascentvision.com)
- Coaster Cycles, Bonner <https://www.coastercycles.com/> [\[coastercycles.com\]](https://www.coastercycles.com)
- Applied Materials, Kalispell <http://www.appliedmaterials.com/> [\[appliedmaterials.com\]](http://www.appliedmaterials.com) (406) 752-2107

Hospital Beds, Capacity: 50/week

- SRS Crisafulli, Glendive <https://www.crisafullipumps.com/> [\[crisafullipumps.com\]](https://www.crisafullipumps.com)

Wall Tents, Capacity 10/week

- Montana Canvas, Belgrade <https://montanacanvas.com/contact/> [\[montanacanvas.com\]](https://montanacanvas.com)
- Red Oxx, Billings <https://www.redoxx.com/travel/red-oxx-government-contract-capability-statement/> [\[redoxx.com\]](https://www.redoxx.com)

CLINICIANS

Recommendations

DPHHS continues to strongly encourage health care providers to test suspected COVID-19 patients. Testing to identify infected individuals allows local and state public health professionals to conduct follow-up with cases and contacts to prevent further spread.

DPHHS continues to follow CDC guidance with respect to prioritization of testing and a summary is attached. Please remember to promptly report positives and highly suspect cases to local public health authorities to help ensure steps are taken to prevent risk to others.

LOCAL PUBLIC HEALTH DEPARTMENTS

Recommendations

Thank you for your work responding to cases and inquiries that have come your way. In order to help us all assess the progression of COVID-19 in Montana and implement appropriate control measures, we wanted to share the following reminders:

- Please help us keep up to date on significant events related to your cases such as hospitalizations, deaths, and recoveries. This information is used by the State Emergency Command Center (SECC) to help with resource allocation and preparation efforts. Those involved in these activities appreciate your work to keep our information current.
- COVID-19 case reporting:
 - **Tracking epi-linked cases:** CDEPI sent out a template tracking spreadsheet last week to assist with case and contact management. At this time there is no official case definition for COVID-19 from CDC so while we await this guidance, if you are made aware of individuals who are epidemiologically linked to lab confirmed cases that are clinically diagnosed with COVID-19, please consider the following:
 - Track these cases as 'epi-linked' in your spreadsheet
 - Consider having epi linked individuals tested if their own circle of contacts contains any new settings or anyone who is in a high-risk setting (healthcare, day care etc).
 - Cases should be made aware of and follow isolation requirements as if they are a lab confirmed case
 - Please follow up with CDEPI when a COVID-19 case has been released from isolation.

SCHOOLS

No Updates for this HAN.

Recommendations

None

GENERAL INFORMATION

Medical Professionals in Montana May be Needed to Assist during the COVID-19 Pandemic

Since we launched the registry, we have over 1,300 medical professionals sign up. MHMAS is the emergency system for the advanced registration of volunteer healthcare professionals for the State of Montana. MHMAS is a secure, web-based online registration system used to register all levels of medical professionals to be used in a major disaster or a public health emergency. Once you register you are under no obligation to respond to a request, you decide when and where you would like to respond.

If you would like to register or need more information please visit our web page @ <https://dphhs.mt.gov/publichealth/phep/mhmas>

PPE Distribution

The State has now received and shipped all three of the PPE shipments from the Strategic National Stockpile (SNS). The first shipment was sent to Hospitals, high volume EMS providers, federally qualified health care centers and State hospitals. The second shipment was sent to hospitals, long-term care centers, and county and tribal DES. The 3rd shipment was sent to larger hospitals and hospitals with COVID-19 patients, and the remainder was sent to county and tribal DES. For now, the SNS has been depleted and we should not be expecting any additional shipments.

If you need PPE or any other resources (e.g., equipment, other supplies, or staffing) work through your normal supply chains or temp services. ***If you need additional supplies, please submit the resource request to your local DES and they will submit it to the SECC.***

Certification of COVID-19 Related Deaths

The DPHHS Office of Vital Records has up to date information on how to complete COVID-19 related death certificates. The guidance can be found at: <https://dphhs.mt.gov/vitalrecords/certification>

The Office of Vital Records is monitoring death certificates on a daily basis and will notify the certifier of the cause of death in the event of a concern. Additional information on this issue can be obtained by calling Sharon Breidenbach at (406) 444-4251.

Coronavirus (COVID-19) Pandemic:

Personal Protective Equipment Preservation Best Practices

This guidance summarizes best practices for national implementation to sustain personal protective equipment (PPE) while ensuring the protection workers during the coronavirus (COVID-19) pandemic response.

Objective

The objective of the COVID-19 National Strategy for Addressing Personal Protective Equipment (PPE) Shortage is to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: reduce – reuse – repurpose. Due to the COVID-19 pandemic response and associated PPE shortages, implementation of contingency and crisis capacity plans may be necessary to ensure continued availability of protective gear.

This fact sheet amplifies [Centers for Disease Control and Prevention \(CDC\) strategies on conventional, contingency and crisis capacity strategies for optimizing PPE](#). All U.S. healthcare facilities should begin using PPE contingency strategies now and may need to consider crisis capacity strategies if experiencing PPE shortages.

What Do I Do and How Do I Do it?

1. Reduce Usage Rate of PPE by Modifying Normal Operations and Procedures

- Limit the need for PPE by maximizing use of barrier controls whenever possible (e.g. masking patients, Plexiglas barriers, car windows and improved ventilation systems).
- Place IV towers and ventilators outside of patient rooms, as clinically appropriate, to enable appropriate monitoring and management without donning of PPE.
- Automate delivery of food and supplies.
- Use tele-consultation, internet-based interviews, or remote camera-based observation, as available.
- Limit visitor access and offer technology-enabled alternatives (e.g., video chat).
- Understand PPE requirements and burn-rates - [cdc.gov/coronavirus/2019-ncov/hcp/ppe_strategy/burn-calculator.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe_strategy/burn-calculator.html)
- Consider extending use-times of undamaged, non-visibly soiled PPE beyond single patient contact and other standard practice durations.
- Note: OSHA has relaxed enforcement of annual fit-testing requirements for N-95 filtering facepiece respirators (FFRs) - [osha.gov/news/newsreleases/national/03142020](https://www.osha.gov/news/newsreleases/national/03142020).



FEMA

2. Reuse PPE by Implementing Optimization, Decontamination, and Reuse Procedures

- Implement strategies to optimize supplies and equipment: [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)
- Implement expanded facility-based PPE reuse policies and procedures.
- Track “check in” and “check out” of PPE designated for reuse. Each worker is provided specific PPE at the beginning of the shift. At the end of the shift, all PPE is labeled, collected, and stored for reuse (which may entail appropriate decontamination using devices with issued Food and Drug Administration (FDA) Emergency Use Authorization (EUA)).
- Implement guidance for decontamination and reuse of FFRs:
 - [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html)
 - [osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus](https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus)
 - For large-scale decontamination of N-95 FFRs consider using the following methods:
 - Industrial or facility-based vaporized hydrogen peroxide sterilization systems: [fda.gov/media/136529/download](https://www.fda.gov/media/136529/download)
 - Industrial or facility-based moist heat disinfection systems (NOT autoclaves)
 - Facility-based ultraviolet germicidal irradiation (UVGI) systems
 - For low-volume or personal decontamination of N-95 FFRs consider using commercially available microwavable moist heat disinfection devices following manufacturer’s instructions (e.g. do not put metal parts in microwaves).

3. Repurpose Alternative Types or Sources of PPE

- Use alternative NIOSH-approved respirators in lieu of N-95 FFR for activities for which respiratory protection is required. See [fda.gov/media/135763/download](https://www.fda.gov/media/135763/download). Examples include:
 - powered, air-purifying respirators (PAPRs);
 - reusable air-purifying respirators (elastomeric half and full facepiece respirators);
 - other disposable air-purifying particulate FFRs.
- Contingency - Seek alternative supplies of PPE.
 - Encourage community members to donate private stocks of unused/unopened surgical masks, gloves, gowns, and N-95 respirators to your facility.
 - Seek PPE and other equipment from dentist offices, veterinarians, individuals, and other sources, including business that are not active.
 - Use commercial sources of industrial Tyvek coveralls, face shields, goggles, shoe covers, etc.
- Crisis - Use N-95 FFRs beyond their expirations dates if certain conditions are met
 - [cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html](https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html).

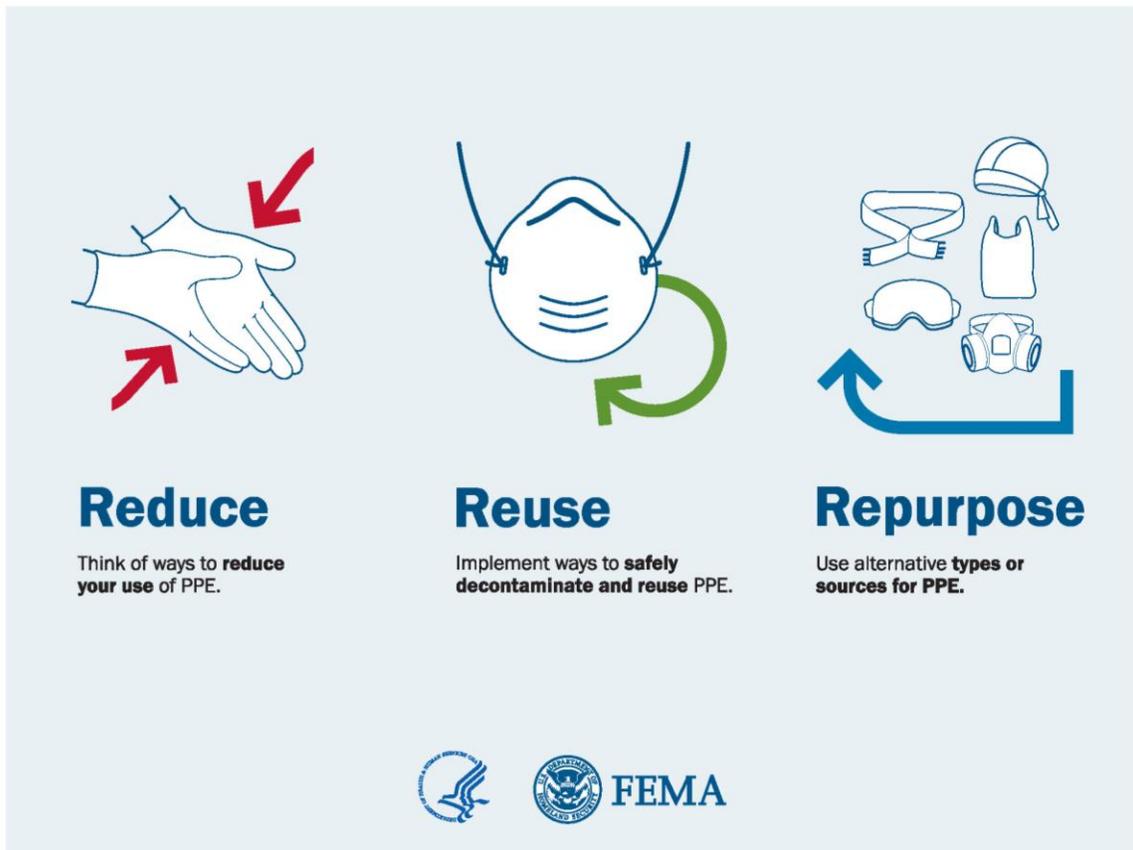
- Crisis - Use FDA authorized imported, non-NIOSH-approved disposable FFRs.
 - [fda.gov/media/136403/download](https://www.fda.gov/media/136403/download)
 - [fda.gov/media/136664/download](https://www.fda.gov/media/136664/download)

Implementation

Organizations need to assemble a team to carefully review existing Health and Safety Plan (HASP) and Respiratory Protection Plan (RPP) policies and procedures for opportunities to reduce, reuse, or repurpose and should develop contingency and crisis operational plans. Such a team might include (where available) environmental health officers, safety officers, industrial hygienists, logistics officers, infection prevention practitioners, operations chiefs, medical officers, and work-force representatives.

To ensure uniform application of modified practices, processes and procedures, and, concurrently, the safety of workers, all workers must be trained in the plans, with recommended elements of such training including:

- The rationale for changes, contingency and crisis standards during COVID-19 related PPE shortages
- New PPE guidance (FDA, CDC, DOJ) related to COVID-19
- Proper methods to conduct new or changed work practices (e.g., staffing, social distancing)
- Methods to install or utilize any barrier controls (e.g. patient masking, Plexiglas shields)
- Proper donning and doffing of PPE to minimize self-infection
- Proper hand hygiene



First Responder Directive Guidance

During the DOJ Public Safety call yesterday, Governor Bullock clarified the intent of his First Responder Directive. His intent is to ENSURE all first responders, including law enforcement, have the information you need to safely respond to calls while also ensuring the state is in full compliance with HIPAA. To accomplish this, the Governor's Directive aligns the provisions of Montana law with HIPAA during this emergency to permit the sharing of limited protected public health information in accordance with HIPAA. The Governor's Directive will ensure law enforcement has access to the information needed and able to reserve limited PPE supplies to those officers and calls that warrant full protective measures.

What Does The Directive Do?

First, for the purpose of obtaining protected health information (PHI), the Directive defines "emergency service provider" as including "law enforcement officers, firefighters, emergency care providers, corrections officers, and ambulance service attendants."

Second, during the duration of the COVID-19 emergency, the Directive allows dispatch centers to receive a daily updated "list" of COVID-19 positive cases from the Local Public Health Officials subject to the provisions of HIPAA . Dispatchers can then use the addresses from the list to inform law enforcement, ONLY in the event of a necessary physical response, that PPE is REQUIRED. Both HIPAA and the Directive, allow a Public Health Official to disclose the minimum necessary PHI to emergency service providers who may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of COVID-19. Consistent with current federal guidance, only designated dispatchers may receive and maintain the list.¹

What Do You Need To Do?

First, you must designate specific individuals in the dispatch center who will obtain and be responsible for protection of the PHI for COVID-19 positive cases received from the public health official.

Second, provide this information on designated dispatchers to your local public health official, and request that those individuals receive the daily updated list of COVID-19 positive cases to provide to first responders and law enforcement in the event of a call for service at the address. For dispatch centers with a CAD system, this should be as simple as making a notion on certain addresses that PPE is REQUIRED. For those dispatch centers without a CAD system, the addresses should be maintained in a protected file. The designated dispatchers may not share the information in any other way, or collect or maintain the information for any other purpose. The dispatch center must establish a procedure for destruction of these records when the Directive expires.

¹ United States Department of Health and Human Services, Office of Civil Rights, COVID-19 and HIPAA guidance (<https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf>).

Third, work with your county or city attorney to ensure HIPPA requirements are met and confidentiality is maintained.

Let Me Know Immediately If You Encounter Problems

Please let me know if you continue to experience any problems receiving this limited PHI from your local public health official. All public health officials are expected to comply with the Governor's directive. Under the Directive, Montana law should not be considered or cited as a barrier to dispatch centers receiving this limited PHI, but disclosures remain subject to the provisions of HIPAA. The Governor's Directive specifically notes that the Directive should be interpreted to effectuate his intent that the Montana statutes or rules shall not prevent, hinder, or delay this necessary action in coping with this emergency.