





## OPERATIONS

**Allocation of donated remdesivir announced.** On May 3, Gilead Sciences, Inc. donated 607,000 vials of the drug remdesivir to the U.S. to treat hospitalized COVID-19 patients in areas hit hardest by the pandemic. The drug received an Emergency Use Authorization from the FDA after preliminary results from a randomized controlled trial suggested that remdesivir was associated with a

faster recovery. HHS Saturday [announced](#) that the Assistant Secretary for Preparedness and Response (ASPR) released information about how the donated doses will be allocated. According to HHS, state health departments will distribute the doses to hospitals in their states based on their assessment of where the drug would make the biggest impact. Patients are only eligible to receive donated doses if they are: on ventilators; on extracorporeal membrane oxygenation; or require supplemental oxygen due to room-air blood oxygen levels at or below 94 percent. *See related article on new data requirement under PLANNING SECTION, below.*

**FDA authorizes first antigen test to rapidly detect COVID-19 virus.** The FDA Friday issued the first [emergency use authorization](#) for a COVID-19 antigen test, which can quickly detect the SARS-CoV-2 virus in a nasal swab sample. Under the EUA, high and moderate complexity laboratories certified under the Clinical Laboratory Improvement Amendments and point-of-care facilities with a CLIA certificate of waiver, compliance or accreditation may use the test, made by Quidel Corporation. Antigen tests are faster and generally less costly than polymerase chain reaction tests, but have a higher chance of false negatives, meaning negative results may need to be confirmed with a PCR test, FDA said.

**Morphine sulfate, epinephrine added to FDA's list of drugs with COVID-19 compounding flexibility.** The FDA May 8 [expanded](#) the list of drugs covered under newly flexible compounding policies to include two that may be in short supply because of the COVID-19 pandemic: morphine sulfate and epinephrine. Under the temporary policy, which is to remain in effect for no longer than the duration of the COVID-19 public health emergency, FDA said it does not intend to take action against pharmacies for compounding drug products that are essentially copies of commercially available drugs or for providing drugs to hospitals without first obtaining patient-specific prescriptions, as long as certain circumstances outlined in the guidance are present and other conditions established in section 503A of the Federal Food, Drug, and Cosmetic Act are met.

**Study: Up to 154,000 more people could die from alcohol, drug misuse, suicide due to pandemic.** The COVID-19 pandemic could increase "deaths of despair" from alcohol, drug misuse and suicide by between 27,644 and 154,037 over the decade, depending how quickly the economy recovers, according to a [study](#) released Friday by Well Being Trust and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. The authors emphasize that the report "is not a call to suddenly reopen the country," but to maintain infection control while addressing the nation's mental health and addiction needs. "This begins with a recognition of the complex interplay between employment status

and our overall health and well-being," the authors said. ASPR TRACIE has published this [Topic Collection on COVID-19 Behavioral Health Resources](#).

**CDC data tool shows COVID-19 testing, cases.** The CDC last week launched the [COVID-19 Data Tracker](#), a website showing data on U.S. laboratory testing and cases reported to CDC from state health departments and territorial jurisdictions. The site currently shows aggregate testing and case data and county-level case data, as well as data on school closures and other "social impact" events. CDC plans to add county-level testing data in the future. The number of positive tests in a state does not equal the number of cases, because a patient can be tested more than once and not all laboratory tests are reported to CDC.

## PLANNING

**HHS issues new data requirement to guide allocation of remdesivir.** HHS Sunday emailed hospital leaders for information on the number of patients each hospital is currently treating for the coronavirus on an inpatient basis. HHS is collecting this information through its TeleTracking platform. According to HHS, the responses will inform current and future distributions of remdesivir, a promising drug known to help coronavirus patients, to areas of the country with the greatest need. Responses are due by 6:00 p.m. MST on Tuesday, May 12.

**State announces changes to data reporting.** DPHHS today announced that the following changes would take effect May 11:

- PPE Survey Tool will be discontinued. All PPE reporting will be done in EMResource.
- COVID hospitalization data loaded into the NHSN site will be optional for those facilities that use NHSN regardless of COVID-19 and the Formstack survey will be discontinued.
- Juvarre/EMResource:
  - Will be updated to allow reporting of COVID-19 patients.
  - COVID-19 Hospitalization bed categories will be added to EMResource.
  - Hospitals will update beds and vents daily.
  - Hospitals will report PPE every Friday.
  - Long-term care facilities can reduce their bed and PPE reports to the Regional Coordinators to Fridays only. Regional Coordinators will email out a survey link weekly to each facility for bed and PPE data.
- Local DES Coordinators will continue to report their local PPE caches weekly to State DES.
- For questions, please contact your [Regional Coordinator](#).

## LOGISTICS

**Save used N95 masks: No-cost service to decontaminate N95 masks.** The [Battelle presentation](#) from the May 8 webinar includes an overview and FAQs on the program. This no-cost service to Montana healthcare providers allows reuse of N95 masks up to 20x.

**Submit PPE needs to DES coordinator in order to ensure allocation.** In order to receive an allocation of emergency PPE, healthcare organizations MUST [submit needs to their local DES coordinator](#). Allocation is ongoing and supplies are limited.

## FINANCE & ADMINISTRATION

**CMS issues letter to nursing homes.** CMS today issued a [letter](#) to nursing home facility management and staff outlining nursing home specific regulations.

**Provider Relief Fund FAQs clarify grounds for recoupment, greater-than-expected payments.** New questions (all on pages 2-4) added to the [FAQs](#) (featured in May 7 SITREP) clarify various scenarios. Excerpt:

- QUESTION: Does HHS intend to recoup any payments made to providers not tied to specific claims for reimbursement, such as the General Distribution payments?
- ANSWER: The Provider Relief Fund and the Terms and Conditions require that recipients be able to demonstrate that lost revenues and increased expenses attributable to COVID-19, excluding expenses and losses that have been reimbursed from other sources or that other sources are obligated to reimburse, do not exceed total payments from the Relief Fund. Generally, HHS does not intend to recoup funds as long as a provider's lost revenue and increased expenses exceed the amount of Provider Relief funding a provider has received. HHS reserves the right to audit Relief Fund recipients in the future to ensure that this requirement is met and collect any Relief Fund amounts that were made in error or exceed lost revenue or increased expenses due to COVID-19. Failure to comply with other Terms and Conditions may also be grounds for recoupment.

## COMMUNICATIONS

**Call recordings and webinar playbacks.** Missed a call or webinar promoted in MHA's daily COVID-19 Call & Webinar Alert? Many are recorded, and are [posted here](#) once available.

**COVID-19 Resource Library.** MHA has built a [library](#) of helpful resources and sample material from other hospitals, healthcare organizations and states in their response to COVID-19. New additions today include:

- [Workforce Protection & Support: Addressing Emotions on the Frontlines, Conversations that Support Providers and Patients, ASPR Healthcare Worker Self Care](#)
- [Infection Prevention & Control: EVS Terminal Cleaning](#)
- [General/Surge Planning: ACS Toolkit, Alternate Care Strategies, Understanding ACS and FMS](#)

**HHS hospital-specific COVID-19 questions:** [HospitalCOVID19@hhs.gov](mailto:HospitalCOVID19@hhs.gov)

**SITREP Archive.** Daily Situation Reports archived [here](#).

**State of Montana COVID-19 Hotline:** 1-888-333-0461

Montanans can also email questions to [covid19info@mt.gov](mailto:covid19info@mt.gov). State public health officials will be responding to inquiries from 8 a.m. to 5 p.m. Monday to Friday.

**MHA Incident Management Team:** [esf8@mha.org](mailto:esf8@mha.org)

## REFERENCE LINKS

### GENERAL

Contact Information: [County & Tribal Health Departments](#)

Contact Information: [County & Tribal DES Coordinators](#)

[MHA COVID-19 Member Resources](#)

[State of Montana COVID-19 Information](#)

[Centers for Disease Control and Prevention COVID-19 Information](#)

[Healthcare Professionals Preparedness Checklist](#) (CDC)

[Hospital Preparedness Tool](#) (CDC)

[COVID-19 FAQs for Healthcare Providers](#) (CDC)

[MHA Consensus Statement on the Cancellation of Elective Procedures](#)

[MHA Consensus Statement on the Resumption of Elective Procedures](#)

[Summary of Funding Opportunities for Hospitals](#) (MHA)

REV. 5/10/20: [CDC What's New](#) (CDC)

## EMS

[EMS Infectious Disease Playbook](#) (ASPR/TRACIE)

[Montana EMS Guidance](#) (DPHHS)

## REGULATORY

[EMTALA Requirements and Implications Related to COVID-19](#) (CMS)

[PHI Guidance for COVID-19 First Responders](#) (OCR/HHS)

[Summary of COVID-19 Emergency Declaration Waivers and Flexibilities](#) (CMS)

[Provider-specific Fact Sheets on Waivers and Flexibilities](#) (CMS)

## CLINICAL CARE

[March 24 Memo to Montana Healthcare Providers on COVID-19 Testing](#) (DPHHS)

REV. 5/3/20: [Evaluating and Testing Persons for COVID-19](#)(CDC)

[Guidelines for Collecting, Handling and Testing Clinical Specimens](#) (CDC)

[March 26 Diagnostic Testing Update re: Swabs](#) (FDA)

[Clinical Guidance for Management of Patients with Confirmed COVID-19](#) (CDC)

[COVID-19 and Underlying Medical Conditions](#) (CDC)

FAQs: [Higher Risk Persons](#) & [Underlying Conditions](#) (CDC)

REV. 4/30/20: [Discontinuation of Transmission-Based Precautions of Patients with COVID-19](#) (CDC)

[Caring with Limited Resources during the COVID-19 Crisis](#) (AHA)

[Optimizing Ventilator Use during the COVID-19 Pandemic](#) (HHS)

REV. 5/3/20: [Symptom-based Strategy to Discontinue Isolation for Persons with COVID-19](#) (CDC)

## LONG-TERM CARE & RETIREMENT COMMUNITIES

[Guidance for Retirement Communities and Independent Living](#) (CDC)

[Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities](#) (CDC)

[COVID-19 Checklist: Older Persons](#) (CDC)

[COVID-19 Long-Term Care Facility Guidance](#) (CMS)

## TELEHEALTH

[Medicare Telehealth FAQ \(CMS\)](#)

[Montana Medicaid Coverage & Reimbursement Policy for Telehealth Services \(DPHHS\)](#)

[Telehealth Toolkit for General Practitioners \(CMS\)](#)

[Telehealth Toolkit for Providers of End-Stage Renal Disease Patients \(CMS\)](#)

Watch: [“COVID-19 Telehealth Waiver Made Simple” \(PYA\)](#)

[Telehealth Toolkit for Long-Term Care Nursing Home Facilities \(CMS\)](#)

[Informational Bulletin: Utilization of Telehealth for Treatment of SUDs \(CMS\)](#)

Watch: [CMS Telehealth FAQ video \(CMS\)](#)

## INFECTION PREVENTION & CONTROL

[Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings \(CDC\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Home Health Agencies \(CMS\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Dialysis Facilities \(CMS\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes \(CMS\)](#)

[Additional Guidance for Infection Control and Prevention of COVID-19 by Hospice Agencies \(CMS\)](#)

## PPE

[Strategies for Optimizing the Supply of PPE \(CDC\)](#)

[Strategies for Optimizing the Supply of N95 Respirators \(CDC\)](#)

[Extending the Use and/or Reusing Respiratory Protection During Disasters \(APIC\)](#)

[Temporary Enforcement Guidance – Healthcare Respiratory Protection \(OSHA\)](#)

[PPE Supply Equivalents & Price Guide \(AHRMM\)](#)

[Conserving Facemasks and Respirators During a Critical Shortage \(TJC\)](#)

[PPE Burn Rate Calculator \(CDC\)](#)

[PPE Emergency Use Authorizations \(FDA\)](#)

[Decontamination and Reuse of Filtering Facepiece Respirators \(CDC\)](#)

## **WORKFORCE PROTECTION & SUPPORT**

[Management of Healthcare Personnel with Potential Exposure to Patients with COVID-19](#) (CDC)

REV. 4/30/20: [Criteria for Return to Work for Healthcare Personnel](#) (CDC)

[Montana Hospital Mutual Aid System Memo & Agreement](#)

[COVID-19 Safety Training Resources](#) (NIH)

[COVID-19 and the American Workplace Toolkit](#) (US Dept. of Labor)

[Memo on Registration for Out-of-State Licensees](#) (MT DLI)

[FFCRA FMLA and Paid Leave FAQs](#) (US DOL)

[MHMAS Volunteer Registration System](#)

## **COMMUNITY MITIGATION STRATEGIES**

[Mitigation Strategies for Communities with Local COVID-19 Transmission](#) (CDC)

[Tips to Keep Children Healthy While School's Out](#) (CDC)

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