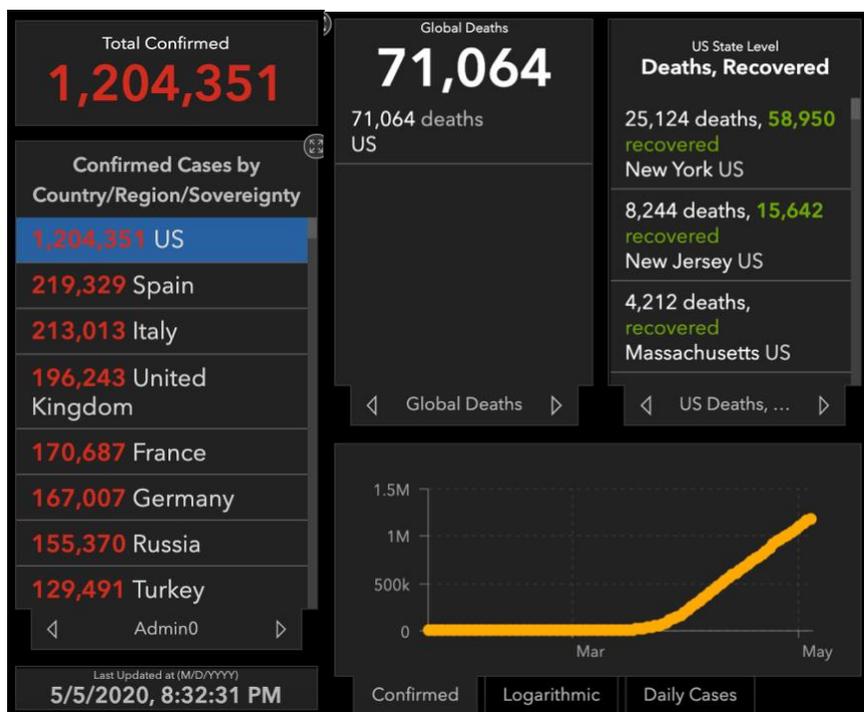
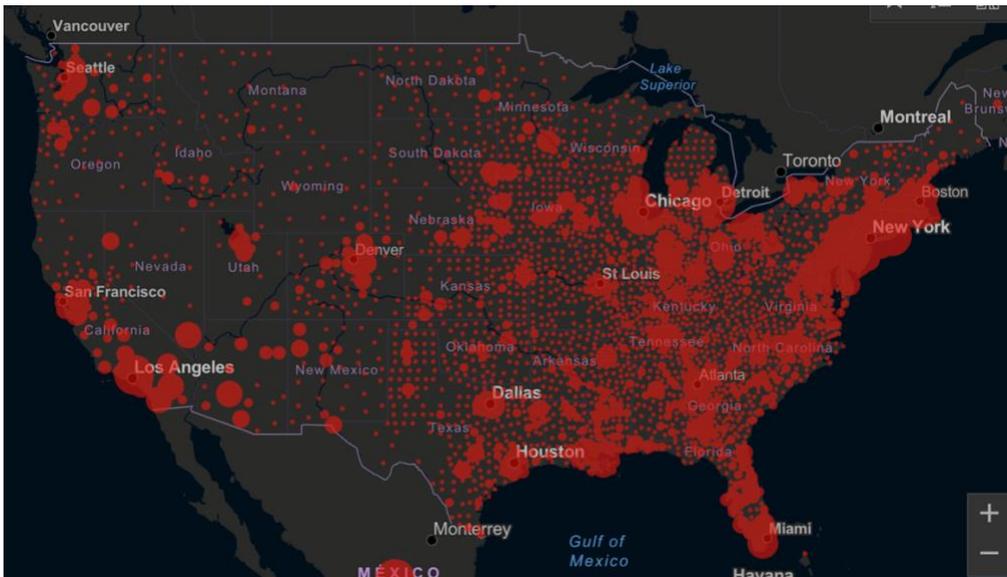
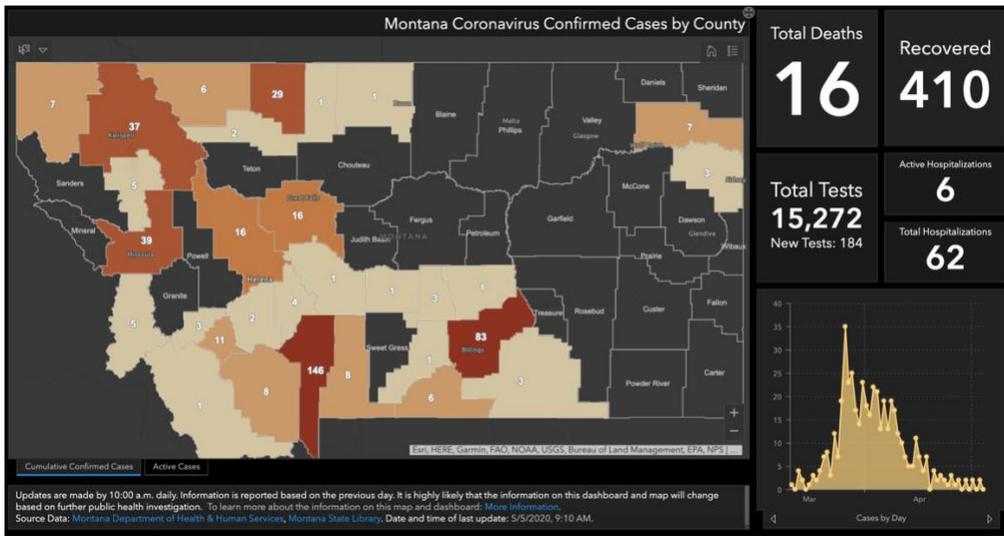


May 5, 2020

COVID-19

REPORTED CASES	
Montana <i>New in last 24 hours: -1*</i> <i>Hospitalizations, Total: 62 (Last 24hrs: +0)</i> <i>Hospitalizations, Active: 6 (Last 24hrs: +0)</i> <i>Recovered: 410 (Last 24hrs: +6)</i> <i>Deaths: 16 (Last 24hrs: +0)</i> Source: Montana COVID-19 Dashboard	456
United States <i>New in last 24 hours: 23,717 (+2%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	1,204,351
WA	15,594
ID	2,127
WY	604
ND	1,266
SD	2,721

* Users may notice that the overall COVID case number has decreased by one since yesterday's report. After a thorough public health investigation, Montana public health officials have determined that a case thought to be from Fergus County is not a resident of Montana and the patient has not been in Montana for nearly a year. Since this case poses no known risk to residents of Montana, it has been removed from the count.



\$123 million in emergency grants for Montana, funded by CARES Act, announced today. Governor Steve Bullock today announced \$123 million in emergency grants will be made available to Montana families, small businesses, nonprofits, health services centers and individuals hardest hit by impacts of COVID-19. The emergency grants are funded through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, and will be funded through nine new grant programs:

- **Montana Business Stabilization Grant** program will provide working capital for Montana-owned small businesses with 50 or fewer employees;
- **Montana Innovation Grant** program for nonprofit and for-profit businesses with less than 150 employees and primary operations in Montana that have created an innovative product or service intended to directly confront the COVID-19 emergency;
- **Montana Food and Agriculture Adaptability Program** for food and agriculture businesses;
- **Emergency Housing Assistance Program** will provide rent, security deposit, mortgage payment and/or hazard insurance assistance as-needed for Montanans who have lost a job or substantial income loss as a result of COVID-19;
- **Public Health Grants** for local and tribal health departments and urban tribal clinics to help in the response to COVID-19;
- **Stay Connected Grants** to reduce social isolation among Montana's seniors; eligible applicants include area agencies on aging, assisted living facilities, nursing homes, and tribal elder services;
- **Food Bank and Food Pantry Assistance** to increase food security for Montanans hardest hit by the COVID-19 pandemic;
- **Social Services Nonprofit Grants** for nonprofit organizations impacted by the COVID-19 public health emergency to retain existing programs and services, employees or organizational viability for provision of future services and operations;
- **Telework Assistance Grants** for purchasing equipment to assist Montanans with disabilities access telework equipment.

For more information, visit <https://commerce.mt.gov/Coronavirus-Relief>. The application portal, www.COVIDrelief.mt.gov, will launch and applications can be submitted beginning at 8:00 a.m. on Thursday, May 7.

OPERATIONS

CDC updates guidance for COVID-19 isolation, healthcare work safety. The CDC this week updated guidance designed to keep healthcare personnel safe during the COVID-19 pandemic, along with patient isolation strategies to ensure consistency in CDC's criteria for patient discontinuation of transmission-based precautions and healthcare personnel return-to-work guidance. CDC's [updated symptom-based strategy](#) for discontinuing isolation for COVID-19 patients and healthcare personnel now recommends a uniform "10-and-3" policy in which isolation is maintained for at least 10 days after illness onset and at least three days after recovery. In this guidance, CDC defines illness onset as the date symptoms begin; recovery is defined as fever resolution without the use of fever-reducing medications and progressive improvement or resolution of other symptoms.

The agency also issued updated and revised policies for the following:

- [Return-to-work criteria](#) for healthcare personnel with confirmed or suspected COVID-19;
- [Evaluation and testing](#) of individuals for COVID-19; and
- [Discontinuation of transmission-based precautions](#) and disposition of patients with COVID-19 in healthcare settings.

CDC: Evidence supports SARS-CoV-2 transmission while presymptomatic or asymptomatic. SARS-CoV-2 may spread from individuals who are presymptomatic or asymptomatic, according to a new [CDC report](#) based on epidemiologic, virologic and modeling studies before CDC recommended widespread use of face masks. The authors said the findings imply that the case-fatality rate may be lower than currently estimated, and reinforce the value of community interventions to stop the spread of the virus in the absence of symptoms.

FDA authorizes first independently verified SARS-CoV-2 antibody test. The FDA yesterday [authorized](#) the first serology test in which independent federal data provided the scientific evidence used to support the authorization. EUROIMMUN US Inc.'s Anti-SARS-CoV-2 ELISA (IgG) test, which will aid in identifying individuals with an adaptive immune response to SARS-CoV-2, is certified for emergency use by Clinical Laboratory Improvement Amendments-certified labs. FDA [says](#) the results that secured the test's authorization are among the first to come from a collaborative effort by the FDA, National Institutes of Health, Centers for Disease Control and Prevention and Biomedical Advanced Research and Development Authority to evaluate certain serological tests.

PLANNING

AHA report examines 5 new COVID-19 forecasting models. In its recently updated report [COVID-19 Models: Forecasting the Pandemic's Spread](#), the American Hospital Association (AHA) looks at five new COVID-19 forecasting models, including [two free AHA tools](#) to help visualize the nation's hospital bed capacity:

- *COVID-19 Bed Occupancy Projection Tool* shows total hospital beds and adult intensive care unit beds by state, Health Referral Region and Health Service Area; potential bed shortages by state in various scenarios; and share of beds occupied by non-COVID patients. It also locates individual healthcare facilities on an interactive map, tailoring results by poverty and uninsured rates.
- *People Per Hospital Bed Map* shows population per bed as a measure of capacity for adult beds and adult ICU beds.

Continue daily reporting of available resources and response data. Organizations reporting to the following systems are considered to be fully reporting resource data in response to the COVID-19 PHE.

- Juvarre/EMResource: Continue to report bed availability and ventilator capacity by 8:00 a.m. daily.
- PPE Survey Tool: PPE data will be reported to a [new PPE Survey Tool](#) instead of EMResource.
- COVID-19 Patient Survey Tool: Used to collect hospitalization data, and only to be used at the direction of DPHHS officials following acquisition of confirmed COVID-19 patient.

LOGISTICS

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

New report estimates financial impact of COVID-19 on nation's hospitals. A [new report](#) from the AHA estimates a total financial impact of \$202.6 billion in losses resulting from COVID-19 expenses and lost revenue for hospitals and health systems over the four-month period from March 1, 2020 to June 30, 2020 – or an average of over \$50 billion in losses a month.

COMMUNICATIONS

OCR issues guidance on media access during COVID-19. HHS' Office for Civil Rights today issued [additional guidance](#) reminding covered healthcare providers that HIPAA does not permit them to give media and film crews access to facilities where patients' protected health information will be accessible without the patients' prior authorization.

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.

HHS hospital-specific COVID-19 questions: 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. 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@mtha.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](#)

REV. 4/24/20: [Summary of Funding Opportunities for Hospitals](#) (MHA)

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)

###