

SITREP



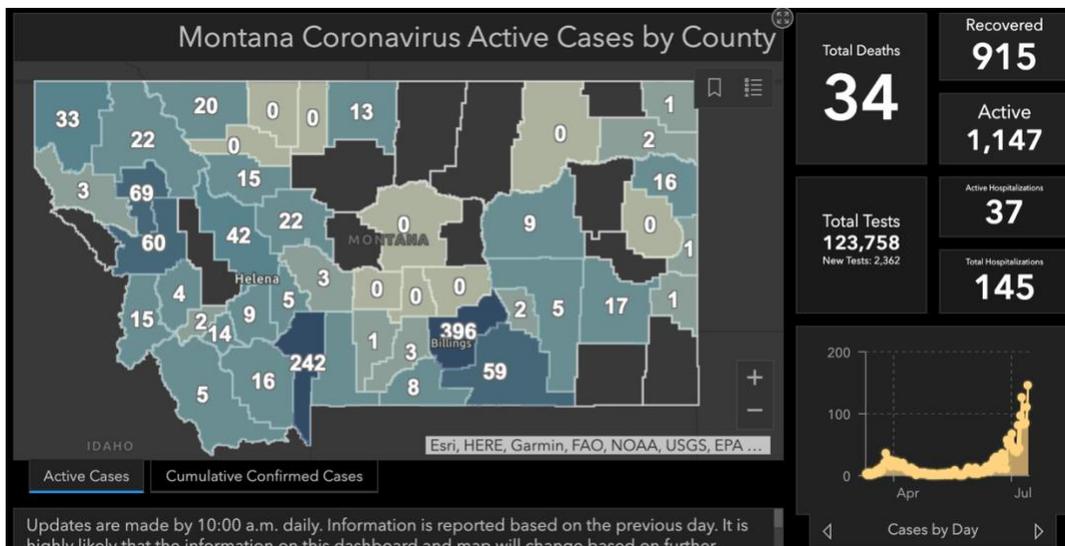
MONTANA
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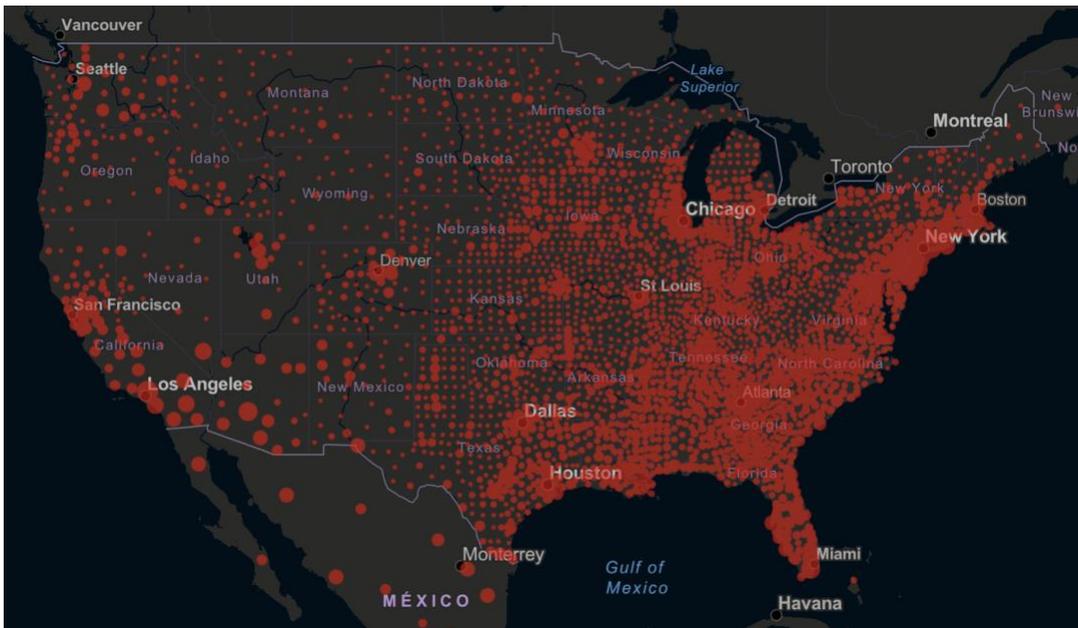
Montana Hospital Association - Situation Report

July 15, 2020

COVID-19

REPORTED CASES	
Montana <i>New in last 24hrs: 145 (+7%)</i> <i>Active Cases: 1,147 (Last 24hrs: +113)</i> <i>Recovered: 915 (Last 24hrs: 31)</i> <i>Hospitalizations, Total: 145 (Last 24hrs: +9)</i> <i>Hospitalizations, Active: 37 (Last 24hrs: +8)</i> <i>Deaths: 34 (Last 24hrs: +0)</i> Source: Montana COVID-19 Dashboard	2,096
United States <i>New in last 24hrs: 66,193 (+2%)</i> Source: Johns Hopkins CSSE Global Outbreak Dashboard	3,497,767
WA	43,046
ID	12,449
WY	1,985
ND	4,565
SD	7,652





Gov. Bullock issues statewide mask mandate. Governor Steve Bullock today [announced](#) a directive requiring face coverings in certain indoor spaces and for certain organized outdoor activities in counties currently experiencing four or more active cases of COVID-19 to slow the spread of the virus in Montana.

Governor Bullock issued the [directive](#) to require businesses, government offices and other indoor spaces open to the public to ensure that employees,

contractors, volunteers, customers, and other members of the public wear a face mask that covers their mouth and nose while remaining inside these spaces. The directive also requires face coverings at organized outdoor activities of 50 or more people, where social distancing is not possible or is not observed. The directive is in line with the Centers for Disease Control and Prevention's recommendation that people wear cloth face coverings in public and when around people outside one's household.

In a statement issued immediately following the afternoon press conference, MHA President and CEO Rich Rasmussen said, "We want to keep our economy open and ensure every Montanan has access to the medical care they need. We have grave concerns about our ability to treat all patients as we head into our state's sickest season—fall and winter flu season—if we cannot effectively contain the virus this summer. Until we have a vaccine, wearing a mask is among the most simple and effective things we can do to keep the virus from shutting down our state and overwhelming our healthcare system."

Under the directive, businesses, government offices and other publicly operating spaces will provide face coverings for employees and volunteers, and post signs stating that face coverings are required for people 5 and older. Businesses, other indoor spaces open to the public and sponsors of organized outdoor activities may also deny entry, refuse service or ask any person to leave if they refuse to wear a face covering. If necessary, they may rely on peace officers to enforce the state's trespassing laws if a person refuses to wear a face covering and refuses to leave the premises.

The directive goes into effect immediately and expires at the end of the declared statewide state of emergency.

OPERATIONS

CDC: Studies support prevention value of cloth face coverings. Two new case studies affirm that cloth face coverings "are a critical tool in the fight against COVID-19 that could reduce the spread of the disease, particularly when used universally within communities," the CDC [said](#) Tuesday. One [study](#), reported in JAMA, found that adherence to universal masking policies for healthcare workers and patients reduced SARS-CoV-2 transmission within a Boston hospital system. Another study, released by CDC, found that wearing a mask prevented the spread of infection from two hair stylists to their customers in Missouri. According to a CDC [survey](#) released Tuesday, the share of Americans who reported wearing a cloth face covering when outside their home rose from 62% in April to 76% in May.

"Cloth face coverings are one of the most powerful weapons we have to slow and stop the spread of the virus—particularly when used universally within a community setting," said CDC Director Robert Redfield, MD.

HHS to distribute point-of-care test instruments to nursing homes. HHS today [announced](#) an initiative to procure and distribute rapid point-of-care diagnostic test instruments and tests to nursing homes in COVID-19 hotspot geographic areas within the U.S. The initiative is a one-time procurement of devices and tests to facilitate on-site testing among nursing home residents and staff. In addition to providing increased testing support for nursing home facilities, HHS officials note the initiative will help divert large volumes of tests generated by nursing homes from the larger pool of tests run by diagnostic labs nationwide, freeing up testing capacity and speeding the turnaround time for tests for the general population. Distribution will begin next week with nursing homes prioritized by CMS.

NIH: Experimental COVID-19 vaccine safe, generates immune response. The first human study evaluating an mRNA COVID-19 vaccine made by Moderna Inc. produced neutralizing antibodies in healthy adults, who generally tolerated the vaccine well, the National Institutes of Health [reports](#). The 45 participants received 25-, 100- or 250-microgram injections of the vaccine. The trial expanded to 120 participants in April, including the first adults over age 55. A phase 2 trial is underway to evaluate 50- and 100-microgram doses of the vaccine in 600 healthy adults, with plans to begin a large phase 3 trial of a 100-microgram dose this month.

FDA adds drug to compounding lists; recalls hand sanitizers with wood alcohol. The FDA this week added dexamethasone sodium phosphate to its lists for temporary compounding by [outsourcing facilities](#) and [pharmacy compounders](#) during the COVID-19 emergency. Drugs on these lists are intended to address shortages and increase access in the treatment of COVID-19 patients. FDA also this week announced voluntary recalls of two hand sanitizers due to the potential presence of methanol, also known as wood alcohol. Both [AAA Cosmética, S.A. de C.V.](#) and [4e Brands North America](#) said they have not received complaints about the products.

PLANNING

HHS requests daily data reporting to TeleTracking. HHS Monday [announced](#) significant changes to the process for hospitals to fulfill the agency's request for daily data reporting on bed capacity, utilization, personal protective equipment (PPE) and in-house laboratory testing data. HHS notes it will no longer ask for one-time requests for data to aid in the distribution of remdesivir or any other treatments or supplies. This means that the daily reporting is the only mechanism used for the distribution calculations.

The TeleTracking portal also has been used for special data reporting requests related to high-impact funds distribution, as well as remdesivir distribution. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 1-877-570-6903.

HHS asks hospitals to prioritize certain data fields (see below) in COVID-19 daily reporting starting Wednesday, July 15, and work toward full reporting by July 22. Priority data fields include:

- Previous day's new adult admissions for confirmed COVID-19
- Previous day's new adult admissions for suspected COVID-19
- Total adults hospitalized for COVID - suspected and confirmed
- Total hospitalized for COVID - confirmed only
- Total adults in ICU with COVID - suspected and confirmed
- Total adults in ICU with COVID - confirmed
- Remdesivir doses

Continue resource reporting to State. Until further notice, continue reporting the following data as follows. For questions, please contact your [Regional Coordinator](#).

- Hospitals: Continue reporting to Juvare/EMResource as follows:
 - Daily: Bed and ventilator counts
 - Weekly (every Friday): PPE
 - Following treatment of COVID-19 patient(s): COVID-19 patient data, as directed by public health officials
- Long-Term Care Facilities: Bed and PPE counts to be reported weekly on Fridays. Use this [survey link](#) weekly to report bed and PPE data.

LOGISTICS

Submit PPE needs to DES coordinator in order to ensure allocation. Until further notice, healthcare organizations MUST [submit needs to their local DES coordinator](#) in order to receive an allocation of emergency PPE.

FINANCE & ADMINISTRATION

IRS extends deadline for hospitals to complete community health needs assessments. The IRS late Tuesday [announced](#) that it is expanding the July 15 extension of time for tax-exempt hospitals to meet their community health needs assessment obligations. “The due date for any CHNA due to be conducted and for

any implementation strategy due to be adopted on or after April 1, 2020, and before December 31, 2020, is postponed to December 31, 2020,” the agency said.

The IRS also provided guidance on how hospitals should document their reliance on the postponement. “The Hospitals using the relief in today’s notice that file Form 990 prior to Dec. 31, 2020, should state in the narrative of Part V.C. of Schedule H (Form 990) that they are eligible for and are relying on the relief provided in the notice, and should not be treated as failing to meet the requirements of section 501(r)(3) prior to Dec. 31, 2020.”

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.

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 lists and general sources of information on a wide range of COVID-19-related issues

[MHA COVID-19 General Resources page](#)

CLINICAL OPERATIONS

Resources on infection prevention and control, EMS operations, telehealth operations and care for specific populations from federal and state resources

[MHA COVID-19 Clinical Operations page](#)

LONG-TERM CARE & RETIREMENT COMMUNITIES

CDC and CMS resources specific to maintaining safe conditions in long-term care and retirement communities

[MHA COVID-19 Long-Term Care & Retirement Communities page](#)

SUPPLY CHAIN RESOURCES

Resources from AHRMM, AHA, Intalere, CDC and other sources on sourcing, conserving and properly using PPE

[MHA COVID-19 Supply Chain Resources page](#)

WORKFORCE PROTECTION & SUPPORT

MT DLI, CDC, OSHA and NIH toolkits, FAQs and other resources to protect employees and allow staff to return to work

[MHA COVID-19 Workforce Protection & Support page](#)

COMMUNITY MITIGATION STRATEGIES

CDC resources on community mitigation strategies

[MHA COVID-19 Community Mitigation Strategies page](#)

FINANCE & ADMINISTRATION

Guidance, fact sheets and other resources on regulatory waivers and flexibilities in addition to catalogued financing information related to the CARES Act and other COVID-19 funding assistance

[MHA COVID-19 Finance & Administration page](#)

COMMUNICATIONS

Archive of MHA COVID-19 related communications as well as sample communications documents, toolkits and other resources from state and national levels

[MHA COVID-19 Communications page](#)

TESTING

FAQs, recommendations and other CDC, FDA and MT DPHHS resources related to COVID-19 testing

[MHA COVID-19 Testing page](#)

PLANNING

Best practices and planning documents from CDC, facilities on the front lines and MT DPHHS

[MHA COVID-19 Planning page](#)

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