



## **IHS Frequently Asked Questions Regarding COVID-19**

### **General Information**

**Q: Where can I find the most-up-to-date information?**

A: The Centers for Disease Control and Prevention's website is the best place to find comprehensive updated information and guidance on COVID-19, including information on symptoms, treatment, schools, quarantine, travel, etc. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**Q: How is the Indian Health Service (IHS) working with IHS facilities, tribal, and urban Indian health facilities to promote awareness of changing guidelines, protocols, and processes related to COVID-19?**

A: IHS headquarters is holding weekly conference calls with tribal and urban Indian health organization leaders from across the country to provide updates, answer questions, and hear concerns from tribal communities. Additionally, IHS area offices provide technical assistance and support to tribal and urban Indian programs. For federal staff, IHS headquarters is holding regular all-employee conference calls and communicating through email updates. Area chief medical officers are in regular communication with clinical directors at all IHS facilities. We are actively extending outreach to all within the federal, tribal and urban clinical communities regarding webinar and similar resources as they become available from the CDC, with [3 such national webinars](#) promoted and held since March 5. In addition, the IHS will host a national call on Tuesday, March 17, addressing practical clinical readiness and patient care regarding COVID-19.

**Q: How is IHS working across the Departments of the federal government to ensure a comprehensive holistic approach to addressing COVID-19 in Indian Country?**

A: The IHS is in constant communication with the CDC and other operating divisions across the Department of Health and Human Services. In addition, the IHS is in close communication with the White House and other non-HHS Departments across the federal government to ensure comprehensive communication is shared with Indian Country.

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**Q: What is IHS doing to ensure the protection of their providers as they test and treat individuals for COVID-19?**

A: The IHS is following [CDC guidance](#) for health care professionals. Many of our service units are screening individuals for COVID-19 prior to entering our health facilities to determine their risk for COVID-19 and to prevent additional infections within our facilities. Individuals suspected of having COVID-19 will be given a mask and cared for separately from other patients in a designated area with a provider. The [National Supply Service Center](#) is distributing personal protective equipment (PPE) and other supplies to regional centers and to IHS, tribal, and urban facilities as quickly as possible to address supply shortages. We are exploring every avenue to acquire more supplies.

**Testing**

**Q: Are IHS, tribal, and urban facilities able to test for COVID-19?**

A: All IHS facilities have access to testing for individuals who may have COVID-19. There is no cost to individuals for this testing. Following guidance established by the Centers for Disease Control and Prevention, clinicians, including those at IHS, collect samples with standard specimen collections swabs and access laboratory testing through public health laboratories in their jurisdictions. The IHS will also utilize commercial and other approved laboratories to test specimens as those services become available.

**Q: Can tribes, tribal organizations, and urban Indian organizations request test kits for their clinics?**

A: “Test kits” are not needed at a clinic to test for COVID-19. Samples are collected using standard, readily available swabs. The samples are then submitted to outside laboratories for testing. This is the standard testing procedure across the country, and is not unique to IHS. Test swabs are available from commercial suppliers for next-day delivery.

**Q: What protocols or instructions are IHS following to test for COVID-19?**

A: The IHS relies on CDC guidance and/or consultation with public health departments to determine patients suitable for testing for COVID-19. Current CDC testing guidance says clinicians should use their judgment to determine if an individual has signs and symptoms compatible with COVID-19 and whether the person should be tested. Decisions on which individuals receive testing should be based on the local epidemiology of COVID-19, patient risk or exposures, history of travel from an area with sustained transmission within 14 days of symptom onset, as well as the clinical course of illness. Clinicians are strongly encouraged to test for other causes of respiratory illness, including influenza and strep throat.

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**Q: How long does it take to test for COVID-19?**

A: Currently, test results may be available in as little as one day, but timing may vary by location. As commercial labs begin to offer testing services, we expect the time to decrease.

**Q: What should individuals do while they wait for their test results?**

A: Individuals should follow the advice of their health care provider. For a majority of individuals with mild symptoms, the CDC generally recommends staying home, using a separate bathroom, and as much as possible, staying in a separate room and away from other people in the home. Patients with more severe symptoms may be hospitalized for care while awaiting test results.

**Access to Personal Protective Equipment**

**Q: How can tribes, tribal organizations, and urban Indian organizations acquire materials such as personal protective equipment and sanitizers?**

A: Tribes, tribal organizations, and urban Indian organizations can access supplies through the [IHS National Supply Service Center](#). The IHS has disseminated PPE and other supplies out to regional supply centers to expedite distribution to facilities. IHS is utilizing every available option to continue to obtain additional supplies as needed.

**Q: What is the Strategic National Stockpile and do tribes have access to it?**

A: The [Strategic National Stockpile](#) is the nation's largest supply of pharmaceuticals and medical supplies for use in a public health emergency severe enough to cause local supplies to run out. When state, local, tribal, and territorial responders request federal assistance to support their response efforts, the stockpile ensures that the right medicines and supplies get to those who need them most during an emergency. Organized for scalable response to a variety of public health threats, this repository contains enough supplies to respond to multiple large-scale emergencies simultaneously.

**Funding**

**Q: What funds are available to tribes to address COVID-19?**

A: The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, includes resources to the Centers for Disease Control and Prevention for tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. The IHS is working closely with the Department of Health and Human Services and CDC to determine how best to allocate the resources included in the supplemental appropriation. The IHS has a limited reserve of existing funding that may be available to tribes through the IHS Director's Emergency Funds. Tribes may contact their respective area directors and area office contacts regarding access to the IHS Director's Emergency Fund.

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**Q: What is the IHS Director's Emergency Fund?**

A: The IHS Director's Emergency Fund provides a limited reserve to address some of the emergencies involving IHS facilities and IHS/tribal delivery of health services. The funds are not intended for administration, maintenance, construction, or for any other purposes that are not related to emergencies within IHS facilities or the delivery of IHS/tribal health services. The current annual allocation for the Director's Emergency Fund is nearly \$4 million.

**Q: Does the \$8.3 billion emergency response supplemental funding bill include funding for tribes?**

A: \$40 million is set aside specifically for tribes, tribal organizations, and urban Indian health organizations. This money was allocated to CDC. IHS is working closely with HHS and CDC to determine how the funds will be allocated and to distribute these funds to I/T/U facilities in a timely manner.

**Q: What financial resources will be available to help tribes and urban Indian organizations recoup administrative costs associated with closures and overtime costs for our providers?**

A: We encourage tribes, tribal organizations, and urban Indian organizations to work through all local, state, and federal avenues for any potential resources. We also encourage tracking costs associated with COVID-19 response activities. This information will help identify needs across the Indian health system and inform discussions about any potential resources that may become available.

**Emergency Planning**

**Q: What technical support is available for tribes to develop Emergency Planning protocols?**

A: The Federal Emergency Management Agency (FEMA) has developed a Frequently Asked Questions tool for tribes to use in determining how to request a presidential emergency or major disaster declaration independently of a state. <https://www.fema.gov/frequently-asked-questions-current-process-tribal-governments-request-presidential-declaration>

Additionally, Ready.gov, an official website of the Department of Homeland Security includes specific content geared toward Indian Country for general emergency preparedness, including ready-made resources that may be of value: <https://www.ready.gov/indian-country>

**Q: What resources are available to tribal communities for technical assistance in disinfection and/or sanitation protocols?**

A: CDC has developed recommendations around environmental cleaning and disinfection protocols for health departments and other employers. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

**Q: How can my community issue communications about COVID-19?**

A: CDC has prepared guidance on how to develop a communications plan before an outbreak of COVID-19 in your community, during an outbreak, as well as post-outbreak communications.

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<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-communicators-get-your-community-ready.html>

### **Service Delivery during a Pandemic**

#### **Q: Can tribes and urban Indian organizations utilize PRC to pay for quarantining, testing, or hospitalization of COVID-19 patients?**

A: All Indian Health Service Purchased Referred Care programs are treating COVID-19 testing and treatment as medical priority one (emergent or acutely urgent care services) until further notice. Tribal health programs are not required to follow IHS medical priorities, but may choose to use them as guidelines. Urban Indian organizations do not participate in the PRC program but, consistent with the terms of their agreements with IHS, may use their existing funds for awards to subcontractors.

#### **Q: How many Commissioned Corps officers from I/T/U programs have been cleared to deploy and how many have deployed?**

A: As of March 13, 2020, 74 Corps officers have deployed and returned. Approximately 50 officers are currently deployed or staged for imminent deployment.

#### **Q: Who pays for the Commissioned Corps while they are deployed?**

A: The salary and benefits for a deployed Corps officer will continue to be paid by the federal, tribal, or urban Indian program to which the officer is assigned. The Assistant Secretary for Preparedness and Response (ASPR) pays for the travel and transportation costs of the officer to and from the location of the deployment.

#### **Q: What is the process for screening and quarantining Commissioned Corps personnel before they return to active duty at ITU sites?**

A: Officers who are returning or have returned from COVID-19 field missions must be monitored appropriately and receive medical and other assistance as needed. Commissioned Corps Headquarters has delegated administrative control to the Assistant Secretary for Preparedness as the incident commander to monitor the health conditions of officers and provide assistance as needed. Additionally, if an officer is returning to work in a healthcare setting, the officer must adhere to the CDC guidance for healthcare providers, which is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. This guidance requires a 14-day quarantine before returning to their official duty station.

#### **Q: What is the plan for ensuring individuals living in remote areas still have access to their medication?**

A: At this time, there is no indication that IHS pharmacies will need to alter their current practices. Should the CDC recommend reducing the number of people visiting their local healthcare facilities, the IHS Pharmacy Program will explore alternative delivery options for medications, such as the Consolidated Mail Outpatient Pharmacy Program.

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**Q: Can I order medications two months out? And if so, can they be mailed to my home address?**

A: You would need to check with your local IHS facility to determine their refill policies and participation with the Consolidated Mail Outpatient Pharmacy Program. A tribal health facility may have its own mail out program. Patients of tribal health facilities are encouraged to contact them about this refill request.

**Q: Are Community Health Representatives (CHR) trained on how to look for COVID-19 symptoms? Are CHRs equipped with personal protective equipment?**

A: Given that this is a new virus, the impact on Community Health Representative activities is dependent on public health guidance from individual state departments of health and CDC guidance on identification of COVID-19 signs and symptoms and appropriate use of PPE.

**Q: Are there codes in the IHS Resource Patient Management System (RPMS) for COVID-19?**

A: Following the Centers for Medicare & Medicaid Services and Centers for Disease Control and Preventions guidance, IHS is adding diagnostic and testing codes to RPMS to capture data regarding COVID-19 as they become available. Pending the release of specific International Classification of Diseases 10<sup>th</sup> modification (ICD-10) coding for COVID-19, the CDC has issued [interim ICD coding guidance](#) to guide current efforts.