WEST VIRGINIA'S CONCEPT OF OPERATIONS (CONOPS) SUPPORTING ALL-OF-HEALTH CARE DURING CORONAVIRUS DISEASE 2019 (COVID-19) RESPONSE

JUNE 2021

Developed with funding provided by the ASPR HPP Coronavirus Emergency Supplemental Administrative Grant

INTRODUCTION

The *West Virginia's Concept of Operations (ConOps) Supporting All-of-Health Care During Coronavirus Disease 2019 (COVID-19) Response* provides details on WV's support framework to sustain health care services thus far during the COVID-19 pandemic (March 2020 through May 2021).

This ConOps presents details on support for health care operations provided from:

- WV leadership
- WV Department of Health and Human Resources (DHHR) and its departments
- Other State Agencies and Associations
- Health Care Coalitions and associated regions
- Local agencies

The WV Bureau of Public Health's Center for Threat Preparedness (WV BPH CTP) is responsible for the development and maintenance of this ConOps. It meets requirements under the *ASPR HPP Coronavirus Emergency Supplemental Administrative Grant* and will continue to be revised contingent on available resources and requirements. Updates will be based on evolving information and guidance from the CDC and other Federal agencies, State authorizations and guidance, and the further collection of operational details as WV's health care infrastructure progresses through the stages of COVID-19 response and recovery.

CONTENTS

INTRODUCTION 1
PLAN DEVELOPMENT AND MAINTENANCE 1
PURPOSE AND SCOPE 1
WV's Health Care Structure 2
PLANNING ASSUMPTIONS 2
BACKGROUND INFORMATION 3
COVID-19 Situation, Response, and Guidance 3
WV's COVID Activation 4
Federal Guidance for Health Care Providers 5
State Guidance for Health Care Providers 5
WV's Health Care Response 5
Data Collection and Reporting 6
CONCEPT OF OPERATIONS – Support Activities 7
WV COVID Leadership Team 7
Center for Threat Preparedness (CTP) 7
State Health Command 8
WV Health Care Coalitions 10
WVDHHR Departments and Other State Agencies 11
WV Department of Health and Human Resources (WVDHHR) 11
State Emergency Management 36
Additional State-Level Agencies 37
State-Level Associations 38
Local Agencies 45
PLAN UPDATES 45
APPENDICES 46
Appendix A: Health Commissioner's Order Adding COVID-19 as a Category IA Disease, Immediately Reportable by Health Care Providers and Health Care Facilities 47
Appendix B: Governor's Proclamation Declaring a State of Emergency in West Virginia Due to the COVID-19 Outbreak and Determining Medical Services are Essential 51

Appendix C: Cabinet Secretary's Declaration Medical Services Considered Essential Business and Providing Guidance for Medical Facilities 53

Appendix D: Cabinet Secretary's Proclamation Stating that WV Hospitals can Decline Transfer of Out-Of-State COVID Patients 55

Appendix E: summary of WV's State-Level Activation and Response to the COVID-19 Pandemic 56

Appendix F: WV Health Care Coalitions' Examples of Regional Discussions and Collaboration 60

West Virginia's Concept of Operations (ConOps) Supporting All-of-Health Care During Coronavirus Disease 2019 (COVID-19) Response

INTRODUCTION

The intent of this Concept of Operations (ConOps) Plan is to present an overview of the primary response activities that state-level agencies and associations have provided (from March 2020 through May 2021) to support continuity of healthcare delivery during the 2020/2021 Coronavirus Disease 2019 (COVID-19) pandemic. The COVID-19 pandemic has presented a formidable challenge to care continuity and brought to light the extreme importance of ensuring that resource needs for health care delivery are prioritized and supported. Not only does this include sustaining the well-being of health care personnel on the frontlines but also helping facilities and providers to obtain current guidance, meet operational challenges, and reallocate resources to meet the needs of a surge for testing and vaccination. In WV, this support has been from an "all-hands-on-deck" approach that continues to involve agencies, organizations, associations, and coalitions at the State, regional, and local levels. The highlights of this exemplary support are presented in this ConOps.

PLAN DEVELOPMENT AND MAINTENANCE

The WV Bureau for Public Health Center for Threat Preparedness (BPH CTP) is responsible for the development and maintenance of this plan. It complements the *WV DHHR All Hazards Threat Response Plan and Pandemic Influenza Annex (2020).* Specialized plans such as these are reviewed frequently, as the science, operational strategy, and resource needs for pandemic response adapt or change. Updates are based on evolving information and guidance from the CDC and other Federal agencies, State authorizations and guidance, and the further collection of operational details as WV's health care infrastructure progresses through the stages of COVID-19 response and recovery.

PURPOSE AND SCOPE

The purpose of this plan is to document the framework of support that WV's state-level agencies and associations are providing for health care operations during the COVID-19 pandemic. Its "all-of-health care" scope includes activities supporting hospitals, primary care, Long-Term Care Facilities (LTCFs), state-owned facilities, alternate care sites, testing locations, and vaccine

Points of Distribution (PODs). This plan outlines key emergency medical and public health support actions to help ensure continuity of health care capabilities. Details provided can be updated as needed to meet the changing guidance, best practices, and lessons learned throughout the pandemic and for subsequent events related to continuing impacts.

WV'S HEALTH CARE STRUCTURE

For the purposes of this plan, WV's health care facilities include the 67 hospitals that currently participate in the Hospital Preparedness Program (HPP). This list includes 5 psychiatric hospitals, 5 rehabilitation hospitals, 27 acute care hospitals, 21 critical access hospitals, and 5 LTCFs. The plan also describes some of the support provided to nursing homes, dialysis centers, alternate care sites, testing locations, and vaccine PODs. Health care sites located across the state have all been impacted in some way by COVID-19 preparedness and response operations.

The CTP manages the HPP funded by U.S. Department of Health and Human Services/Assistant Secretary for Preparedness (DHHS/ASPR). Under this program, health care facilities belong to a Health Care Coalition (HCC) that provides coordination and support to its members during emergency and non-emergency situations. The HCC applies operational components defined in *The WV Concept of Operations for Health Care Coalitions* and *The WV Health Care Coalition North/South Emergency Preparedness and Response Coordination (EPRC) Plans* and their annexes. In particular, the EPRC's *Infectious Disease Surge Annex* applies to COVID-19 response activities.

WV health care facilities are generally represented by membership in the WV Hospital Association, WV Primary Care Association, and/or the WV Health Care Association. Each facility has an Emergency Operations Plan (EOP) that is reviewed annually by the WV Office of Health Facility Licensure and Certification (OHFLAC) and is expected to follow an Incident Command Structure (ICS) when activating response operations. Hospitals have an established primary and secondary Emergency Preparedness (EP) Coordinator. The coordinators receive frequent, if not daily, updates and guidance from the Centers for Disease Control and Prevention (CDC), the American Hospital Association (AHA), West Virginia Hospital Association (WVHA), and WVDHHR and BPH.

PLANNING ASSUMPTIONS

Details in this ConOps are based on the following assumptions:

- The information in this ConOps supplements information in the primary reference documents for WV response to the COVID-19 pandemic, namely *WV DHHR All*

Hazards Threat Response Plan and Pandemic Influenza Annex (2020) and its other annexes.

- Despite interagency planning, when COVID-19 does present within the health care community, each agency or facility has individual operational policies and procedures that must be addressed.
- COVID-19 Personal Protective Equipment (PPE) and associated supplies will be prioritized for medical personnel and suspected COVID-19 patients. The responding health care facilities should be prepared for three days of PPE self-sufficiency.
- Embracing the precautions and operational guidance in current Centers for Disease Control and Prevention (CDC) and WVDHHR documents should be utilized at all levels of response to decrease the spread of COVID-19 and manage health care operations.
- It is incumbent on the health care provider or facility to understand and implement any additional pandemic controls put in place by their local jurisdiction, professional or accreditation organization, licensing board, or health care system.
- To keep the health care workforce at an optimal operating capacity and response mode, all aspects of the community have a role to play in identifying and preventing the spread of COVID-19.
- The COVID-19 situation is dynamic, requiring frequent updates to planning products and interim guidance memorandums. It is incumbent upon response agencies, support providers, and health care facilities to stay current and update their operational protocols accordingly.

BACKGROUND INFORMATION

COVID-19 SITUATION, RESPONSE, AND GUIDANCE

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) was first detected by the Wuhan Municipal Health Commission in China and identified as a cluster of cases of pneumonia on December 31, 2019. On January 31, 2020, the World Health Organization (WHO) declared a Public Health Emergency of International Concern and announced the novel Coronavirus outbreak (2019nCoV). On this same date, the U.S. Secretary of Health and Human Services announced that a public health emergency exists and has existed nationwide since January 27, 2020. On February 11, 2020, the World Health Organization announced the official name of the disease as the *Coronavirus Disease 2019*, abbreviated as COVID-19. Former President Trump announced a National Emergency Declaration for the coronavirus (COVID-19) pandemic on March 13, 2020. This Declaration has since been renewed several times and is still in effect.

As of May 27, 2021, COVID-19 data is reported as:

- The Centers for Disease Control and Prevention (CDC) reports that there have been 32,994,369 cases and 588,421 deaths in the U.S. (since January 21, 2020)
  - Current national-level data can be found at CDC COVID Data Tracker
- WV's coronavirus information dashboard reports 161,046 total cases and 2,792 deaths.
  - Current WV data can be found at Updates and News (wv.gov)

WV'S COVID ACTIVATION

Several key announcements that initiated WV's COVID-19 healthcare response activities are:

- On March 5, 2020, WV Bureau for Public Health (BPH) Health Commissioner and State Health Officer Slemp signed an Order adding COVID-19 as a category IA disease, immediately reportable by health care providers and health care facilities. Applicable information for health care providers was announced under West Virginia Health Alert Number 165-03-06-2020. This document can be found at WVHAN_165.pdf and in this plan's Appendix A.
- On March16, 2020, Governor Jim Justice issued a Proclamation declaring a State of Emergency in West Virginia due to the COVID-19 outbreak, and among other things, delegating certain administrative powers to the Department of Health and Human Resources (DHHR), as necessary, to facilitate the provision of essential emergency services to alleviate the potential impacts to the people, property, and infrastructure of West Virginia that may be caused by this outbreak.
- As the provision of health care is considered an essential business under the terms of E.O. No.9-20, and pursuant to the authority delegated to the DHHR by the March 16, 2020, Proclamation, DHHR Cabinet Secretary Crouch announced related directives be established until such time as the State of Emergency is lifted. This document of Emergency Recommendations for Health Care Providers can be found at SKM_C45820032616420 (wv.gov) and in this plan's Appendix B.
- On March 26, 2020, DHHR Cabinet Secretary Crouch issued a proclamation that medical services were considered essential business and providing guidance to medical facilities on determining which practices and procedures should be restricted. This document can be found at SKM_C45820032616420 (wv.gov) and in this plan's Appendix C.
- On April 13, 2020, DHHR Cabinet Secretary Crouch issued a proclamation stating the WV hospitals can decline transfer of out-of-state COVID patients. This document can be found at SKM_C45820041314230 (wv.gov) and in this plan's Appendix D.

A summary of WV's state-level activation and response to the COVID-19 pandemic is included in this plan's Appendix E. An updated list and links to all WV state-level actions and orders can be found at West Virginia's Response to COVID-19 (wv.gov).

FEDERAL GUIDANCE FOR HEALTH CARE PROVIDERS

In response to the infection prevention and control challenges posed by COVID-19, CDC developed infection prevention and control recommendations for COVID-19 in health care settings. These recommendations provide detailed guidance for care of patients with suspected or confirmed COVID-19 in health care settings and considerations for care of patients not suspected or confirmed to have COVID-19. Health care facilities must be familiar with these recommendations and provide staff the necessary tools and training to effectively follow the guidance as part of a comprehensive strategy to manage operations during the COVID-19 pandemic. CDC has also developed strategies for optimizing the supply of PPE in times of shortages. CDC guidance documents for health care providers involved in COVID response are updated regularly and can be found at Managing Healthcare Operations During COVID-19 | CDC.

In March 2020, the Center for Medicare and Medicaid Services (CMS) provided guidance on blanket waivers to help health care providers contain the spread and respond to affected patients. This guidance can be found at COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (cms.gov).

The American Hospital Association (AHA) provides a summary of the latest information on CDC, CMS, and the Food and Drug Administration (FDA) guidance for health care providers at Coronavirus COVID-19: Latest CDC, FDA, CMS Guidance | AHA.

STATE GUIDANCE FOR HEALTH CARE PROVIDERS

State agencies and hospitals referred to *“A Framework for Managing the 2020 COVID-19 Pandemic Response”* (December 2020) guidance for managing the COVID-19 and other pandemic responses.

Overall WV guidance for health care providers in COVID response are updated regularly and can be found at Providers (wv.gov).

WV'S HEALTH CARE RESPONSE

In addition to Federal and state response guidance at the links listed above, health care facilities and systems referred to *“A Framework for Managing the 2020 COVID-19 Pandemic Response”* (December 2020) guidance for managing their COVID-19 pandemic responses. West Virginia facilities applied their own emergency response plans that include surge capacity procedures to address an influx of patients, focusing on three core areas: patient care, facilities, and staff.

During this pandemic, health care providers revised patient care procedures to help increase capacity in several areas. Some sites reviewed and rescheduled elective procedures, while maintaining the safety and health of patients as a top priority, and utilized virtual visits, when

appropriate, for both COVID-19 and non-COVID-19 related cases to help increase capacity. Ensuring that patients are discharged on time and are prescribed any necessary medication at the time of discharge were also important factors.

Capacity was also increased by incorporating facility changes. Providers reviewed triage practices with ambulatory services and testing protocols with public health departments and laboratories, to make sure only individuals requiring hospitalization were entering a facility. Health care facilities implemented visitor restrictions to help protect the safety of healthcare workers and patients. Patients with COVID-19 symptoms, who needed to be seen but were not experiencing an emergency, were advised to call their primary care provider's office for guidance before traveling to any healthcare facility in person. Those without a healthcare provider were advised to call their local hospital or primary care center for a referral.

West Virginia was the first in the nation to conduct facility-wide testing of all residents and staff in nursing homes which led quickly to identifying outbreaks, identifying asymptomatic infections, and supported surveillance testing in nursing homes and assisted living facilities.

Health care providers communicated across health systems and through medical partnerships to ensure sharing of supplies, if necessary. Emergency plans also allowed hospitals to convert portions of their facilities for infectious disease treatment, including but not limited to, utilization of alternative treatment sites. Such setups limited exposure for both staff and patients, while allowing patients who may not require critical care to be treated.

Health care workers at all facilities also played a crucial role in expanding medical capacity. Providing support infrastructure for staff is vital, since due to school closures, many staff had to find appropriate childcare. While some facilities offered their own childcare to employees, regulatory efforts were explored to accommodate healthcare sites who anticipated a large need for their staff. West Virginia's healthcare industry asked for the public's help to continue to practice appropriate hygiene precautions; to utilize healthcare services wisely; and to support the healthcare workforce and work together to slow the anticipated spread of the disease.

DATA COLLECTION AND REPORTING

On March 29, 2020, former Vice President Pence sent a letter to hospital administrators across the country requesting daily data reports on testing, capacity and utilization, and patient flows to facilitate the public health response to the 2019 Novel Coronavirus (COVID-19). The document detailed the U.S. Federal government's data needs, explains the division of reporting responsibility between hospitals and states, and provides clear, flexible options for the timely delivery of this critical information. Information about what was contained in this request can be found at COVID-19 Guidance for Hospital Reporting and FAQs (hhs.gov).

More detail about the data that has and is being collected to document and support health care operations is provided under specific departments or associations of this plan.

CONCEPT OF OPERATIONS – Support Activities

Activities supporting health care delivery during COVID-19 continue to be from sources all across the state. Much of the strategic direction and resources originate at the State-level which the tactical delivery of this support happens at the regional and local level. This next section provides details on the scope of activities and support from state agencies, associations, and other stakeholders during COVID-19 response.

WV COVID LEADERSHIP TEAM

The West Virginia COVID Leadership Team included the COVID Czar, chair of the Joint Interagency Task Force (JIATF), WVDHHR Secretary and other State pandemic leadership. Dr. Clay Marsh, COVID-19 Czar for West Virginia, lead the team focusing on strategies and contingencies for resources to handle patients needing hospitalization, testing and treatment, vaccinations, and making sure that healthcare workers were outfitted with the appropriate protective gear. The team requested that WVHA assist with direct communications and information gathering and dissemination between the state and hospital administrators.

The COVID-19 Pandemic Response Leadership Team also included the Commissioner of the Bureau for Public Health/State Health Officer (SHO) and Retired Major General Hoyer/WVNG who served as the chair for the JIATF.

The WV Governor, Jim Justice, conducted daily COVID-19 media briefings, which were decreased in frequency as the response became more manageable. The Pandemic Response Team Leadership were/are consistently a part of these briefings and the DHHR Office of Communications assists in coordinating them.

CENTER FOR THREAT PREPAREDNESS (CTP)

The BPH CTP is responsible for coordinating the WVDHHR emergency response and efforts to mitigate, prepare for, respond to, and recover from natural disasters, terrorist events, or biological threats, such as COVID-19.

On March 2, 2020, the CTP Director activated the Health Command Team to prepare for response. Its State Health Command was activated prior to the first confirmed case in WV allowing for preparations to begin and plans to be developed. The *WV DHHR All Hazards Threat Response Plan and Pandemic Influenza Annex* provided the framework for this response and outlined the roles and responsibilities for affected DHHR departments and support agencies. Actions and decisions continue as updated information emerges about the novel virus.

Response activities during the COVID-19 pandemic include the following:

1. Coordinated activation of the State Health Command.

2. Assisted in staffing the DHHR Incident Command Structure.
3. In conjunction with the OEMS, CTP coordinated emergency response functions for public health at the state level.
4. CTP staffs the Health Desk at the State EOC when activated, rotating shifts with other designated BPH programs.
5. Assured plans and personnel were in place for requesting, receiving, and distributing assets, including medications and vaccinations from the Strategic National Stockpile/Receipt, Staging and Storage (SNS/RSS) site.
6. Oversight of request, receipt, delivery, distribution, and tracking of SNS assets.
7. Maintained an RSS team.
8. Provided guidance and technical assistance to LHDs and others involved in dispensing prophylactic medications or vaccine.
9. Coordinated risk communications during the event between local, state providers and other partners in the health care system. Reported information on casualties and deaths.
10. Developed key messages with assistance from SMEs, BHHF, SHO, LHDs, hospitals and other health care providers.
11. Provided a Public Information Officer (PIO) in public health or overall command center.
12. Maintained and activated a responder database, West Virginia Responder Emergency Deployment Information (WVREDI) of qualified responders during the event.
13. Augmented LHD personnel for distribution of treatment or prophylaxis
14. Assisted hospitals and other health care facilities to maintain and provide surge capacity during the response.
15. Established a Joint Information Center (JIC) for COVID-19.

WVDHHR continues to provide updates on information and guidance to health care providers on its website at Providers (wv.gov).

STATE HEALTH COMMAND

The DHHR State Health Command is a lead coordinating entity during emergency and pandemic response, infectious disease outbreaks, natural and man-made disasters, and planned and unplanned events. The State Health Command supports hospital response when individual facility, local, county, and regional resources and assistance are overwhelmed.

During the COVID-19 pandemic, State agencies and hospitals referred to *"A Framework for Managing the 2020 COVID-19 Pandemic Response"* (December 2020) guidance for managing the COVID-19 and other pandemic responses. State Health Command monitored and adapted the response to existing and emerging needs.

The State Health Command has been conducting the following activities:

- Activated Health Command when it was indicated - CTP activated its departmental Incident Command System (State Health Command) to provide coordination and assistance to hospitals and other health care delivery system facilities with any needs, including supplies, transport, etc.
- Mustered personnel that were pre-trained in Health Command operations
- Gathered a panel of subject matter experts for decision-making and guidance
- Determined the magnitude or potential of the Pandemic Response
- Developed an Action Plan designating roles and responsibilities
- Provided initial notification of the situation to member organizations and the jurisdiction and communicated plan to appropriate entities
- Provided ongoing notifications regarding any change in the incident status to the WV OEMS, HCC members, and other agencies, through the activation of a LiveProcess Statewide COVID-19 Event and through participation in situation update teleconferences and virtual communications platforms.
- Collected data from the receiving facilities
- Facilitated dissemination of treatment guidelines (DHHR, BPH, CDC, and Other)
- Facilitated accumulation of resource needs from all healthcare organizations in WV and worked to address through implementation of mutual aid or through support from the jurisdiction
- Supported the process of identifying receiving facilities and beds within WV
- Facilitated coordination with jurisdictional response efforts, through the WV OEMS, DHS and EMD and other state partners
- During times of medical surge, some resources were deemed critical or scarce. There was an effective response due to increased hospitalizations and/or patient care need, which was dependent on input and frequent updates about the status of resources (medications, supplies, equipment, trained staff, etc.). For example, an infectious agent with respiratory implications (like COVID-19) requires frequent updates to information on number, locations, and usability of PPE and ventilators. Resource status is the responsibility of individual facilities, with reporting to the Coalition, county health department, county emergency services, and/or State Health Command in some situations.
- When a healthcare facility recognizes that resources are at a critical or scarce level, the process is to exhaust supplies from 1) internal and local caches, 2) acquired from other Coalition partners, 3) through local partners/vendors. Communication can occur via email, LiveProcess, conference calls, etc.) among Coalition members, CTP, and other DHHR representatives. If operational needs are still not met, the next step is for the facility to request Regional and then State supplies through its county Office of Emergency Services and/or Health Command.
- State Health Command determined distribution of resources from state and Federal sources

- Sometimes, when a healthcare facility could not acquire resources to meet patient care needs, they coordinated patient transfer to another facility having resources (i.e., that can provide dialysis or ventilator care). Patient transfers occurred via a coordinating process involving the sending and receiving facilities and EMS transport (Medical Commands). During COVID-19 response, the State Health Command was available to provide oversight and prioritization of patient transfers dependent on the overall scope of the situation.
- Coordinated fatality management of decedents with facility and OCME. The Office of the Chief Medical Examiner (OCME) is the primary supporting agency in the response to a mass fatality incident. The OCME's response, depending on the size and scope of the incident may be managed within a broader response coordination effort through DHHR's Health Command, which is a National Incident Management System (NIMS) compliant incident command system.
- Coordinated COVID-19 collection sites, laboratory testing, vaccination sites, and reported numbers daily to the DHHR Executive Team and made available to the Pandemic Leadership, and others as appropriate.
- Had the capacity to coordinate with healthcare facilities through various virtual and in-person communication venues, such as LiveProcess, ZOOM, WVPH Alert, Teams Meetings, ETeam, HISN, CTP SharePoint, email, telephone, and other.
- Assisted the WV OEPS with arranging contact tracing in collaboration with LHDs
- Coordinated with the WV Office of Environmental Health Services (OEHS) on decontamination and other environmental public health concerns associated with COVID-19 at patient residence, transport vehicles, and other locations.
- Risk communication messages were coordinated with the DHHR Communications, CTP, and Joint Information Center (JIC).
- Coordinated and supported systems to aid individuals and health care providers through the operation of a DHHR COVID-19 Information Line by the WV Poison Center and a COVID-19 Vaccination Line by the WV Office of Constituent Services.

WV HEALTH CARE COALITIONS

Response and support for healthcare facilities is supported by the coordination of the seven hospital-led regional groups that make up two state Health Care Coalitions (HCCs). HCC South is comprised of Regions 1, 2, and 3/4 and HCC North contains Regions 5, 6/7, 8/9, and 10/11. Each HCC is an established network of hospital Emergency Preparedness contacts and regional partners representing public health, emergency management, EMS, and other healthcare providers.

For COVID response, the WVHA Hospital Emergency Preparedness contact group was used to distribute daily information and guidance emerging from sources such as the CDC, HHS/ASPR, AHA, and multiple other Federal and state sources. Several methods for maintaining

communications were used including the Coalition-established emergency management platform LiveProcess, frequent emails, virtual meetings, and phone conversations. Operational components for the HCCs and their regions are defined in *The WV Concept of Operations for Health Care Coalitions* and *The WV Health Care Coalition Emergency Preparedness and Response Plan* and its annexes. In particular, this plan's *Infectious Disease Surge Annex* applies to COVID-19 response activities.

During COVID response, an especially important function of HCC regions is/was resource sharing and coordination. Regional caches were established at seven locations across the state - five hospitals and two county Emergency Management Agencies. These locations serve as storage and distribution sites for basic PPE supplies including disposable gowns, face mask and shields, gloves, and related items. During the peak of WV hospitalizations in late 2020, regions supported member facilities with resource sharing including strategies that addressed hospital visitation policies and staffing shortages to manage hospital surge.

Since the pandemic began, Regional Coordinators led biweekly calls or virtual meetings to maintain situational awareness across healthcare sites, share guidance and information, and coordinate resources. Records have been maintained of these meetings and participation has included members from across many disciplines. An example of discussion summaries (by Coalition/region) is provided in Appendix F as "WV Health Care Coalitions' Examples of Regional Discussions and Collaboration (Quarter 3: January to March 2021)". This appendix presents documentation of selected regional discussions on COVID-19 surge and coordination topics and challenges to include general issues, patient overflow, and vaccine and testing status.

WVDHHR DEPARTMENTS AND OTHER STATE AGENCIES

During this public health emergency, WVDHHR is the primary support agency for COVID-19 health care response and this section outlines key activities from its departments and other state agencies.

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WVDHHR)

WVDHHR BUREAU FOR MEDICAL SERVICES (BMS)

In March 2020, BMS published guidance on conducting telehealth services during the pandemic. Additional information can be found at Telehealth (wv.gov).

Additional BMS guidance on COVID-19 alerts and information affecting dental practices, occupational and physical therapy services, behavioral health, pharmacies, long-term care, and home/community-based services can be found at Coronavirus Disease 2019 (COVID-19) Alerts and Updates (wv.gov).

WVDHHR ENVIRONMENTAL HEALTH (EH)

Summary of Support Activities: Environmental Health

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Initial response (Feb 2020- April 2020)	Support local health departments	During this period provided information and consultation on varies related to environmental health matters	Provided guidance documents to local health departments and outside entities on Environmental Health matters.	No Data collected
Continuing identification and treatment (May 2020 – November 2020)	Support local health departments	During this period provided information and consultation on varies related to environmental health matters	Provided guidance documents to local health departments and outside entities on environmental health matters.	No Data collected
Vaccines available (Dec 2020-ongoing)	No activities in this category			

WVDHHR OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME)

Per the *WV All Hazards Threat Response Plan, Pandemic Influenza Annex*:

In consultation with the Office of the Chief Medical Examiner, LHDs, county medical examiners, and the private sector, develop plans for managing large numbers of fatalities, including expanding hospital morgue capability, identifying facilities/resources with sufficient refrigerated storage to serve as temporary morgues and advancing capability to expand embalming capability, among other preparations.

WVDHHR OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)

Summary of Support Activities: WVDHHR OEMS

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Initial response (Feb 2020- April 2020)	3/13/20: The safety, security, and health of West Virginia's prehospital providers are the highest priority for the National Registry of EMTs (NREMT) and West Virginia Office of Emergency Medical Services (WVOEMS). Due to the Coronavirus situation, TEMPORARY measures have been taken by both the NREMT and WVOEMS to extend the March 31, 2020, expiration date for NREMT recertification, as well as, extending West Virginia State certification expirations of March 31, 2020. The NREMT approved new applicants and recertification for	March 2020: a COVID-19 section was added to the wvoems.org homepage containing any information released regarding COVID-19. 3/14/21 information developed by the CDC was sent to EMS agencies and prehospital. This included: • Environmental cleaning and disinfection. • Interim Guidance for business and employers. • What you need to know. • Get your home ready 4/3/20: Information regarding EMS funding	3/25/20: WVOEMS released an Emergency Protocol to EMS Agencies and prehospital providers to address COVID-19. 3/26/20: Information regarding COVID-19 Guidance Regarding Disclosure of the location of confirmed or suspected COVID-19 cases to Emergency Personnel was released to EMS Agencies and prehospital providers. 3/27/20: information was released to EMS agencies, Educational Institutes, WVOEMS Lead/Supervising Instructors, and prehospital providers	

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
	Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Paramedics expiring on March 31, 2020. The expiration date has BEEN EXTENDED TO June 30, 2020. WVOEMS extend recertifications of EMVO, EMR, EMT, AEMT, Paramedic, MCCP, and MCCN state card holders expiring on March 31, 2020, to June 30, 2020. 3/16/21: Scheduled S.T.A.B.L.E. Training for prehospital providers and hospitals was cancelled. April 1, 2020: A Notice of Agency License Extension	opportunity was disseminated to EMS agencies. April 6, 2020: information was disseminated to EMS agencies to report EMS agency personnel shortages due to COVID-19. April 7, 2020: information was disseminated to EMS agencies and prehospital providers with the COVID-19 link placed on the WVOEMS website.	regarding Pearson VUE Testing Centers for individuals preparing to complete initial education. 3/30/20: Information was released to EMS agencies and prehospital providers regarding advanced airway management and cardiac arrest during the COVID-19 pandemic. April 1, 2020: Information was released to EMS agencies and prehospital providers regarding EMS transport of suspected/confirmed COVID-19 Patients to alternate destinations. 4/6/20: Information was disseminated to EMS agencies and prehospital providers requiring mandatory reporting on Electronic Patient Care Reports (ePCRs) of	

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
	was signed and issued by Commissioner and State Health Officer Catherine C. Slemp, MD, MPH. April 14, 2020: Interim Director sent memorandum to EMS Agencies, prehospital providers, Educational Institutes, Medical Command Centers expressing gratitude for all they have done during the COVID-19 pandemic. April 23, 2020: Due to the COVID-19 pandemic, the West Virginia Office of Emergency Medical Services (OEMS) is providing temporary relief of the ten (10) patient contact requirements for Emergency Medical Technician (EMT) students.		Personal Protective Equipment used. Specific values of gown, gloves, face shield, and isolation coveralls are to be included. April 17, 2020: information was disseminated to EMS agencies from the WV Bureau for Medical Services (BMS) regarding billing and reimbursement guidance for ambulance medical transportation services for suspected or confirmed cases of COVID-19. April 20, 2020: E102 CCT Advanced Airway Interim Guidance was disseminated to EMS Agencies and prehospital	

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
	Please read the attached memorandum, Policy on Temporary Relief of Initial EMT Patient Contact Requirement, and the Patient Contact Packet.		providers during the COVID-19 pandemic. April 21, 2020: information regarding use of the King Airway initially during advanced Airway Management and Cardiac Arrest During COVID-19 pandemic. April 29, 2020: information was disseminated to EMS agencies and prehospital providers for a link to search the availability of Pearson VUE testing sites.	
Continuing identification and treatment (May 2020 –	May 6, 2020: information was disseminated to EMS agencies requesting desire to participate in COVID-19 testing and collection.	May 11, 2020: Information was disseminated to EMS agencies from the Bureau for Medical Services' memorandum regarding	May 11, 2020: Information was disseminated to EMS agencies regarding participation in COVID-	June 22, 2020: collected EMS call volume, by month, by agency.

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
November 2020)	June 4, 2020: Information was disseminated to EMS agencies and prehospital providers regarding an extension of 2019 Lapsed NREMT providers with current West Virginia certification. June 12, 2020: Information was disseminated to EMS agencies, prehospital providers, and Educational Institutes regarding NREMT-AEMT Psychomotor Examination Testing at New River Community College. May 6, 2020: information was disseminated to EMS agencies requesting desire to participate in COVID-19 testing and collection. June 18, 2020: information was disseminated to EMS agencies requesting desire to participate in COVID-19	billing codes for EMS Specimen Collection and the E-100 Protocol. May 21, 2020: Information was disseminated to EMS agencies from the Bureau for Medical Services' memorandum regarding an increase in reimbursement rates for Ambulance Transport of COVID-10 cases, suspected and confirmed. June 22, 2020: Information was disseminated to EMS agencies and prehospital providers regarding a webinar to discuss challenges faced in the COVID-19 response and what can be done to enhance patient care and emergency operations.	19 testing and collection when performing a Nasopharyngeal and Oropharyngeal Swab. June 30, 2020: Information disseminated to EMS agencies the WVOEMS maintaining two mid-level treatment protocols (Current ACT Treatment Protocol until 12/31/2020 and AEMT Treatment Protocol for current/future AEMTs). July 2, 2020, and July 6, 2020: Disseminated information to EMS Agencies and Educational Institutes regarding student patient contacts and ride time. July 13, 2020: Information was disseminated to EMS agencies and prehospital providers regarding EMS	June 29, 2020, and July 1, 2020: Information sent out to EMS agencies to determine the number wishing to participate in COVID-19 testing. June 2020: collected Personal Protective Equipment (PPE) numbers by agency, by PPE type. September 2020: collected Personal Protective Equipment (PPE) numbers by agency, by PPE type for comparison.

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
	testing and collection. August 5, 2020: Distributed correspondence from the Bureau for Medical Services regarding billing code A0434 for Specialty Care Transport being opened for reimbursement for EMS agencies effective September 1, 2020. September 11, 2020: Disseminated information to EMS agencies and prehospital providers regarding the Emergency Amendment to Legislative Rule 64CSR48 requirement the use of face masks during pre-hospital patient encounters. October 2, 2020: Disseminated a Notice of EMS Agency License Extensions due to COVID-19 Pandemic Response; signed by Ayne Amjad, Md,		agency and prehospital providers following the guidance provided by the West Virginia Department of Health and Human Resources, Bureau for Public Health, for self-monitoring/quarantining when having traveled to large or crowded vacation areas. Failure to follow these guidelines puts patients, prehospital providers, and the public at greater risk of exposure. July 15, 2020: May 11, 2020: Information was disseminated to EMS agencies regarding training when performing a Nasopharyngeal and Oropharyngeal Swab. July 20, 2020: Memorandum distributed to EMS agencies and	

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
	MPH, Commissioner and State Health Officer.		prehospital providers regarding ePCR Mandatory Patient Handoffs at Receiving Facilities. July 22, 2020: information was disseminated to EMS agencies and prehospital providers regarding mandatory usage of the FAST-ED for Stroke/TIA to Determine Stroke Severity Score. July 22, 2020: information was disseminated to EMS agencies and prehospital providers regarding options for Mandatory Patient Handoffs at Receiving Facilities. July 30, 2020: information was disseminated a sample patient hand-off template	

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
			to EMS Agencies. July 30, 2020: July 20, 2020: Memorandum distributed to EMS agencies and prehospital providers regarding mandatory ePCR documentation. August 8, 2020: Disseminated information regarding Distributive Education limits for NREMT and WVOEMS suspended for the recertification cycle ending March 30, 2021. September 3, 2020: Disseminated information regarding the resumption of EMS agency license and vehicle inspections. September 11, 2020: Disseminated information to EMS Agencies and Educational Institutes	

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
			continuing the temporary relief of student EMS patient contacts. October 28, 2020: Dissemination of information to EMS Agencies and prehospital providers regarding DHHR Pandemic Leadership approving a plan to allow for weekly COVID testing for all EMS paid/volunteer staff at no cost to the agency. November 6, 2020: Disseminated information to EMS agencies and prehospital providers regarding EMS/First Responder COVID testing. November 30, 2020: Disseminated information to prehospital providers regarding desire to take	

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
			COVID-19 vaccination.	
Vaccines available (Dec 2020-ongoing)	12/11/21: At the request of the Bureau for Public Health, requesting information from EMS agencies regarding participation in Community COVID-19 Vaccinations.			December 2020: collected EMS agency call volume by month, by agency. December 4, 2020: Collection of names of prehospital providers wishing to take the COVID-19 vaccination.

WVOEMS- EMS FOR CHILDREN PROGRAM

Summary of Support Activities: OEMS - EMS for Children Program

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Initial response (Feb 2020- April 2020)	Activities were shifted to online platforms in order to avoid in-person gatherings. Continued with the annual data collection of the National EMS for Children Survey from all WV EMS agencies. The survey helps identify needs and provide resources for improving pediatric emergency care at the local and national level.	Worked in collaboration with the Rural Emergency Trauma Institute to utilize Blackboard Collaborate as an online platform.		Data was collected and reported from the National annual EMS for Children survey in coordination with the National EMSC Data Analysis Resource Center.
Continuing identification and treatment (May 2020 – November 2020)	In-person workshops and education were cancelled or shifted to a virtual platform.			

Vaccines available (Dec 2020-ongoing)	Activities continue through a virtual platform. EMSC supported and encouraged pre-hospital providers to get vaccinated.			

WV OEMS – DIVISION OF TRAUMA, DESIGNATION AND CATEGORIZATION

Summary of Support Activities: OEMS – Division of Trauma, Designation and Categorization

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Initial response (Feb 2020- April 2020)	3-23-20 – WV OEMS issued an Advanced Trauma Life Support (ATLS) extension for expiring 2020 instructors and providers. (Renewal Guideline)	American College of Surgeons Committee on Trauma (ACS-COT) guidance dated 3-18-2020	3-23-20 – Email to all WV Trauma Medical Directors and Trauma Program Managers.	12-15-20 – ED schedule request for Sept, Oct, Nov, and Dec 2020 with copy of new or updated ATLS cards for ED providers (physicians and APPs)
Continuing identification and treatment (May 2020 – November 2020)	7-10-20 – WV OEMS will grant each WV ACS-COT verified Trauma Center a six (6) month COVID-19 emergency designation and additional six (6) month COVID-19 emergency designation extension. Allowed per Legislative Rule 64CSR27. Facilities impacted: CAMC- Gen – Level 1 WVUH – Level 1 Cabell – Level 2	5-7-2020 – ACS-COT granted WV Level I, II, and III verified Trauma Center a one (1) year extension of verification.	7-10-20 – Conference Call with each Level I, II and III Trauma Center. Each facility receives (2) six-month extensions of designation.	

	St. Mary's – Level 2 Wheeling Hosp – Level 2 Berkeley Medical – Level 3 Camden Clark – Level 3 Raleigh General – Level 3 9-2020 – Zoom for Health care, a virtual HIPPA compliant platform was obtained Medical Review committee meetings, Peer Review protected meetings and conference call, October State Trauma Advisory Council (STAC) meeting and October Stroke Advisory Committee (SAC) meeting.			
Vaccines available (Dec 2020-ongoing)	12-16-2020 – WV OEMS issued ATLS credentialing guidelines for new hire Trauma Center Emergency Department (ED) providers (physicians and APPs) that have never taken ATLS or ATLS expired prior to 2020.	American College of Surgeons, Committee on Trauma 3-23-20 – WV OEMS ATLS Renewal Guideline.	12-16-20 - Email to all WV Trauma Program Managers.	

WVDHHR OFFICE OF EPIDEMIOLOGY AND PREVENTION SERVICES (OEPS)

The OEPS toolkit for COVID response can be found at [COVID-19 TOOLKITS (wv.gov)]

Summary of Support Activities: Office of Epidemiology and Prevention Services (OEPS)

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Initial response (Feb 2020- April 2020)	Established SARS-CoV-2 as an immediately reportable condition per reportable disease rule 64-CSR-7 Established COVID-19 associated deaths as a reportable condition per reportable disease rule 64-CSR-7 Establishing standard operating procedures for the investigation and control of SARS-CoV-2 Established organizational structure for emergency response within OEPS	During this period, we developed standard operating procedures for case and contact investigation using CDC guidelines, toolkits for outbreak investigations in congregate settings, established dashboard for collected key COVID-19 data metrics for tracking by pandemic leadership	Developed multiple guidance documents for the general public, health care professionals, etc. on testing, prevention, and control of COVID-19 Met regularly with local health departments to maintain communication and disseminate guidance. Sent health advisory alerts to health care providers and other public health partners	

Continuing identification and treatment (May 2020 – November 2020)	Control of outbreaks in congregate settings Developing guidelines for schools Monitoring morbidity and mortality trends associated with SARS-CoV-2 Transition to new surveillance system Expand workforces for case investigation and contact tracing Developed statewide testing plan Supported the development of the statewide vaccine plan	Supported local health departments for outbreak investigations Supported surveillance testing in nursing homes and assisted living facilities Provided consultation on control and prevention of COVID-19 Maintained surveillance for SARS-CoV-2 Supported local health departments in case investigation and contract tracing	Developed multiple guidance documents for the general public, health care professionals, etc. on testing, prevention, and control of COVID-19 Met regularly with local health departments to maintain communication and disseminate guidance Sent health advisory alerts to health care providers and other public health partners	Collected data for nursing home outbreak dashboard
Vaccines available (Dec 2020-ongoing)	Maintain support for outbreak investigations Maintain support for case investigation and contact tracing Monitoring morbidity and mortality trends associated with SARS-CoV-2	Supported local health departments for outbreak investigations. Supported surveillance testing in nursing homes and assisted living facilities Provided consultation on control and prevention of	Developed multiple guidance documents for the general public, health care professionals, etc. on testing, vaccination, prevention, and control of COVID-19 Met regularly with local health departments to	Collected data for nursing home outbreak dashboard

	Expand workforces for case investigation and contact tracing Support statewide vaccination plan	COVID-19 Maintained surveillance for SARS-CoV-2 Supported local health departments in case investigation and contract tracing	maintain communication and disseminate guidance Sent health advisory alerts to health care providers and other public health partners	

WVDHHR OFFICE OF INSPECTOR GENERAL/OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION (OIG/OHFLAC)

Summary of Support Activities: OIG/OHFLAC

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Initial response (Feb 2020- April 2020)	Getting information disseminated to all facility types under our purview pertaining to the pandemic. Securing PPE for surveyors and field managers. Protecting surveyors and field managers from contracting COVID-19. Participating in several work groups regarding hospital surge and emergency planning, relating to staffing needs, regulations, and alternate locations. Life safety staff participated in review of locations and provided input.	DHHR Leadership, DHHR Health Command and individual representatives, Centers for Medicare and Medicaid Services (CMS), Centers for Infection Control and Prevention (CDC), West Virginia Health Care Association (WVHCA), the West Virginia National Guard (WVNG), Long Term Care Ombudsman, and the Executive Branch of the Federal Government.	Information was disseminated via facility administrators through email lists and webinars pertaining to guidance from the Governor's Office, OHFLAC, DHHR, CMS, Federal DHHS, White House, and CDC guidance. Infection Control Prevention Tool by CMS Waivers of state and Federal regulations Visitation ban on nursing homes and assisted living facilities	Initially OHFLAC required facilities to report to us any outbreak for COVID-19 of residents/patients/consumers and staff. OHFLAC also requested facilities to report any pandemic related issues, for example, PPE and staff shortages.

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Continuing identification and treatment (May 2020 – November 2020)	Getting information disseminated to all facility types under our purview pertaining to the pandemic. Securing PPE for surveyors and field managers. This became more readily available starting in June 2020. Protecting surveyors and field managers from contracting COVID-19. Completing Federally required nursing home and hospital infection control surveys. Conducting similar activity in state regulated only entities. Conducting surveys per the Federal and state guidelines.	DHHR Leadership, DHHR Health Command and individual representatives, Centers for Medicare and Medicaid Services (CMS), Centers for Infection Control and Prevention (CDC), West Virginia Health Care Association (WVHCA), the West Virginia National Guard (WVNG), Long Term Care Ombudsman, and the Executive Branch of the Federal Government.	Information was disseminated via facility administrators through email lists and webinars pertaining to guidance from the Governor's Office, OHFLAC, DHHR, CMS, Federal DHHS, White House, and CDC guidance. Infection Control Prevention Tool by CMS Visitation and reopening of nursing homes and assisted living facilities. Twice a week testing of nursing home and assisted living staff per Governor's executive order.	Initially OHFLAC required facilities to report to us any outbreak for COVID-19 of residents/patients/consumers and staff. This was stopped in August 2020. OHFLAC also requested facilities to report any pandemic related issues, for example, PPE and staff shortages. Reporting of facility visitation/re-opening phase. Reporting twice weekly staff testing for nursing homes and assisted living residences.

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Vaccines available (Dec 2020-ongoing)	Getting information disseminated to all facility types under our purview pertaining to the pandemic. Securing PPE for surveyors and field managers. This became more readily available starting in June 2020. Protecting surveyors and field managers from contracting COVID-19. Obtaining vaccinations for all field managers and surveyors. Completing Federally required nursing home infection control surveys. Restarting full survey activity in the nursing home, assisted living, and behavioral health programs (began late January 2021). Hospital program survey activity still limited, based on CMS requirements.	DHHR Leadership, DHHR Health Command and individual representatives, Centers for Medicare and Medicaid Services (CMS), Centers for Infection Control and Prevention (CDC), West Virginia Health Care Association (WVHCA), the West Virginia National Guard (WVNG), Long Term Care Ombudsman, and the Executive Branch of the Federal Government.	Information was disseminated via facility administrators through email lists and webinars pertaining to guidance from the Governor's Office, OHFLAC, DHHR, CMS, Federal DHHS, White House, and CDC guidance. Infection Control Prevention Tool by CMS Transition Visitation Plan for nursing homes and assisted living facilities. Twice a week testing of nursing home and assisted living staff per Governor's executive order.	OHFLAC also requested facilities to report any pandemic related issues, for example, PPE and staff shortages. Reporting of facility visitation/re-opening phase was stopped with the new Transition Visitation Plan. Reporting twice weekly staff testing for nursing homes and assisted living residences.

WVDHHR POISON CENTER

- Operation of the DHHR COVID-19 Helpline (funded by HPP), including assuring appropriately trained staffing was/is available. This information line, 800-887-4304, is operated by the West Virginia Poison Center in collaboration with the West Virginia Department of Health and Human Resources and funded by the Hospital Preparedness Program. It is open for calls 24/7. Since its inception in the spring of 2020 (through January 08, 2021) there have been 44,993 total calls received.

- There is also a COVID-19 Vaccine Information Line for questions about Coronavirus vaccines and the vaccination process, 1-833-734-0965. The hours of operation for this line are Monday through Friday from 8 a.m. until 6 p.m. and on Saturday from 9 a.m. to 5 p.m. It is closed on Sundays.

Summary of Support Activities: Poison Center's COVID-19 Helpline

Pandemic Response PHASE	Support Priorities & Actions	Resources Provided (what, where, when)	Communications & Guidance Provided (what, where, when)	Health Care Data Collected and/or Reported (what, where, when)
Initial response (Feb 2020- April 2020)	March 9, 2020, Monday, was the first call after line announced by the Governor. Discussed with WVDHHR the Thurs before starting the line.	24/7 medically staffed hotline for questions relating to all aspects of coronavirus 2019	Diagnosis, treatment, prevention, transmission, epidemiology information, social needs	For each call: Call category, zip code, call narrative with question asked and answer provided, time of call

Continuing identification and treatment (May 2020 – November 2020)	Maintained Hotline	24/7 medically staffed hotline for questions relating to all aspects of coronavirus 2019 Added calls automatically transferred to the Hotline when people called the WVDHHR Office of Epidemiology and Prevention Services.	Diagnosis, treatment, prevention, transmission, epidemiology information, social needs Director assisted with remdesivir distribution and then with monoclonal antibody ordering and professional education	For each call: Call category, zip code, call narrative with question asked and answer provided, time of call Tracked monoclonal antibody orders and use.
Vaccines available (Dec 2020-ongoing)	Maintained Hotline for medical calls related to vaccination. NOT designated for vaccine logistics	24/7 answering of medically related calls for vaccination.	Use of vaccine, contraindications, adverse reactions, therapeutic error calls, all other medically related info	For each call: Call category, zip code, call narrative with question asked and answer provided, time of call (Tracked numbers only for vaccine registration only calls) WV

STATE EMERGENCY MANAGEMENT

WV EMERGENCY MANAGEMENT DIVISION (EMD)

Snapshot of Covid-19 Response (March 2020 – March 2021)

- On 30 January 2020 WVEMD begins providing COVID-19 information on its daily morning brief to state, county and local emergency response officials
- On 25 February 2020 WVEMD launches a COVID-19 Resource page for county and local emergency management agencies and first responders [COVID-19 for Emergency Management (wv.gov)]
- Governor Justice issues a State of Emergency for all of WV due to COVID-19 on 16 March 2020
- The WV State Emergency Operations Center has been on either Enhanced Watch or Partial Activation since the COVID-19 pandemic was declared a State of Preparedness on 4 March 2020 and continues to maintain enhanced watch to receive and coordinate requests for resources from state, county, and local organizations
- Between March 2020 and March 2021, WV EMD's ETeam Emergency Management Information System has processed over 2,022 resource requests for PPE, testing kits, support personnel and other resources related to the COVID-19 response
- WV Emergency Management Division began operating the State EOC via virtual platforms
- WVEMD's Liaison Officers' and other EMD staff provided assistance to local emergency management and local health departments throughout the State, including assisting with COVID-19 testing sites and vaccination clinics due to staffing shortages at the local level, and relaying kits and supplies to those sites/clinics.
- WVEMD's Grants Section telephoned local jurisdictions during the pandemic to offer assistance in applying for FEMA Public Assistance disaster grants, supplemented by email reminders and webinars to ensure grant recipients requirements were met.
- WV EMD's Grant Section continues to assist local jurisdictions with the application process and meeting the requirements for the Federal Emergency Management Performance Grant – Supplemental (EMPG-S), an additional funding stream to help local government's offset added costs of COVID19 response.
- WVEMD staff were utilized to assist the State in administering Federal CARES Act funding
- WVEMD's Integrity & Infrastructure Protection GIS staff developed the State's COVID-19 Common Operating Picture mapping feature which continues to track COVID-19 cases, outbreaks, hotspots, testing and vaccination locations
- The State's Local Threat and Hazard Identification Risk Analysis questionnaire for 2020 was entirely focused on COVID-19 response and recovery gaps and successes

- WV EMD has been a key partner in the WV National Guard's Joint Interagency Task Force (JIATF) for COVID-19 response. The JIATF has coordinated state, county, and local PPE distribution, sanitizing and manufacturing as well as coordinating COVID19 testing sites and vaccine distribution.
- WV EMD Liaison Officers' and other key staff members participate in weekly calls with county and local emergency managers and WVDHHR, hosted by the WV Emergency Management Council
- The WV Statewide Interoperable Radio Network (SIRN), managed by WV EMD, has been a vital part of communications for all agencies involved in the COVID-19 response.
- WV EMD Integrity & Infrastructure Protection Division staff members were appointed to the Governor's 'Taskforce 19' to vet the validity of PPE at the start of the COVID19 pandemic.
- WV EMD has maintained and operated the state's warehousing and distribution of PPE, testing kits and other supplies from our warehouse facility in the Charleston area.
- At the request of Governor Justice, WV EMD Integrity and Infrastructure Protection staff were a part of 'Operation 19', a special joint interagency task force investigating unreported deaths related to the COVID19 pandemic.
- Throughout the entire pandemic, WV EMD has continued to assist in coordinating and responding to various local, regional, and statewide emergency incidents.

ADDITIONAL STATE-LEVEL AGENCIES

The following section provides a brief description of support activities provided by other WV state-level agencies:

WV DEPARTMENT OF AGRICULTURE (WVDOA)

Early in the response the Department of Ag transported PPE to local health departments. They have stood ready and completed any missions tasked to them.

WV DEPARTMENT OF EDUCATION (WVDOE)

As the pandemic came about, the WVDOE had to shut down schools and then formulated a plan to get school age children the necessary education and nutrition. They worked closely with many partners including DHHR to accomplish this. They also produced a weekly map to show the threat of COVID in each county to direct the counties in type of education that would take place the next week.

WV HIGHER EDUCATION POLICY COMMISSION (WVHEPC)

The HEPC was charged by the Governor to provide testing of all college students coming into the schools for the Fall 2020 semester. They were then instructed to do surveillance testing of 10% of all faculty, students, and staff through the semester. The HEPC reached out to Health Command for support and accepted our offer to use saliva-based testing for the surveillance testing. They were able to manage the testing at each school with our ongoing support.

WV VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTERS (VOAD)

- Provide COVID-19 virtual training and support and resource information to communities and agencies statewide.
- Provide PPE to various volunteer organizations involved in the COVID-19 response.
- Assist with emergency food banks for COVID-19 and linking families to resources to help with utilities, health care, and other issues related to the pandemic.

WV NATIONAL GUARD (WVNG)

- Task Force Cree– This team is responsible for assisting the mission by doing community testing events, testing at Christian Schools, and are now doing vaccine distribution
- Task Force Sustainment–This group is responsible for the logistics of the operation. They have manpower in the warehouse and also transport material to locations around the state including PPE, medical material, ventilators, and vaccine distribution
- Task Force Medical–The team provides credentialed medical personnel to do swabbing missions and give vaccinations.
- Task Force Pederson–This is the acquisition group that searches out assets on the open market and arranges pricing, shipping, and inspection of material.
- Command & Control –This is the leadership branch. They work with DHHR and partners to advise their teams.

WV DIVISION OF CORRECTIONS & REHABILITATION (WVDCR)

- The DCR has assisted with the transport of medical material including testing material to their facilities around the state.

WV STATE POLICE (WVSP)

- The state police have provided courier services for medication and material through this response. They have also provided escort services for material that needed urgent transport to hospitals.

STATE-LEVEL ASSOCIATIONS

WV ASSISTED LIVING ASSOCIATION (WVALA)

- Assisted in providing information on all members (and non-members) so they could receive testing material and have testing of residents and staff done for both surveillance and outbreaks.

WV BOARD OF PHARMACISTS (WVBOP)

Beginning in March 2020, BOP published guidance on operating pharmacies during the pandemic. Additional information can be found at FAQ WV BOP for COVID-19 (updated 9/18/2020) - Current Topics - WV Board of Pharmacy

WV HOSPITAL ASSOCIATION (WVHA)

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing 62 hospitals and health systems across the continuum of care. The WVHA was founded in 1925 to serve as the collective voice of the state's hospital community. Today, the mission of the WVHA is to support its members in achieving a strong, healthy West Virginia.

WVHA's support activities for health care delivery during COVID-19 response includes:

- Data Collection Federal and State
  In March 2020, soon after the first COVID case was identified in WV, the West Virginia Hospital Association (WVHA) began utilizing the existing Bed Tracking and Capacity web-based system, Continuum, to provide high-level reports on bed capacity in West Virginia by health care coalition region. It was quickly identified that the Continuum system would not be sufficient for pandemic reporting due to the lack of standard definitions of beds (inpatient bed, surge bed, etc.) and ventilators. WVHA put forth significant effort to define and consistently collect these metrics. During this same period, there were various requests for similar data from hospitals by Federal and state sources seeking to understand existing hospital resources and surge capacity. By April 2020 WVHA began data collection on COVID hospitalizations and resource capacity and utilizations to reduce the data burden on West Virginia hospitals from having to report to multiple sources. WVHA also worked with available data to attempt to model COVID impact and resource availability in WV and provided data to WV National Guard and West Virginia University to support modeling efforts and PPE burn rate calculations.

  WVHA became the accurate source for COVID hospitalization and resource utilization data for the state. WVHA created and sent daily reports to DHHR leadership and incident command, WV national guard, and other pandemic leadership. Hospital data collection for the state was moved into the WVHA Data Portal and this enabled the quick response to all HHS updates/changes through 2020. WVHA met Federal reporting requirements placed on the hospitals by first submitting data to NHSN, then to Tele-Tracking and continued to revise reporting as the data requests grew and changed. Presently, WVHA continues to collect daily COVID impact and utilization data and weekly supplies and vaccination data from hospitals, and report daily on this information to meet state and Federal reporting requirements and requests. The daily reports are also posted on the WVHA website for member hospitals to access.

- Communications
  In response to the COVID-19 pandemic and the necessary response by West Virginia hospitals, the West Virginia Hospital Association (WVHA) Communication's Department immediately developed several communication tools to streamline information being shared with hospitals throughout the state.

The developed materials included a COVID-19 Resource Center on the WVHA website that includes Resources for Health care Facilities, Resources for the Community, and Resources for the Media and COVID-19 Alerts which are email based newsletters that disseminated important and relevant information to hospitals throughout the state. In addition, WVHA enhanced its social media presence and developed materials, press statements and other graphic information that was fact based and focused on public health or relevant information regarding COVID-19. WVHA also responded to media inquiries regarding hospital preparedness and other COVID-19 related questions.

In preparation for the vaccine, WVHA served on the West Virginia COVID-19 Vaccines Communication and Messaging Workgroup. This group worked with the West Virginia Joint Information Center (WV JIC) to develop the West Virginia COVID-19 Vaccines Communication Toolkit. The toolkit includes information and social media graphics to help inform and educate the public regarding the COVID-19 vaccine.

- Crisis Standards of Care (CSC) Development
  In March of 2020, as WVHA began meeting as a response team daily to assess how to support WV Hospitals, one of the initial areas identified was the lack of a Crisis Standards of Care to guide hospitals with critical shortages during the COVID Pandemic. WVHA General Counsel researched national and Federal guidance sources and CSC plans from other states to develop a WV specific Crisis Standards of Care Framework that was then vetted through a Medical Advisory group of WV physicians. The document was first circulated to all hospitals statewide in August 2020, and then revised with additional content and an updated version circulated in December 2020. WVHA has coordinated with WVDHHR General Council to support the development of state level CSC that would be more expansive in scope and include other agencies such as Emergency Medical Services and state Emergency Management that would have a role in Hospital and Patient Surge management.

- Health Care Coalition (HCC) Coordination
  WVHA serves a large role in the coordination of the seven-hospital led regional groups that make up the two state Health Care Coalitions (HCC) -HCC North and South supported through Federal HHS Hospital Preparedness Program, and the state WVDHHR Center for Threat Preparedness funding. The WVHA Emergency Preparedness Department worked with the Coalition leadership early in the COVID event to maintain Situational Awareness of what was happening at the local and regional level and provide Situational Updates using the established network of hospital Emergency Preparedness contacts and regional partners. The WVHA Hospital Emergency Preparedness contact group was used to distribute daily information and guidance emerging from sources such

as the Centers for Disease Control, HHS Assistant Secretary for Preparedness and Response, and the American Hospital Association and multiple other Federal and state sources. Several methods for maintaining communications were used including the Coalition established Emergency Management Platform LiveProcess, and Regional Coordinator led biweekly calls or virtual meetings, and frequent mass updates and guidance distribution from WVHA. Another very important function of HCC regions were Resource Sharing and Coordination. Regional Caches were established at seven locations across the state, 5 hospitals and two County Emergency Management Agencies are storage and distribution sites for basic PPE supplies that include disposable gowns, face mask and shields, gloves, and related items. During the peak of WV hospitalizations in late 2020, regions supported member facilities with resource sharing including strategies that addressed hospital visitation policies and staffing shortages to manage hospital surge.

- Hospital Situational Awareness w/West Virginia COVID Leadership Team
  The West Virginia COVID Leadership team, including the COVID Czar, chair of the Interagency Task Force, WVDHHR Secretary and other State Pandemic Leadership, requested WVHA assist with direct communications and information gathering and dissemination between the state and hospital administrators. These efforts included WVHA sharing Executive Orders, WVDHHR Alerts, communication toolkits, etc. to Chief Executive Officers and other senior hospital staff. WVHA leadership served as a source of subject matter expertise for hospital operations and guidance to direct state response actions and gathered time-sensitive information to assist in state planning efforts. Beyond contestant communications, WVHA hosted a weekly (during the height of the pandemic bi-weekly) call between the State's COVID leadership team and hospital CEOs. These Situational Awareness calls addressed numerous issues including COVID Case numbers, hospital surge capacity, staffing, equipment, resource availability, funding, and vaccine administration.

- Assistance with Strategic National Stockpile (SNS) and resource distribution for Hospitals
  Due to the relationship and direct line of communication with designated Hospital Emergency Preparedness contacts, the WV National Guard, and the state SNS Program, WVHA assistance was requested in the allocation and coordination of SNS resources for hospitals throughout the COVID response to include PPE, Pharmaceutical Therapies, and Ventilators.

- Financial and Regulatory Guidance
  WVHA monitored communications, notices, memos from WV Medicaid, Centers for Medicare and Medicaid Services and Congressional representatives to assess and provide

value added information to WV hospitals. WVHA provided input to 1135 Federal waivers, implementation of Federal and State waivers and Federal funding made available. WVHA communicated all financial information to hospitals with analysis of the financial opportunities by State or Federal actions. Embedded in the Waivers were operational concessions that continued during the Public Health Emergency. Congressional actions also presented new opportunities or options for hospitals to consider. WVHA messaged this information regularly via numerous communication channels.

WVHA also negotiated and assisted WV Medicaid to address financial barriers or operational gaps to Pandemic financial impacts.

WVHA assessed and computed the financial challenges to hospitals and subsequently communicated those financial concerns to Federal and State policy makers. As the Pandemic continued, financial challenges resulted in the closure of four hospitals that were financially vulnerable prior to the pandemic.

- Hospital/Public Vaccine Distribution
  West Virginia started its vaccine planning process in August 2020. The state task force had broad representation across multiple industries, state government, and the WV National Guard. WVHA represented the hospital interest on this task force. In October 2020, the task force submitted a state plan to the CDC for guidance and approval. As vaccine distribution became a hard date on the calendar (December 14, 2020), the National Guard formed the Joint Interagency Task Force (JIATF) and assembled a command center at the National Guard Armory in Charleston, WV. All members of the JIATF worked daily at the armory to facilitate communications and coordination. Starting in vaccine week 1, the first doses of vaccine coming to WV went to nursing home residents and staff, and hospital staff. By vaccine week 3, 17,000 critical hospital employees had received their prime dose and distribution was expanded to the 80+ population, in addition to continued supply for hospitals for all willing hospital employees. By week 10, most WV hospitals had completed employee vaccinations. As of March 2021, 46,700 hospital workers in WV had been fully vaccinated.

  The hospital staff vaccination process was accomplished through establishing 5 state distribution hubs at designated hospital sites. Teams of hospital workers drove to those hubs each week to pick up their allotment of vaccine with the requirement that all doses picked up would be shots administered within 120 hours from pickup. Each hospital had a vaccine coordinator responsible for leading their team. WVHA coordinated all hospital state activity directly with the designated vaccine coordinator.

WV PRIMARY CARE ASSOCIATION (WVPCA)

The WVPCA is a private, non-profit membership association that represents West Virginia safety-net health care providers. WVPCA is the Federally designated primary care association for the state and is the link between Federal, state, and local entities providing health care for 25%, or 1 in 4 of our state's residents. They offer a wide variety of services targeted specifically toward the needs of West Virginia health centers in policy & advocacy, administration, cooperative purchasing, recruitment, information technology, and clinical care.

- The WVPCA hosts weekly meetings conducted with health center CEOs and CMOs to discuss pandemic response strategies and needs.
- Utilize a WVPCA PPE Listserv for ongoing communications regarding state processes for PPE procurement; supply options, group purchasing opportunities; etc.
- Maintain a dedicated COVID-19 resource page on the WVPCA website.
- Assist DHHR in establishing COVID-19 health center testing sites.

The West Virginia Primary Care Association (WVPCA) provides training and technical assistance to 30 federally qualified health centers (Community Health Centers), 2 federally qualified health center look-alikes and 1 rural health center. There are more than 400 clinical sites, including 200 school-based health centers across the state. These centers provide comprehensive primary care services (acute/preventive care, behavioral health, dental, vision, 340b pharmacy) to 1 in 4 West Virginians. In some cases, the Community Health Center is the only source of primary health care in a community as well as a significant employer in the region. In addition to working with community health centers, the WVPCA collaborates with other safety net providers, such as free clinics across the state.

In the past year, the COVID-19 pandemic response has dominated health center efforts. The pandemic has caused a disruption of services and stretched health center resources. But health centers rose to the occasion as 100% of health centers participated in community vaccination events along with implementing COVID-19 testing services. To assist the state with the COVID-19 response, the WVPCA participates with the WV Joint Interagency Task Force (JIATF) acting in a coordination role with Health Command. The WVPCA will continue this work as deemed necessary in the continued pandemic response.

As the pandemic has highlighted in the past year, the WVPCA recognizes the continuing need to strengthen the primary care delivery system and assure that they are prepared to respond and assist in emergency situations. Community Health Centers and free clinics are vital sources of healthcare and support services for residents of WV. They are often the most trusted providers during an emergency because of their strong ties with the community, its culture and needs. Community Health Centers are often the source of information regarding public health emergencies. The WVPCA serves as a conduit for information sharing from the WV BPH, CDC, and the Local Health Department Association.

The aim of the WVPCA emergency preparedness efforts is to (1) strengthen the capacity of each health center and free clinic to respond and serve as a focal point for triage/basic primary care, information, and pharmacy services in support of a local or regional emergency response, (2) develop effective plans for continuity of operations and recovery post emergency that minimize financial and human loss, (3) work collaboratively with local hospitals, health departments, emergency medical systems (EMS/fire/safety), local Emergency Planning Committees (LEPC), other community service organizations and/or other healthcare coalition partners in the development, implementation, and testing of response plans to effectively address natural disasters, bioterrorism, infectious disease outbreaks, and other public health threats and emergencies.

WV HEALTH CARE ASSOCIATION (WVHCA)

The WVHCA, Inc. is the largest trade association representing nursing facilities and assisted living communities in West Virginia. Throughout the pandemic response, they have provided virtual trainings for LTC Administrators and staff, via webinar, to present recommendations for such topics as:

- What is known about the virus?
- Preventative measures
- Protocols in the event of symptoms/positive test
- OHFLAC/CMS guidance for facilities
- Recommendations for communication with residents and resident families
- Visitation
- The disproportionate impact of the virus on the elderly
- Use of community spread mapping to determine frequency of LTC testing
- Sharing, via the WVHCA website, a weekly CMS COVID-19 Positivity Rate Summary

WEST VIRGINIA CLINICAL & TRANSLATIONAL SCIENCE INSTITUTE (CTSI)

The WVCTSI Project ECHO is a guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point video conferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. De-identified case presentations will be given by the primary care providers out in the field and the expert Hub will review them and provide basic recommendations. Each case presentation is submitted through an online form to a secure database.

The WVCTSI's WV Project ECHO hosts twice a month session devoted to combating the ongoing COVID-19 pandemic. These remote sessions allow health care providers of all kinds from across the state to ask patient questions and learn best practices from a panel of expert hub members. Sessions take place from 12:15 to 1:15 p.m. on the 1st and 3rd Thursday via Zoom. Interested participants should email Jay Mason, Assistant Director of WV Project ECHO, at jdmason@hsc.wvu.edu with any questions.

LOCAL AGENCIES

LOCAL HEALTH DEPARTMENTS (LHD)

LHDs have had the frontline view of the response to this pandemic. They have been involved with every facet from planning to vaccination. They have stepped up and used pre-established response plans to initiate their community wide response. They have led the charge in using existing and establishing new partnerships with community organizations to do regular testing events, contact tracing, case investigation and vaccination clinics.

LOCAL EMERGENCY MEDICAL SERVICES (EMS)

Local EMS agencies stepped up to provide testing in their communities and some even travelled state-wide to assist other communities. There were many that signed contracts with the DHHR to be paid a fee for each swab they did. Participating EMS agencies took their guidance from DHHR and worked closely with the Local Health Departments and Local Emergency Managers.

PLAN UPDATES

The rapidly evolving circumstances associated with the 2020 COVID-19 pandemic precluded an ideal deliberative and participatory opportunity for substantial input to this ConOps from all sources of support for health care delivery. However, every effort was made to involve stakeholders, to the extent possible on an accelerated timeline. The source documents included in this ConOps have been provided by the individual departments and reviewed by WV BPH CTP. Upon resolution of the current COVID-19 emergency, CTP (and its HPP Program representatives) plan to initiate an after-action review to update the current document, including incorporation of more extensive details on stakeholders’ support for keeping WV’s health care facilities and systems operational to the demands of the disease’s impacts.

APPENDICES

Appendix A:
WV Health Alert Network (HAN) 165 - Health Commissioner's announcement of COVID-19 as a Category IA Reportable Disease (3/6/2020)

Appendix B:
Governor's Proclamation Declaring a State of Emergency in West Virginia Due to the COVID-19 Outbreak and Determining That Medical Services are Essential

Appendix C:
Cabinet Secretary's Declaration That Medical Services Were Considered Essential Business and Guidance for Medical Facilities

Appendix D:
Cabinet Secretary's Proclamation Stating that WV Hospitals can Decline Transfer of Out-Of-State COVID Patients

Appendix E:
Summary of WV's State-Level Activation and Response to the COVID-19 Pandemic

Appendix F:
WV Health Care Coalitions' Examples of Regional Discussions and Collaboration

APPENDIX A: HEALTH COMMISSIONER'S ORDER ADDING COVID-19 AS A CATEGORY IA DISEASE, IMMEDIATELY REPORTABLE BY HEALTH CARE PROVIDERS AND HEALTH CARE FACILITIES

****

THIS IS AN OFFICIAL WEST VIRGINIA HEALTH ALERT NUMBER 165-03-06-2020

Distributed via the WV Health Alert Network – **March 6, 2020**

TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

FROM: Catherine Slemp, MD, MPH, Commissioner and State Health Officer
Bureau for Public Health

West Virginia Department of Health and Human Resources (WVDHHR)

DATE: March 6, 2020

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Public health authorities in West Virginia continue to monitor the evolving COVID-19 outbreak and engage others in planning forward. Updated assessment/recommendations include the following:

- At this time, West Virginia has no confirmed cases of COVID-19. Community spread is being detected in a growing number of countries, including parts of the U.S. As community spread increases, we anticipate the arrival and local transmission of COVID-19 in our state. At present, to identify when such occurs, we are following the Centers for Disease Control and Prevention (CDC) testing guidance and patient management principles as outlined below. In addition, we are asking people to take routine Non-Pharmaceutical Interventions (NPIs) to prevent spread of respiratory viruses now (cover cough and sneeze, wash your hands, stay home if you are sick, etc.) and to plan forward for how to implement NPIs more

broadly when and if there is evidence of significant community transmission in accordance with public health guidance.

- NPIs are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of respiratory illnesses like COVID-19. Though developed to address pandemic influenza, most recommendations can be applied to COVID-19. https://www.cdc.gov/nonpharmaceuticalinterventions/index.html.
- The CDC criteria for evaluating and reporting Persons Under Investigation (PUI) were expanded on March 4, 2020, to include a wider group of symptomatic patients. More on who this includes at present can be found below. Healthcare providers are urged to check back on these criteria regularly at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html.
- Currently, public health testing focuses on those individuals with **both** a route of likely exposure to COVID19 (travel from or living in a community with COVID-19 spread, known contact with a case, etc.) **and** applicable symptoms or surveillance symptoms. These individuals are termed PUIs. Testing is arranged through consultation with your local health department (LHD).
- Anyone with suspected COVID-19 infection (e.g., those with significant risk of potential exposure and symptoms) pending laboratory confirmation should self-isolate; mask when in public; and call ahead prior to seeking medical care in person.
- Long term care facilities such as nursing homes and assisted living facilities are an area of special concern given close living quarters and a population highly vulnerable to COVID-19 complications. The outbreak unfolding at a care facility in Washington warrants the attention of those responsible for the care and safety of residents at West Virginia care facilities such as this. Please review CDC guidance for these types of facilities at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-termcare-facilities.html.

Healthcare Evaluation and Protection of Healthcare Providers

- All healthcare providers need to protect themselves and expect heightened demands on the healthcare system that will require a healthy and intact workforce. All healthcare providers should review and practice protocols for handling patients with respiratory disease and suspected COVID-19 infection including: ✦ Identify suspect patients upon arrival.
    - ✦ Apply surgical face masks to such patients to prevent/reduce exposure of healthcare workers and other patients; and
    - ✦ Triage suspected patients to an exam room so they are segregated from other patients.
- Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

- Influenza testing and nucleic acid testing with multiplex PCR respiratory pathogens are both widely available. If a patient is lab test positive on these tests, we are currently considering COVID-19 as a remote possibility and **not** recommending further diagnostics specific for the COVID-19 virus.
- Epidemiologic factors to help guide decisions on whether to test for COVID-19 include the following: any persons, including healthcare workers, with applicable symptoms who have had **close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or lives in or has a history of travel from affected geographic areas with community transmission within 14 days of symptom onset.** CDC Travel Guidance can be used to understand global areas at highest risk: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html.
- Exceptions for severely ill patients or atypical clinical presentation may be warranted. Patients with serious respiratory illness (e.g., hospitalized or at high risk of the same, especially if elderly or with underlying chronic diseases putting them at increased risk) and no identified source of exposure who are lab test negative for influenza and other respiratory pathogens are potential candidates for COVID-19 testing through public health.

- Commercial diagnostic testing for COVID-19 is expected to be available shortly. Clinicians will be able to access laboratory tests for diagnosing COVID-19 directly through some clinical laboratories. Testing for COVID-19 is also available in West Virginia through public health for patients meeting the above criteria. Healthcare providers who believe testing is indicated should contact their LHD to discuss testing/case management. If unavailable, contact the Office of Epidemiology and Prevention Services (OEPS), Division of Infectious Disease Epidemiology (DIDE) at (304) 558-5358, extension 1 or the 24/7 answering service at (304) 347-0843 for assistance accessing laboratory testing through the West Virginia Office of Laboratory Services (OLS).
- Once commercial COVID-19 lab tests become available, healthcare providers should err on the side of broader testing to facilitate identification and isolation of COVID-19 infected patients.

Reporting

Clinicians should **immediately** notify both infection control at their healthcare facility and their LHD in the event of a PUI for COVID-19. **COVID-19 is now categorized as a Category 1 Reportable Disease and suspect and confirmed cases should be immediately reported to the LHD per the West Virginia Reportable Disease Rule (64CSR-7).** Contact information for West Virginia LHDs can be found at http://www.dhhr.wv.gov/localhealth/pages/map.aspx.

Specimen Collection and Testing

For diagnostic testing for COVID-19, collect two upper respiratory (one nasopharyngeal AND one oropharyngeal swab) specimens, and a lower respiratory specimen (sputum, if possible) for those patients with productive coughs. Maintain proper infection control when collecting

specimens. DIDE will work with the LHD and CDC to report PUI and coordinate specimen shipping and testing through public health.

For more information, contact DIDE at (304) 558-5358, extension 1 or the 24/7 answering service at (304) 3470843.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations, the information as appropriate to the target audience. Receiving entities are responsible for further disseminating

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

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.

West Virginia Health Alert Number 165-03-06-2020

APPENDIX B: GOVERNOR'S PROCLAMATION DECLARING A STATE OF EMERGENCY IN WEST VIRGINIA DUE TO THE COVID-19 OUTBREAK AND DETERMINING MEDICAL SERVICES ARE ESSENTIAL

****

STATE OF WEST VIRGINIA

EXECUTIVE DEPARTMENT

At Charleston

A PROCLAMATION

By the Governor

WHEREAS, beginning on the Twenty-first day of January, Two Thousand Twenty, the Center for Disease Control and Prevention activated their Emergency Response Center and began responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in numerous countries, including in the United States; and

WHEREAS, a State of Preparedness was issued on the Fourth Day of March, Two Thousand Twenty for all counties in West Virginia, to allow agencies to coordinate and create necessary measures to prepare for the COVID-19 virus; and

WHEREAS it is of the utmost importance that our Cabinet Secretaries, Commissioners, and Directors throughout the state have the ability to take measures necessary to ensure the safety of our citizens; and

WHEREAS the COVID-19 epidemic constitutes a disaster under section two, article five, chapter fifteen of the Code of West Virginia; and

WHEREAS COVID-19 has been deemed a pandemic by the World Health Organization and the President of the United States has declared a national emergency; and

WHEREAS it is in the best interest of the citizens of West Virginia that we are able to stand up emergency operation centers and allow boards and agencies to suspend certain rules that inhibit them from responding effectively; and

NOW, THEREFORE, 1, JIM JUSTICE, by virtue of the authority vested in me as Governor of the State of West Virginia, and in view of the foregoing, do hereby FIND AND

DECLARE that a State of Emergency does exist in Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock,

Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming

Counties of West Virginia said State of Emergency to remain in effect unless terminated by subsequent Proclamation. I therefore INVOKE the emergency powers set forth in section six, article five, chapter fifteen of the Code of West Virginia; UTILIZE the Emergency Operations Plan, as necessary; ORDER the West Virginia Department of Health and Human Resources, the West Virginia Division of Homeland Security and Emergency Management, and the West Virginia National Guard to mobilize appropriate personnel and resources to respond to the emergency; order all other state agencies to assist as may be requested and to do everything reasonably possible to assist affected areas and people in this state; and DELEGATE certain administrative powers to the West Virginia Department of Health and Human Resources, the Director of the West Virginia Division of Homeland Security and Emergency Management, and the West Virginia National Guard, as necessary, to facilitate the provision of essential emergency services to alleviate the potential impacts to the people, property, and infrastructure of West Virginia that may be caused by this outbreak. Further, I hereby ORDER that it is unlawful for any person, business, or other entity to sell any food items, essential consumer items, and emergency supplies in a manner that violates the provisions of section three, article six J, chapter forty-six A of the Code of West Virginia.

Finally, I hereby DELEGATE to all state agencies the ability to suspend rules, if strict compliance therewith would in any way prevent, hinder or delay necessary action in coping with the emergency.

IN WITNESS WHEREOF, 1 have hereunto set my hand and caused the Great seal of the State of West Virginia to be affixed.

DONE at the Capitol in the City of

Charleston, State of West Virginia, thi
Sixteenth day of March, in the year of ou
Lord, Two Thousand Twenty in the On
Hundred Fifty-eighth year of the State.

By the State

SECRETARY OF STATE

APPENDIX C: CABINET SECRETARY'S DECLARATION MEDICAL SERVICES CONSIDERED ESSENTIAL BUSINESS AND PROVIDING GUIDANCE FOR MEDICAL FACILITIES

****

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bill J. Crouch
Cabinet Secretary

March 26, 2020

On March 16, 2020, Governor Jim Justice issued a Proclamation declaring a State of Emergency in West Virginia due to the COVID-19 outbreak, and, among other things, delegating certain administrative powers to the Department of Health and Human Resources (DHHR), as necessary, to facilitate the provision of essential emergency services to alleviate the potential impacts to the people, property, and infrastructure of West Virginia that may be caused by this outbreak. On March 23, 2020, Governor Justice issued Executive Order No. 9-20 declaring and ordering that all West Virginia residents to stay at home unless obtaining nonelective medical care and treatment and other vital services. As the provision of health care is considered an essential business under the terms of E.O. No. 9-20, and pursuant to the authority delegated to the DHHR by the March 16, 2020, Proclamation, the following directives are in place until such time as the State of Emergency is lifted:

Social distancing measures have been recommended and ordered by state and federal authorities as a necessary means to limit and contain the spread of the COVID-19 infection. As a consequence of these orders:

1. All non-emergent, non-urgent in-person medical, surgical, dental, and any other health care practice or procedure must have immediately ceased effective at 8 p.m. March 24, 2020.
2. The State of West Virginia relies upon licensed health care professionals within the state to exercise their best clinical judgment in the implementation of this restriction.
3. To assist licensed health care professionals in the exercise of their judgment, the following guidelines are offered:

   a. Emergent — Any health care service that, were it not provided, is at high risk of resulting in serious or irreparable harm, or both, to a patient if not provided within 24 hours.
   b. Urgent — Any health care service that, were it not provided, is at high risk of resulting in serious or irreparable harm, or both, to a patient if not provided within 24 hours to 30 days.
   c. Non-urgent — Any health care service that, were it not provided, is unlikely to result in any serious or irreparable harm, or both, to a patient if not provided for more than 30 days.
4. When considering the above guidance, clinicians are urged to consider whether the service provided would still be retrospectively deemed necessary if the patient (or close contact of the patient) were to become infected by COVID-19 as a result and suffer serious or irreparable harm, or both, as a result.
5. Under all circumstances where clinically possible, use of telephonic or video communication to provide telemedicine services is strongly urged. Medicare and

   Medicaid have waived [1] typical telemedicine and HIPAA requirements and you may even use non-HIPAA compliant video services such as FaceTime, Skype, and others during the current State of Emergency.

All health care providers are instructed to follow these recommendations when considering what procedures to cancel. This directive becomes effective at 8 p.m., March 25, 2020.

DHHR will continue to provide information and updates to health care providers for the duration of the State of Emergency.

Signed,

Bill J. Crouch, Cabinet Secretary

https://www.cms.eov/newsroom/press-releases/@!g$_dgpegump-expands-telehealth-benefits-medicarebeneficiaries-durino-covid- 19-outbreak. See also https://dhhr.wv.eov/bms/Paues/Coronavirus-Disease-2019(COVID-19)-Alerts-and-Updates.asm

One Davis Square, Suite 100, East • Charleston, West Virginia 25301 • 304 558-0684 • 304-558-1130 (fax) • dhhr.wv.gov

APPENDIX D: CABINET SECRETARY'S PROCLAMATION STATING THAT WV HOSPITALS CAN DECLINE TRANSFER OF OUT-OF-STATE COVID PATIENTS

****

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

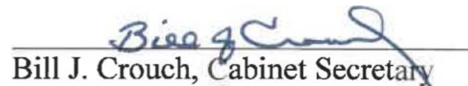
Bill J. Crouch
Cabinet Secretary

WHEREAS, by Proclamation of a State of Emergency on March 16, 2020, the Governor of the State of West Virginia ORDERED the West Virginia Department of Health and Human Resources and others to facilitate the provision of essential emergency services to alleviate the potential impacts to the people, property, and infrastructure of West Virginia that may be caused by the COVID-19 outbreak; and

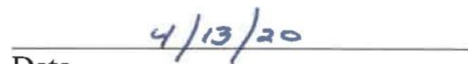
WHEREAS, in accordance with Article 1, Chapter 16 of the W. Va. code, the Secretary of the Department of Health and Human Resources is charged with establishing a state public health system that promotes and protects the health of West Virginians from communicable disease through necessary prevention and control whenever possible; and

WHEREAS the Secretary hereby determines that knowingly accepting patients under treatment for COVID-19 from another state and placing them in a health care facility of the state health system would further expose West Virginians to known cases of the COVID-19 disease and cause the commitment of scarce health care resources for persons other than the people of West Virginia; and

NOW, THEREFORE, the Secretary declares that hospitals in the state of West Virginia are herewith authorized to decline the transfer of out-of-state patients currently hospitalized for the treatment of COVID-19, provided that nothing in this Order shall be construed to encourage the refusal of treatment of persons already present in the state of West Virginia for education or employment, regardless of residency, the refusal to treat persons in bordering states who are present in West Virginia for treatment due to expediency of treatment, or the disruption of normal referral patterns.



Bill J. Crouch, Cabinet Secretary



Date

APPENDIX E: SUMMARY OF WV'S STATE-LEVEL ACTIVATION AND RESPONSE TO THE COVID-19 PANDEMIC

Reference: *WV DHHR Public Health All Hazards Threat Response Plan* (2019, pp. 7-10)

At the state level, there is an operational and exercised Emergency Operations Plan (EOP) maintained by the West Virginia Department of Homeland Security (DHS) and Division of Emergency Management (EMD). The EOP delineates the responsibilities of state and local agencies in disasters, as well as the primary mechanisms through which both Federal assistance and interstate mutual aid are activated. State to State assistance can also be provided through the Emergency Management Assistance Compact (EMAC). Requests for EMAC must be submitted to the DHS and EMD by local emergency managers. Annex G of the EOP provides an overview of Emergency Health Services for which the West Virginia Department of Health and Human Resources (DHHR) has primary responsibility.

1. The DHS and EMD are responsible for coordination of state agencies in a disaster. This is accomplished through use of the Emergency Operations Center (EOC). Under the EOP, DHHR is the primary agency responsible for coordination and direction of health and medical components of disaster response, in support of the lead agency. When the disaster is primarily a health disaster, DHHR serves as the lead state agency.
2. Effective response to a serious public health threat will require the coordinated efforts of a wide variety of public, private, and non-profit organizations—including those outside the traditional health field. Involved entities include, but are not limited to, hospitals and other health care facilities, LHDs, health care providers, Emergency Medical Services (EMS), Fire, Law Enforcement, West Virginia Poison Center (WVPC), National Guard, State and Federal Agencies, American Red Cross (ARC), other volunteer organizations, etc. The larger the scale of the event, the more entities will be involved.
3. An incident command structure will be used within DHHR to respond to major public health threats. DHHR incident command will work with incident command entities at Federal, state, regional and local levels, as applicable. Incident command structure will be adapted to the size, scope, and type of disaster / incident. Incident command structures and operations will be consistent with the National Incident Management System (NIMS) model. DHHR staffing will be reallocated to meet the needs of the response.
4. The Governor and Health Officer (or his/her designee) has statutory authority in West Virginia Legislative Code and Legislative Rules to take immediate actions necessary

to mitigate the health impacts of a bioterrorism event, infectious disease outbreak, or other public health emergency.

5. To aid in coordination and communication in managing the health components of an emergency (including a primary health event), the DHHR will have available the resources and support of the DHS and EMD through the EOC. Such assistance will likely be required with reception and movement of medical supplies, equipment, and personnel as well as necessary for arranging logistical, law enforcement, crowd control, and other support.
6. Public health disasters addressed under this plan will likely present a massive challenge to the emergency preparedness system. Advance planning can save lives, reduce injury, disability, and disease as well as prevent significant economic loss.
7. Although advance planning can mitigate the problem, there may be critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, morgue capacity, medication / vaccination for treatment or prevention of disease, etc.
8. The Strategic National Stockpile (SNS), a supply of vaccines, antibiotics, other antidotes, medical equipment, and supplies was available to West Virginia from the Federal government within 12 hours of approval by the Director of the Centers for Disease Control and Prevention (CDC), but was not sufficient to meet all of the State's needs at the onset of the pandemic. When local/state supplies were exceeded and SNS materiel was received, LHDs and Hospitals received and dispensed SNS supplies to those at risk/need, in accordance with prior community level planning efforts.
9. Timely, accurate and actionable information from epidemiologic investigation /disease surveillance was critical for supporting effective decision making and resource allocation.
10. There were shortages of public health, health care, and other response workers due to illness /COVID-19 impact, family illness /COVID-19 impact, or other reasons. Changes to traditional scope of practice or jurisdiction of practice was needed. Clinical workers in non-clinical positions were transferred to clinical duties. The CTP maintained a volunteer management system for deployment of registered health care providers and coordination of requests to the MRC.
11. During COVID-19 response the DHHR utilized the following BASIC RESPONSE MODEL in an event:

A Trigger Event Occurred

This could be:

- Disease surveillance finding
- State declaration

- ❖ Pandemic
- ❖ Other significant health event

Assessed the Situation

DHHR Health Command initiated disaster coordination activities in conjunction with the SHO and State EOC, as necessary. This included:

- ❖ Gathering information
- ❖ Determining magnitude and potential magnitude
- ❖ Identified technical expertise and needs
- ❖ Developed Action Plan consistent with Public Health Threat Response Plan, designating roles and responsibilities
- ❖ Communicated plan to appropriate entities

Implemented Action Plan, including applicable Response Plan Annexes

- ❖ Assigned Incident Command Roles
- ❖ Initiated operations
- ❖ Did anticipatory planning
- ❖ Coordinated logistics
- ❖ Identified and tracked necessary fiscal, resources and assured administrative support
- ❖ Assured health and safety of DHHR response staff
- ❖ Coordinated information dissemination across agency response partners
- ❖ Disseminated necessary risk communication information to the public
- ❖ Coordinated with other involved entities at Federal, state, and local levels

Monitored Event and Adapted Response

- ❖ Tracked action items
- ❖ Assured ongoing communication briefings both internally and with response partners
- ❖ Updated applicable parties and obtained input

- Evaluated impact of interventions and actions to date
- Gathered information on anticipated future developments
- Revised and implemented plans in accordance with situation

Learned from Experience for Future Events

- Conducted hot-wash at mid-point
- Developed Interim/Mid-Point After Action Report (AAR) and Improvement Plans (IP)
- Revised response plans
- Exercised revised response plans through COVID-19 response activities

APPENDIX F: WV HEALTH CARE COALITIONS' EXAMPLES OF REGIONAL DISCUSSIONS AND COLLABORATION

Health Care Coalition SOUTH - Regions 1 and 2

COVID-19 Surge & Coordination Issues (Quarter 3: January to March 2021)

- General Issues
- Patient Overflow
- Vaccine and Testing

Health Care Coalition NORTH - Regions 6/7, 8/9, and 10/11

COVID-19 Surge & Coordination Issues (Quarter 3: January to March 2021)

- General Issues
- Patient Overflow
- Vaccine and Testing

Coalition South - REGION 1

REGIONAL DISCUSSIONS

Q3: Months 11 - 13 of COVID-19 Response (January – March 2021)

Discussion of General Issues

DISCUSSION TOPIC	FACILITY/ORGANIZATION	**COORDINATION ISSUES** (resources, communications, guidance, etc.)
Just in Time Training PPE	All HCC Member Organizations	Educate and re-educate staff, new staff, float staff; had different types of PPE, difficulty getting many staff together at one time for training
Just in Time Training New Respirators -PAPR/CAPR Fit testing	All HCC Member Organizations	Fit testing – need to fit test with limited kits available, fit tested when kits/solutions available for N-95, CAPR/PAPR devices
Staffing	All HCC Member Organizations	Staff off work due to quarantine and / or COVID positive, difficult to replace, overtime fatigue, sharing of staff from various departments, temp agencies utilized
Operational mode and planning	All HCC Member Organizations	Recognition of transition from normal to contingency to crisis standards of care
Regional PPR Cache	All HCC Member Organizations	Setting access for new program, implementation of access and establishing methods of distribution

DISCUSSION TOPIC	FACILITY/ORGANIZATION	**COORDINATION ISSUES** (resources, communications, guidance, etc.)
Dissemination of Information	All HCC Member Organizations	Training and access to include users for LiveProcess for updates and posting of events, resource inventory via Data Portal and SharePoint.
Ventilator Equipment	Acute Care Hospitals	Inadequate number of ventilators at several hospitals, SNS/MCM resources initiated, flexed sharing between organizations. MOUs in place and enacted
Visitation/Access to patients	Acute Care Hospitals, LTC and several other HCC Member Organizations	Access to patients in the home, hospitals, LTC facing lack of social/family support due to restrictive ICP guidelines. Difficulty in achieving balance between both needs.
COVID Fatigue	All HCC Member Organizations	Emotional toll on physicians, providers, staff, patients, and families. Creating potential for increased incidence of depression and overall decreased level of performance by workers. This also increased risk of acting out behaviors including workplace violence. Employees encouraged to utilize assistance programs where available.

DISCUSSION TOPIC	FACILITY/ORGANIZATION	**COORDINATION ISSUES** (resources, communications, guidance, etc.)
Just in Time Training: Basic Infection Prevention and Control	All HCC Member Organizations	Allocation of resources for training in handwashing, donning/doffing, respiratory etiquette, screening, etc. Monitors put into place to ensure ongoing compliance with IPC policy and procedures.
HICS	Most HCC Organizations	Incident Command/HICS ongoing, daily briefings, ongoing objectives assigned with routine reporting.
Occurrence/Impact of Other Infectious Diseases	Most HCC Organizations	Flu vaccinations given in September/October, ongoing requirement for staff to be vaccinated
Ethics	HCC Organizations	Contingency and Crisis Standards of Care from the WVHA distributed and adopted

Coalition South Region 1: Discussion of Patient Overflow Sites

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Princeton Community Hospital Association	Inpatient Beds generated by opening previously closed beds to increase capacity. Alternate internal care units established and use of transfer agreements with other facilities during crisis standards of care.	Nursing and ancillary staff shortages. Maintaining normal oxygen and suction capabilities during peak census/usage. Intermittent PPE shortages. Placing ER patients to care destination in a timely manner. Maintaining front line staff needed respiratory care program PPE.
Summers Appalachian Regional Hospital	Alternate internal care units established and use of transfer agreements with other facilities during crisis standards of care.	Nursing and ancillary staff shortages. Intermittent PPE shortages. Placing ER patients to care destination in a timely manner. Maintaining front line staff needed respiratory care program PPE.
Encompass Health	Alternate internal care units established and use of transfer agreements with other facilities during crisis standards of care.	Nursing and ancillary staff shortages. Intermittent PPE shortages. Placing ER patients to care destination in a timely manner. Maintaining front line staff needed respiratory care program PPE.
Beckley Appalachian Regional Hospital	Alternate internal care units established and use of transfer agreements with other facilities during crisis standards of care.	Nursing and ancillary staff shortages. Placing ER patients to care destination in a timely manner. Intermittent PPE shortages. Maintaining front line staff needed respiratory care program PPE.

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Welch Community Hospital Acute Care and LTC	Alternate internal care units established and use of transfer agreements with other facilities during crisis standards of care.	Nursing and ancillary staff shortages. Placing ER patients to care destination in a timely manner. Intermittent PPE shortages. Maintaining front line staff needed respiratory care program PPE.
Raleigh General Hospital	Alternate internal care units established and use of transfer agreements with other facilities during crisis standards of care.	Nursing and ancillary staff shortages. Placing ER patients to care destination in a timely manner. Intermittent PPE shortages. Maintaining front line staff needed respiratory care program PPE.
Stonerise Princeton	Alternative beds obtained by converting private to semi-private rooms. Waiver may be used to occupy more than licensed beds (80 in SNF and 33 in ALF). Transfer agreements in place with other SNFs and hospitals for use during crisis.	Obtaining specialized PPE such as XS N95s. Potential nursing and ancillary shortages with surge.

Coalition South Region 1: Discussion on COVID Vaccinations and Testing

FACILITY/ORGANIZATION (All member sites administering vaccinations)	**TARGET POPULATION** (check one)	**COORDINATION ISSUES**
Princeton Community Hospital Association	STAFF, COMMUNITY MEMBERS	Establishing Scheduling methodology and priority tier inclusion of VAMS for staff, prioritizing needs and coordination with County Health Department on Community Administration. Managing administration of doses to eliminate waste. Appropriation of enhanced PPE needs and designation of safe/appropriate testing area(s).
Beckley Appalachian Regional Hospital	STAFF	Establishing Scheduling methodology and priority tier inclusion of VAMS for staff, managing administration of doses to eliminate waste. Appropriation of enhanced PPE needs and designation of safe/appropriate testing area(s).
Raleigh General Hospital	STAFF	Establishing Scheduling methodology and priority tier inclusion of VAMS for staff, prioritizing needs Managing administration of doses to eliminate waste.
Summers Appalachian Regional Hospital	STAFF, COMMUNITY MEMBERS	Establishing Scheduling methodology and priority tier inclusion of VAMS for staff, prioritizing needs Managing administration of doses to eliminate waste. Obtaining 100% of targeted vaccination goal due to declination. Appropriation of enhanced PPE needs and designation of safe/appropriate testing area(s).

FACILITY/ORGANIZATION (All member sites administering vaccinations)	**TARGET POPULATION** (check one)	**COORDINATION ISSUES**
Welch Community Hospital Acute Care and LTC	STAFF, PATIENTS, COMMUNITY MEMBERS	Establishing Scheduling methodology and priority tier inclusion of VAMS for staff, prioritizing needs and coordination with Tug River Clinic on Community Administration Managing administration of doses to eliminate waste. Obtaining 100% of targeted vaccination goal due to declination. Appropriation of enhanced PPE needs and designation of safe/appropriate testing area(s). Providing weekly PCR testing for staff and patients.
Encompass Health	STAFF	Establishing Scheduling methodology and priority tier inclusion of VAMS for staff, prioritizing needs Managing administration of doses to eliminate waste. Obtaining 100% of targeted vaccination goal due to declination.
Hospice of Southern WV	STAFF, PATIENTS	Difficulty Obtaining 100% of targeted vaccination goal due to declination obtaining vaccine 2nd doses via local pharmacies. Establishing Scheduling methodology and priority.
Amedysis Home Health and Hospice	STAFF	Difficulty Obtaining 100% of targeted vaccination goal due to declination. Obtaining vaccine 2nd doses via local pharmacies. Establishing Scheduling methodology and priority.
Stonerise LTC and Rehab Glenwood Location	STAFF, PATIENTS	Difficulty Obtaining 100% of targeted vaccination goal due to declination. Some staff waiting on Johnson & Johnson Vaccine. Appropriation of enhanced PPE needs and designation of safe/appropriate testing area(s). Establishing Scheduling methodology and priority and providing weekly PCR testing for staff

FACILITY/ORGANIZATION (All member sites administering vaccinations)	**TARGET POPULATION** (check one)	**COORDINATION ISSUES**
Raleigh County Health Department	STAFF, COMMUNITY MEMBERS	Registration of all citizens and administration prioritization, using Moderna and Pfizer brands. Difficulty Obtaining 100% of staff vaccinations. Allocation of staff to meet testing demand
Mercer County Health Department	COMMUNITY MEMBERS	Communication and coordination with community members. Allocation of staff to meet testing demand. Arrangement for 2nd dose at different site from 1st dose (initial site had logistical issues)
Behavioral Health Pavilion of the Virginias	STAFF, PATIENTS	Difficulty Obtaining 100% of targeted vaccination goal due to declination. Some staff waiting on Johnson & Johnson Vaccine. Appropriation of enhanced PPE needs and designation of safe/appropriate testing area(s). Establishing Scheduling methodology and priority and providing weekly PCR testing for staff/patients
Healthnet	STAFF	Obtaining 100% of targeted vaccination goal and providing weekly PCR testing for staff

Coalition South - REGION 2

REGIONAL DISCUSSIONS

Q3: Months 11 - 13 of COVID-19 Response (January – March 2021)

Discussion of General Issues

FACILITY/ORGANIZATION	**COORDINATION ISSUES** (resources, communications, guidance, etc.)
WVHA/CTP	A "Communications Guide" was provided to all coalition partners regarding vaccine questions and concerns. This guide was updated throughout the quarter and distributed to the coalition.
Region 2	-Region 2 received an additional $100,000 for PPE. New Halo PAPRs, gowns, gloves and face shields were purchased. -PPE was offered to all active coalition partners from the Cache; the offer was only two those who had registered with the WVHA and was a participating member of the coalition.

Discussion of Patient Overflow Sites

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Region 2 Hospitals	Various hospitals, acute care and psychiatric. Each facility had a specified Covid 19 unit.	-Gloves, foot covers and PAPRs were initially needed -At each Regional call, hospitals discussed the number of Covid patients, needs, barriers and best practices.

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Region 2 Hospitals and Long-Term Care	Some patients were moved from smaller hospitals to the larger hospitals during the surge after the holidays.	-During this time staff nursing was short. Because of quarantine issues and actual Covid cases within the staff. Travel nurses were used in various hospitals.

Discussion on COVID Vaccinations and Testing

FACILITY/ORGANIZATION (All member sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
County Health Department	COMMUNITY MEMBERS	Region 2 County Health Departments began providing Covid vaccines to community beginning with 80 and over. Also included police departments, EMS and Fire Departments
Region 2 Hospitals	STAFF, PATIENTS	During this time, some hospitals provided Covid vaccines to patients.
Cabell County EMS	COMMUNITY MEMBERS	Cabell County EMS ran vaccination clinics.

Coalition North - REGION 6/7

REGIONAL SURGE DISCUSSIONS

Q3: Months 11 - 13 of COVID-19 Response (January – March 2021)

Discussion of Patient Overflow Sites

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Fairmont	COVID unit	unknown

Discussion on COVID Vaccinations and Testing

FACILITY/ORGANIZATION (All member sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Hospitals	STAFF, COMMUNITY MEMBERS	New process, new vaccine. Facilities developed plans that worked within their facility. Coordination issues were minimal.
Health Departments	STAFF, COMMUNITY MEMBERS	None notes. Health departments are generally small staffed, there were no coordination issues related to staff vaccinations other than not all employees are willing to get vaccinated
EMS	STAFF, COMMUNITY MEMBERS	LHDs administered the vaccine, no issues noted. Some organizations are less than 50% vaccinated.

FACILITY/ORGANIZATION (All member sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
OEM	STAFF	LHD administered vaccine, no issues identified
Health dept.	COMMUNITY MEMBERS	Ongoing smaller vaccine clinics- vaccine is readily available but must be picked up at the vaccine hub, which has been a challenge for smaller health depts. Some counties have coordinated, and one person does the pick-up for the hospital, LHD, and other clinics in the local area.
Clinic and hospital vaccine programs	PATIENTS, COMMUNITY MEMBERS	Maximizing vaccine use- not an issue but a logistical consideration.
Community Vaccine programs	COMMUNITY MEMBERS	Initially a limited supply of vaccine was available. There was some confusion passed down from the state level – typically OEM is charged with command and control, in this case the LHD's were charged command and control. The LHD's generally do not have as much expertise in incident management as dose OEM. The expectation was that OEM would have command and the LHD would be in charge of operations. This initial confusion caused some minor delays/confusion in some counties. This was quickly overcome, and the needs were met. Many HD's received assistance from local hospitals, OEM, EMS and community organizations/community members to assist with vaccine administration.

Coalition North - REGION 8/9

REGIONAL SURGE DISCUSSIONS

Q3: Months 11 - 13 of COVID-19 Response (January – March 2021)

Discussion of General Issues *(1/21/2021, updated 3/4/2021)*

DISCUSSION TOPIC	FACILITY/ORGANIZATION	COORDINATION ISSUES (resources, communications, guidance, etc.)
Just in Time Training PPE	All HCC Organizations	Educate and re-educate staff, new staff, float staff; had different types of PPE, difficulty getting many staff together at one time for training
Just in Time Training New respirators/PAPR/CAPR Fit testing	All HCC Organizations	Fit testing – need to fit test but no kits available, fit tested when kits available for N95 and ½ face shield mask
Staffing	Hospitals, Health Departments, Home Health, Hospice	1)Staff off work due to quarantine and / or COVID positive, difficult to replace, worked extra hours, floated to different departments, school nurses assisted with tracings 2)Utilized retired nurses, agency nurses when available 3) Agency Nurses – had to increase rate of pay 4) Work hours – overtime and some work at facility then assist with COVID testing/Vaccination clinic 5)Develop own Short-Term Contract for local nurses 6) EMTs trained to administer vaccinations

DISCUSSION TOPIC	FACILITY/ORGANIZATION	**COORDINATION ISSUES** (resources, communications, guidance, etc.)
COVID Testing of Staff	1)Panhandle HH 2) PVH/BMC/JMC 3) HMH/WMH 4) GMH	1) sent staff where testing for the day or to BMC 2) WVU Healthcare had a hotline set up that staff call, employee health provides direction on COVID test and Quarantine, PVH now performing own COVID testing, was sending to WVU 3) Valley Health has a Hotline reviewed by Employee Health, employees report temp/Signs/Symptoms beginning each shift, turns red if positive and alerts employee health 4) employees were screening initially at the hospital entrance, now employees signed an Employee Reportable Condition Form, and they are not to work of exhibiting any symptoms/also to notify immediate supervisor right away 5)Already staff shortages and Pandemic compounded the issue. 6)Nursing Schools – need to accept more in state students, hopefully stay in state: issue – need to meet admission criteria, need to pass each class, need more instructors

DISCUSSION TOPIC	FACILITY/ORGANIZATION	COORDINATION ISSUES (resources, communications, guidance, etc.)
Allocation of Resources	1) Panhandle Home Health 2) PVH 3) HMH/WMH 4) GMH 5) Grant County Ambulance 6) Grant County Community	1) Sent N95 masks to Morgantown for sterilization 2) Materials Manger managed resources, notified department directors on shortages/ backorders, also obtained supplies from WVU Healthcare RMH warehouse 3) Valley Heath/Corporate – had warehouse and distributes supplies as needed, monitored supplies, changed vendors as needed 4) Worked with WVU Healthcare at times to purchase needed supplies such as gowns/gloves 5) Ordered supplies thru OEM and also GMH 6) Grant Memorial Hospital ordered crate for masks and distributed to county / region as needed
Just in Time Training: Basic Infection Prevention and Control	Hospitals, Home Health, Hospice	Had to restock PPE, etc. daily, had to allocate resources and research if department using above allocated amount Ongoing or Increased audits on handwashing, donning/doffing, respiratory etiquette Already review yearly, perform competencies
Triage (no delays in lobbies, waiting rooms, etc.) Visitation	Hospitals	1)Develop COVID signage: Signs / Symptoms, Visitor and Outpatient Restrictions, Handwashing, Respiratory Etiquette, Social Distancing, COVID testing 2)Coordination where patient triaged when symptomatic, some triaged then return to vehicle and notified when room available 3) Outpatients straight to department or lab to vehicle

DISCUSSION TOPIC	FACILITY/ORGANIZATION	**COORDINATION ISSUES** (resources, communications, guidance, etc.)
Mental Health/COVID Burnout	1)Potomac Highlands Guild 2) CONNECT Page 3) Inpatients	1)Available as needed as needed for counsel to staff 2) WVU Healthcare – available for staff 20 minutes at time for counseling free, staff 3) Inpatients – offer iPads, skype, phone, etc.
Operations/Communication	All HCC Organizations	Transition to crisis Standard of Care Information Sharing with Live Process, SharePoint, Resource Inventory Data Portal
Patient Transfers Executive Order (EMS)	All HCC Organizations	Delays due to lack of EMS resources, lack of beds to transfer patients, no issues with Executive Order, continued to complete EMTALA forms
HICS	All HCC Organizations	No issues
Occurrence/Impact of Other Infectious Diseases	All HCC Organizations	1)Influenza Vaccinations mandatory or available to personnel depending on agency 2)COVID vaccinations administer when available 3)Ongoing assessment of other infectious diseases, i.e., TB, HIV, etc.
Ethics	All HCC Organizations	Utilized Contingency and Crisis Standard of Care from WVHA

Coalition South Region 8/9: Discussion of Patient Overflow Sites *(1/21/2021, updated 2/4/2021)*

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Berkeley Medical Center -WVU Healthcare	Repurposed/designated 30-40 Beds for surge of COVID-positive patients/including ICU beds	Ran out of beds/space – sent overflow COVID positive patients to accept Jefferson Medical Center Transfer patients needing ECMO to Ruby Memorial
Berkeley Medical Center -WVU Healthcare	Additional warehouse purchased for storage of supplies/equipment Rented additional Portable Negative Air Pressure Units	
Jefferson Medical Center – WVU Healthcare	Initially kept as the “clean” hospital, had to designate COVID beds when Berkeley Medical Center to full surge capacity	Had to open COVID beds when Berkeley Medical Center was at full sure surge capacity
Potomac Valley Hospital – WVU Healthcare	Needed additional Negative Air pressure space – set up Anteroom in hallway, closed off 4 semi-private rooms, added air scrubbers for total 8 beds, also repurposed 4 ICU beds	Transferred higher level of care patients to WVU – Ruby Memorial Hospital Ordered additional Portable Negative Air Pressure Units for lobbies from Abadement
Potomac Valley Hospital – WVU Healthcare	Rented High flow Oxygen Therapy equipment for COVID positive patients	Needed additional HFNC nasal cannulas – reached out to HCC, was able to order supplies and BMC willing to share as needed

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Potomac Valley Hospital – WVU Healthcare	COVID Testing – set up tent by modular for shelter for drive through	Colder temperature - Changed to PVH side entrance vestibule for nurses to perform drive thru COVID 19 testing Ordered Triage Tent/generator for future use
Potomac Valley Hospital – WVU Healthcare	Ordered maximum supplies when available – placed extra supplies in Anteroom of outpatient clinic	Additional supplies can go to WVU Ruby Memorial Hospital if needed
Grant Memorial Hospital	Repurposed/designated additional 3 Beds for surge of COVID positive patients on med/surg with negative air pressure	Needed additional Negative Air pressure space – repurposed additional 5 beds for COVID positive patients for total 9 beds – had to transfer COVID positive at times due to no beds available
Grant Memorial Hospital	Needed Negative Air set up in the maternity unit – borrowed portable negative air pressure unit from BMC	
Grant Memorial Hospital	Staffing – nursing students helped with drive thru COVID testing and Screening at entrance	Difficulty meeting the needs for nurses even with travelers, had to decrease number of staffed beds for med/surg
Love Memorial Clinic	COVID 19 testing – to vehicle to provide testing	
Update: 2/21/2021 Berkeley Medical Center	Decreased to 2 units and one ICU	None
Jefferson Medical Center	Continue to have beds available	

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Potomac Valley Hospital	Closed Incident Command Decreased from 8 to 4 beds Removed anteroom, using air scrubbers	Needed more Regular Med/Surg beds, therefore decreased infectious disease rooms
Hampshire Memorial Hospital	Presently no infectious patients, have two negative air pressure rooms	Had to board infectious patients at times until bed available or transfer
War Memorial Hospital	No infectious patients	
Grant Memorial Hospital	Accept Infectious patients according to staffing levels	At times only one nurse available to work, limits the number of patients even though beds are available Board patients at times until bed available at receiving facilities
Home Health	Accepts patients according to staffing levels	

Coalition South Region 8/9: Discussion on COVID Vaccinations and Testing

Date & Time: Thursday, February 18, 2021, 10:00 am – 11:00 am

Attendance:

Diana Reel - Coordinator	Leslie Willard – North Clinical Advisor	Jeremie Dellapenta- VA	Myra Kessel – EA Hawse Health Care Center (Grant/Hardy, Hampshire County Clinics)
Charles Griffith – Stonerise Healthcare	Whitney Haslacker – GMH	Niki McBain - VA	Brenna Earnest – PVH
Carolyn Elswick - CTP	Levi Rogers – HMH/WMH	Jennifer Schetrompt – Berkeley / Morgan HD	Lisa Green – Program Manager
Niki McBain – VA	Thomas Thompson - VA	Andrew Root – Mineral County HD / Region Emergency Planner	

Meeting brought to order by Diana Reel at approximately 10:00 am.

Topic	Discussion/ Decisions	Actions (Who/ When)
Welcome	Diana Reel welcomed all attending committee members to the meeting.	
Quick Series Pocket Size Flip Charts	Idea for ASPR Grant Money for Emergency Preparedness: HICS Roadmap – Hospital ICS in Action Incident Command System $6.12/a piece, minimum order of 25	
LiveProcess	There is new Operational Period for February. Reminder to go into Live Process to provide an update at least weekly. Also, review existing updates. Weather Event added – please document power outages, power failure, use of generators	Need to update February Operation Period COVID event Need to document under Weather related event

Topic	Discussion/ Decisions	Actions (Who/ When)
Resource Inventory Cache	Just a reminder that you can request PPE items from our regional cache. PAPRs are available if needed Sharps Container – need additional for Community Vaccination Clinics	Follow up with Samantha Stamper for ASPR grant money for Sharps Containers
Vaccination Toolkit	Version 4, 12/12/2021	Diana Reel send latest version to members
Vaccination Clinics: Areas of Improvement	Cancellations due to weather or not enough vaccine Need multiple personnel depending on size of clinics and burnout Comparing Waitlist to state list for vaccine VAM "open" clinic – have out of staters signing up for clinic Upload into Everbridge Everbridge – issue with elderly population signing up due to lack of internet, etc. Receive spreadsheet for clinics, do not keep county waitlist Lack of training Community members on the list that have already been vaccinated Long wait time on the phone Staffing – need several people depending on the size of the clinic – need to be able to switch out the people Overwhelmed with volume Vaccine phone calls –facility calling to cancel or reschedule appointments Location changes – need to evaluate throughput at each new location	Community Members to Senior Center, Library for assistance to sign up in Everbridge Health Department provides phone number for registration Diana Reel contact nursing organizations for retired nurses, etc. Can send staffing needs thru eTeam

Topic	Discussion/ Decisions	Actions (Who/ When)
Vaccination Clinics: Strengths	Everyone working together: Clinics, Health Department, Hospital, EMS, OEM, Ministerial Association, School Nurses Well-coordinated with scheduling, drive thru and in building processes Can provide larger vaccination clinics if enough personnel/parking available VAM – input data Vaccinating large amount workers/community each week Everbrige – can register while on the phone Schedule – some work better thru the week, some better during weekends	
Vaccination Clinics: Vaccines	Not enough Vaccine for clinic Not enough people to use the vaccine for the clinic Cold weather – vaccine froze Booster vaccine – held up due to weather	Placed vaccine in container with hot pack to prevent freezing for drive thru vaccination
Johnson and Johnson Vaccine	Not as effective but better with only one vaccine: less scheduling, less loss time off work Less questions on fertility	
EMS Education	Vaccination Competency - Can watch an OES online video for certification, given a certificate after completion Many EMS agencies are helping to monitor patients after receiving the vaccine	

Meeting adjourned by Diana Reel at approximately 11:00 am.

Signature of the Recorder: Diana Reel, RN

Next conference call: Thursday, March 4, 2021 / 10:00 am to 11:00 am / WebEx

Coalition North - REGION 10/11

REGIONAL SURGE DISCUSSIONS

Q3: Months 11 - 13 of COVID-19 Response (January – March 2021)

Discussion of General Issues *(2.17.2021)*

FACILITY/ORGANIZATION	COORDINATION ISSUES (resources, communications, guidance, etc.)
Acuity Specialty Hospital - Ohio Valley at Weirton	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. PAPR review. Creation of negative flow rooms. Stood Up Incident Command Center. Created COVID care units. Managing ever-changing guidelines. Temperature verification process. Quarantine processes. Policy

FACILITY/ORGANIZATION	**COORDINATION ISSUES** (resources, communications, guidance, etc.)
Acuity Specialty Hospital - Ohio Valley at Wheeling	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. PAPR review. Creation of negative flow rooms. Stood Up Incident Command Center. Created COVID care units. Managing ever-changing guidelines. Temperature verification process. Quarantine processes.
All Health Medical Transport	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing for N-95 masks. Weekly PCR testing of staff. Enforcing stay at home when ill with staff. Staff Support with Code Green EAP Program Campaign.
Office of Emergency Management: Hancock County, Brooke County, Wheeling-Ohio County, Marshall County, and Wetzel County	Focus on supplies and logistics. Assisting with testing sites and vaccine processes. Assisting SNFs with fit testing.

FACILITY/ORGANIZATION	COORDINATION ISSUES (resources, communications, guidance, etc.)
Peterson Hospital	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. PAPR review. Creation of negative flow rooms. Stood Up Incident Command Center. Created COVID care units. Managing ever-changing guidelines. Temperature verification process. Quarantine processes.
Public Health Departments: Hancock County Brooke County Wheeling-Ohio County Marshall County Wetzel County	Testing Sites. Healthcare organizations support. Supplies distribution. Community support. Reporting mechanisms. Vaccination processes

FACILITY/ORGANIZATION	COORDINATION ISSUES (resources, communications, guidance, etc.)
Weirton Medical Center	Emphasis on staff support in light of increased mortality rates and frustration with inability to heal those in need, staffing compromise related to staff virus positivity rates, and worry over family. - Clergy on site to assist with staff needs - Snacks for staff on all shifts. - Creative pay structures - Nurses pulled from non-clinical roles to assist at the bedside. - Crises charting Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Recovery processes.
Wetzel County Home Care	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. Communication processes to maintain consistency, accuracy, and timeliness.
WVU Medicine Reynolds Memorial Hospital	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. Use of unfamiliar PAPRs and CAPRs. Creating and maintaining additional negative pressure rooms.
WVU Medicine Ruby Memorial	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. Utilizing entire patient care floors for COVID units.

FACILITY/ORGANIZATION	COORDINATION ISSUES (resources, communications, guidance, etc.)
WVU Medicine Wheeling Hospital	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. PAPR review. Creation of negative flow rooms. Stood Up Incident Command Center. Alternate care site and care location creation. Managing ever-changing guidelines. Temperature verification process. Quarantine processes.
WVU Medicine Wetzel County Hospital	Found the need to review and instruct on proper donning and doffing procedures to ensure safety. Fit testing on a continual basis for N-95 masks as supplies were scare and they received brands not normally utilized. PAPR review.

Coalition South Region 10/11: Discussion of Patient Overflow Sites *(2/9/2021)*

FACILITY/ORGANIZATION (All healthcare facilities)	**SITE STATUS** (type, location, operational information)	**UNMET NEEDS**
Acuity Specialty Hospital - Ohio Valley at Weirton	Converted patient rooms to negative flow to accommodate positive patients.	None
Acuity Specialty Hospital - Ohio Valley at Wheeling	Converted patient rooms to negative flow to accommodate positive patients.	None
Weirton Medical Center	Converted rooms on two clinical units for COVID care. Relocated dialysis to open two additional CCU rooms for critical COVID care. Contingency plan in place for expansion, if needed, to other areas of the hospital inclusive of staffing models and supplies. SNF and Acuity aided with throughput.	None
Peterson Hospital	Converted beds for COVID care following all established CMS, CDC, and State guidelines. Assisted with health care continuum throughput.	None
Wetzel County Home Care	Contingency plan for staffing and supplies implemented to assist with increase in non-COVID patients sent home rather than see in-patient admission related to available beds. As well. Ere able to care for COVID positive patients as well.	None
WVU Medicine Reynolds Memorial Hospital	20 patient rooms converted to negative pressure rooms for COVID care. The ICU and IMU designated as COVID care units. Contingency plan in place to see an additional medical-surgical floor converted to negative flow rooms for COVID care if needed.	None
WVU Medicine Wetzel County Hospital	Converted ICU, in its entirety, to a COVID care unit.	None
WVU Medicine Wheeling Hospital	Created multiple Pandemic Units within various areas of the hospitals as well ICU beds for COVID care. Established an external, on-campus- Emergency Room for non-COVID patient care. Contingency plan for use of an off-site clinic if needed for COVID care.	None

Coalition South Region 10/11: Discussion on COVID Vaccinations and Testing *(2/9/2021)*

FACILITY/ORGANIZATION (sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Peterson hospital	Staff	Establishing testing processes within ever changing guidance. Supporting the HD and community testing needs Establishing safe testing sites with capability for high volume traffic Laboratory test result delays None with vaccines
WVU Medicine Wetzel County Hospital	Staff and community members	Establishing testing processes within ever changing guidance. Supporting the HD and community testing needs Establishing safe testing sites with capability for high volume traffic Laboratory test result delays None with vaccines

FACILITY/ORGANIZATION (sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Weirton Medical Center	Staff and community members	Establishing testing processes within ever changing guidance. Supporting the HD and community testing needs Establishing safe testing sites with capability for high volume traffic Laboratory test result delays None with vaccines
WVU Medicine Wheeling Hospital	Staff and community members	Establishing testing processes within ever changing guidance. Supporting the LHD and community testing needs Establishing safe testing sites with capability for high volume traffic Laboratory test result delays None with vaccines
WVU Medicine Reynolds Memorial Hospital	Staff and community members	None with vaccines
Acuity Specialty Hospital- Ohio Valley at Weirton	Staff and community members	None overall with vaccines, but felt VAMS was cumbersome
Acuity Specialty Hospital- Ohio Valley at Wheeling	Staff and community members	None overall with vaccines, but felt VAMS was cumbersome

FACILITY/ORGANIZATION (sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Hancock County HD	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients
Brooke County HD	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients

FACILITY/ORGANIZATION (sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Wheeling-Ohio County HD	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients
Marshall County HD	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients

FACILITY/ORGANIZATION (sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Wetzel County HD	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients
Hancock County OEM	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients Supported hospital and LHD efforts

FACILITY/ORGANIZATION (sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Brooke County OEM	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients Supported hospital and LHD efforts
Wheeling-Ohio County OEM	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients Supported hospital and LHD efforts

FACILITY/ORGANIZATION (sites administering vaccinations)	**TARGET POPULATION**	**COORDINATION ISSUES**
Marshall County OEM	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients Supported hospital and LHD efforts
Wetzel County OEM	Staff and community members	Selection of sites of adequate size to handle large volumes of inflicted and recipients Establishing testing processes within ever changing guidance. Establishing safe testing sites with capability for high volume traffic Laboratory test result delays Establishing process to register and receive recipients Supported hospital and LHD efforts