

# NPAIHB COVID-19 Clinic Updates



## Contact Information

Please fill out this survey about the status of staffing, PPE and test kit inventory, and COVID-19 illness at your clinic.

- IHS clinics should submit data DAILY by no later than 3:30 PM Pacific Time.
- Tribal clinics should submit data at least weekly (for the week ending Saturday at 11:59 PM) by no later than Mondays by 3:30 PM Pacific Time.

While NPAIHB will not be able to directly provide supplies or staff, the information you submit will help us better understand the status of your clinic and enable us to better advocate on behalf of the Northwest tribes. We will provide a weekly aggregate report without specific tribe/clinic information back to clinics to the best of our ability during the COVID-19 response. Your input is honored and extremely valuable to NPAIHB.

To provide updates using this form, enter data and save with a new unique filename (or print, complete by hand, and scan) and email it to [tphep@npaihb.org](mailto:tphep@npaihb.org). This email can also be used to reach us with any questions. You can also submit this data (either upload or fillable survey format) at <https://www.surveymonkey.com/r/NPAIHBCovid-19>.

**Which I/T/U clinic or facility are you reporting from? Please enter clinic/site name:**

\_\_\_\_\_

**Who is completing this form?**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Tribe/  
Service Unit/  
Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

NPAIHB is collecting this information for public health surveillance by our staff. Individual tribe/clinic data will NOT be shared publicly. However, we will share selected data with the IHS Portland Area Office as requested, and aggregate data to state partners for advocacy.

## Clinic Staffing

### **Have there been changes in the number of providers and nurses on your staff since last week?**

Yes, we have added staff (additional hires, surge staffing)

Yes, we have fewer staff available due to illness or other reasons

No, our numbers of available staff have remained constant

Not sure / don't know

### **Please fill in your current staffing numbers**

If you have no staff in any category, enter 0. If you do not know your current staffing numbers, enter DN (Don't Know).

### **Enter current clinic staffing numbers**

Number of Primary Care Providers (MD, DO, PA, NP, etc.): \_\_\_\_\_

Number of Nurses (RN, LPN, etc.): \_\_\_\_\_

### **Enter current counts of staff exposed to COVID-19**

Number of Primary Care Providers exposed to COVID-19: \_\_\_\_\_

Number of Nurses exposed to COVID-19: \_\_\_\_\_

Number of other clinic staff (allied health professionals, administrative, etc.) exposed to COVID-19: \_\_\_\_\_

### **Enter current counts of staff ill with COVID-19 (suspected, pending, or confirmed)**

Number of Primary Care Providers ill with COVID-19: \_\_\_\_\_

Number of Nurses ill with COVID-19: \_\_\_\_\_

Number of other clinic staff (allied health professionals, administrative, etc.) ill with COVID-19: \_\_\_\_\_

### **Comments:**

Personal Protective Equipment (PPE) Inventory

**What is the overall current status of your Personal Protective Equipment (PPE) inventory?**

Adequate supply (supplies will last 3 months or more)

Limited supply (supplies will last 1-2 months)

Inadequate supply (supplies will last less than a month)

Critically low supply (supplies will last less than a week)

No PPE available

**Approximately how many do you have of each of the following?**

N95 respirators \_\_\_\_\_

Other respirators (P100s, PAPRs, CAPRs) \_\_\_\_\_

Surgical or procedural masks \_\_\_\_\_

Face shields or splash shields \_\_\_\_\_

Goggles \_\_\_\_\_

Gowns \_\_\_\_\_

Gloves \_\_\_\_\_

Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments:**

## Test Kit Inventory

### What is the status of your COVID-19 test kit inventory?

Adequate supply (supplies will last 3 months or more)

Limited supply (supplies will last 1-3 months)

Inadequate supply (supplies will last less than a month)

Critically low supply (supplies will last less than a week)

No test kits available

Our site is not doing testing - no test kits needed

### How many Abbott (in-house processing) test kits do you currently have available?

(If you have an Abbott ID-NOW or Cepheid Analyzer on site)

\_\_\_\_\_

### How many other (external processing) test kits do you currently have available?

(for collecting specimens to be sent for processing at a state or private lab)

\_\_\_\_\_

**Comments:**

## COVID-19 Testing Data - WEEKLY REPORT

**We are collecting data about COVID-19 testing performed at your clinic.**

Report either **daily counts** or a **total for this week only**. If you have nothing to report in any category, enter 0. If any specimens were rejected (no results returned), please indicated in the comments. If you do not have your current testing data available, enter DN (Don't Know). If your site is not doing testing, leave the table blank but fill in the date fields. If you have data to report for past weeks, please duplicate this page or enter data in the comments.

**Enter the date range covered by this report:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

|                 | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Weekly Total |
|-----------------|-----|-----|-----|-----|-----|-----|-----|--------------|
| Number Tested   |     |     |     |     |     |     |     |              |
| Number Positive |     |     |     |     |     |     |     |              |
| Number Negative |     |     |     |     |     |     |     |              |
| Number Pending  |     |     |     |     |     |     |     |              |

**The data above is current as of:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM  
 PM

**Comments:**

**COVID-19 Testing and Patient Status Data - CUMULATIVE TOTALS TO DATE**

To ensure no data are missed and allow us to identify any possible data entry errors, please enter **cumulative totals to date** for the following categories:

**Report totals for the total cumulative number of people that have been tested to date by your clinic, number of positives, and number of negatives, since March 2020.**

Total number tested: \_\_\_\_\_ Total number positive: \_\_\_\_\_ Total number negative: \_\_\_\_\_

**Report separately the total number of known additional tribal members or AI/AN community members with COVID-19 who were NOT tested or treated at your clinic, but who have tested positive , or are/have been hospitalized or are deceased, since March 2020.**

Total number positive: \_\_\_\_\_ Total hospitalized: \_\_\_\_\_ Total deceased: \_\_\_\_\_

**The data above is current as of: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM  
PM**

Patient Disposition Data

**We are collecting data about COVID-19 patients who have been seen at your clinic: number cared for at home, number hospitalized, and number deceased (suspected, pending, or confirmed COVID-19 cases).**

Report either daily counts or a total for this week only. If you have nothing to report in any category, enter 0. If you do not have current patient data available, enter DN (Don't Know). If your site is not seeing patients at this time, leave the table blank but fill in the date fields. If you have past data to report, please duplicate this page or enter data in comments.

**Enter the date range covered by this report:** Start date: \_\_\_\_\_ End date: \_\_\_\_\_

|                          | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Weekly Total |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|--------------|
| Number cared for at home |     |     |     |     |     |     |     |              |
| Number hospitalized      |     |     |     |     |     |     |     |              |
| Number deceased          |     |     |     |     |     |     |     |              |

**Report separately any additional tribal members or AI/AN community members who were NOT tested or treated at your clinic: number positive, hospitalized, or deceased THIS WEEK.**

Number positive: \_\_\_\_\_ Number hospitalized: \_\_\_\_\_ Number deceased: \_\_\_\_\_

**The data above is current as of:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ **AM**  
**PM**

**Comments:**

**Do you have any other updates to share?**

**Do you have any questions for NPAIHB?**

If you would prefer to email your questions, please send them to [tphep@npaihb.org](mailto:tphep@npaihb.org).  
An NPAIHB staff member will review and get back to you within one business day.