

# TRIBAL RESPONSE PLAN COVID-19 STATE OF NEW MEXICO



**Prepared by the NM Indian Affairs Department**

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This document was compiled by the Indian Affairs Department to provide support and guidance to tribal governments for responding to COVID-19. Information within this document is not intended to be legal advice and will not impact services provided by the State of New Mexico. All recommendations within the response plan should be discussed with your professionals.

## I. INTRODUCTION

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus is very contagious and spreads from person to person. The first case of COVID-19 in the United States was reported on January 21, 2020. The first case of COVID-19 in New Mexico was reported on March 11, 2020. In addition to physical distancing, early identification and isolation of COVID 19 individuals are key measures to prevent further spread of the respiratory infection within the tribal community.

Never before has an illness traveled so quickly, so swiftly and sickened so many in such a short amount of time. It has created widespread fear, panic, and driven a stake into the heart and economics of countries, states and tribal communities. By all accounts, no group of people or community will go untouched by the Coronavirus, rapid preparation and prevention measures will help decrease the burden of COVID-19. The rapid spread of COVID-19 has infected cities and towns across our state and now has reached the boundaries of tribal lands. In some cases, it has already made its way into reservation households and devastated families.

The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. Symptoms of COVID-19 include fever, cough, shortness of breath, loss of smell or taste.

There is currently no medication or vaccine to protect against COVID-19. The best way to protect yourself from getting COVID-19 or transmitting it to others is to practice social distancing and stay at home. The virus that causes COVID-19 is very contagious. A person may not have symptoms or may not know they have the virus (a carrier) and can pass the virus unknowingly to anyone. Assume that everyone has the coronavirus; what is known to decrease the rapid spread is to practice good hygiene, stay at home and social distancing

This comprehensive document was prepared by the NM Indian Affairs Department with input from professionals and subject matter experts. It was designed to assist tribal governments by providing detailed information on such matters as testing, screening, accessing healthcare, restricting access to tribal lands in addition to working with state departments and agencies. It outlines steps, strategies and procedures to prevent the further spread of the virus or stem the potential surge of positive cases.

These are unprecedented times, urgent circumstances that require quick responses to each unique situation that may occur or develop. This document will hopefully offer guidance and clarity in understanding what steps and measures can be instituted to address and minimize the spread of COVID 19 with available state, local, tribal and non-governmental organization (NGO) resources.

The information contained here is not legal or medical advice.

**STAY HOME AND ENCOURAGE OTHERS TO DO THE SAME.**

## II. IMMEDIATE STEPS TO TAKE

### **A. Activate Incident Command Center**

- Confirm if the Pueblo/Tribe has an incident command center activated.
  - If the Pueblo/Tribe does not have an incident command center established, the Pueblo/Tribe can make a request to the State Emergency Operations Center (EOC) at (505) 476-9365 and General Nava/National Guard to provide assistance and, if requested, take on the incident command for the Pueblo/Tribe.
  - Federal Emergency Management Agency (FEMA)<sup>1</sup> can also assist tribes with establishing incident command centers and creating plans
  - This activation will provide the Pueblo/Tribe with manpower and assistance with identifying alternative care location sites within the community and prepare for outfitting a site.
- Tribes should develop an Incident or Emergency Management Plan.
- Identify the names and contact information for key individuals who will be primary points of contact for the crisis response.
- Ensure key individuals participate regularly in scheduled calls with state and federal agencies and disseminate information to internal tribal leads through the incident command structure.
- Identify first responders for the Pueblo/Tribe (e.g. CHRs, law enforcement, paramedic/EMT) and establish protocol and guidance.
- Coordinate with NMDOH and IHS to set up mobile/emergent test sites at the Pueblo/Tribe, and offer test processing free of charge
- Inventory PPE and other equipment. Order PPE in order to meet the needs of the Pueblo/Tribe and continue to provide burn rate<sup>2</sup> reports to ensure Pueblo/Tribe receives PPE<sup>3</sup>.
- Emergency law and order plans should be discussed with State/Federal/Tribal leaders in the event of social breakdown.
- Educate State and FEMA of unique structure of Pueblo/Tribes.

### **B. Coordinate with IHS and DOH**

- Determine what role IHS, DOH and other federal and state agencies will play in addressing response to COVID-19 in the Pueblo/Tribe.
- Identify where tribal or community members in need of medical treatment would be transported for hospital care.
- Establish clinic as an essential place for drive thru testing or other triage needs;
  - Clinic doors locked; signage with number to call for phone triage
  - Appointment based testing to batch individuals arriving for drive up testing

<sup>1</sup> Paula Gutierrez (Santa Clara Pueblo tribal member), Tribal Relations Specialists, Office of External Affairs, Region VI, paula.gutierrez@fema.dhs.gov, 817-403-5049.

<sup>2</sup> Burn rate - the rate at which PPEs are being used.

<sup>3</sup> PPE - stands for personal protective equipment such as masks, gloves, gowns, etc.

- Test kits and PPE available
- Establish protocols for screening / triage procedures.
- Identify alternate modes of primary care needs such as telemedicine or doctor/nurse calls to regular patients who remain at home in self-isolation.
  - IHS/PHN to staff
  - Commissioned Corp Officers
- Follow CDC guidelines for Health Care Worker’s exposed to COVID cases<sup>4</sup>
- Provide patient advocacy to ensure tribal members are provided best possible care regardless of health insurance and are not left with medical bills.
- Call EOC (505) 476-9365 to assist with transportation needs

### **C. Develop Isolation Plans and Alternate Care Sites<sup>5</sup>:**

Once COVID-19 has been introduced into a congregated setting or densely populated area, it has the potential to spread rapidly and widely. It is critical that proactive steps are taken to identify and implement appropriate infection prevention and control measure. One way to do this is to identify alternate care sites and isolate individuals who do not require the level of care available at an acute care hospital.

1. Identify isolation sites
  - i. inside tribal community
    1. Temporary housing with own room and bathroom; no medical attention required.
    2. Consider working with the tribe’s housing authority to conduct an inventory of available tribal housing or other available structures. There’s significant funding for Indian housing in the 3<sup>rd</sup> funding package.
    3. Tribal facility such as a wellness or community center, school gym, casino showroom that can be retrofitted to serve as an isolation site for COVID 19 individuals who have only mild symptoms
  - ii. Identify isolation sites outside of tribal community
    1. Identify hotels or other alternate care sites that are offering space for PUI’s (persons under investigation) and positive COVID-19 tribal members with mild illness.
- b. Isolation Sites plan Considerations (see CDC guidance for further details)
  - i. Layout
  - ii. Air
  - iii. Medication
  - iv. Food
  - v. Housekeeping
  - vi. Staffing
  - vii. Supplies

<sup>4</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<sup>5</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html>

viii. Funding

**2. Identify need for isolation for each COVID + individual and/or PUI**

- a. COVID 19 case identified
  - i. Who still needs Transmission-Based Precautions,
  - ii. Cannot remain in or return to their place of residence for social reasons (e.g., high risk family members or elderly relatives in the home, unable to self-isolate given multiple family members in single dwelling)
- b. Person Under Investigation (PUI)
  - i. Who may have high risk individuals at home without the space to self-isolate within household pending test results

**3. Determine level of care**

- a. Isolation site (dedicated hotel or dormitory)
  - i. Temporary housing for a cohort of patients with COVID-19 who do not need medical attention but who cannot stay at home (e.g., they have high-risk family members).
  - ii. Temporary housing for PUI's
  - iii. Limited monitoring and could care for themselves (e.g., do not need assistance with medications or activities of daily living (ADLs)).
  - iv. Limited medical staff on hand.
  - v. Own rooms with their own bathroom
  - vi. **Example:** Hotels designated for temporary housing
- b. Low acuity alternate care site (e.g., school gymnasium)
  - i. Individuals unable to self-isolate at home because of space constraints (multiple families living in one dwelling, one bathroom)
  - ii. house residents with COVID-19 who need to be moved from tribal communities that are experiencing COVID-19 outbreaks
  - iii. would often require some level of assistance (e.g., help with ADLs or medications)
  - iv. higher level of monitoring than required for patients in isolation sites
  - v. open layout to allow limited numbers of healthcare personnel to more easily monitor their status

**4. Call EOC (505) 476-9635 to help locate facility and to arrange for transportation (who will coordinate with ESF6 & ESF8)**

### III. STRATEGIES FOR PREVENTING THE SPREAD OF COVID-19 IN TRIBAL COMMUNITIES

#### **A. Community Mitigation Efforts**

These actions should be taken in order to mitigate the spread of the COVID-19 in your community:

- Tribal government can issue a Public Health Emergency Declaration that provides guidance to community members on community mitigation efforts
- Tribal government can enact and mandate a stay-at-home order for community residents
- Limit entry/exit points onto the reservation and set up main checkpoints to monitor and control access into the community and restrict unnecessary travel in and out of tribal community boundaries
- With evidence of community spread of COVID 19, consider complete containment
  - Emergency Operations Center (505) 476-9635 is available to assist with logistical support (e.g., deliveries of food, water) for tribal communities
- If Tribal members must leave their home, encourage them to wear a face mask (surgical or homemade) or scarf to mitigate spread of those who are asymptomatic but may unknowingly have COVID-19
- Tribal government can invoke a curfew for tribal community members living within the boundaries of the reservation
- Tribal government can suspend all public mass gatherings of five (5) or more, all other gatherings be at the discretion of Tribal/Pueblo leadership and may include consequences for violation.
- Provide messages, notices and information to the community on the Tribe's website(s), social media platforms, by mail and even by phone, if needed and available.
- Encourage tribal members to make a household plan and put it into action:
  - Know signs and symptoms of the virus and what to do if symptomatic: initiate tribal protocol, call clinic or state number, stay home, no visitors.
  - Have at least a one-month supply of prescription medications.

#### **1. Vulnerable Populations**

According to the CDC, individuals with certain underlying health concerns are at higher risk of contracting and/or developing a severe illness from the COVID-19. The following individuals are at a higher risk:

- People aged 65 years or older (elders)
- People who live in a nursing home or long term care facility
- People with chronic lung disease with complications
- People who have heart disease with complications
- People who are immunocompromised including those who have undergone cancer treatment

- People of any age with certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, liver disease, auto-immune conditions, and obesity might also be at risk

Tribes should work with their health and housing staff to develop plans to protect vulnerable populations, including exploring alternative housing solutions and isolation facilities.

## **2. Healthcare Providers, First Responders, and Other Essential Staff**

Tribes should provide guidance on procedures for protecting employees. Tribes should complete daily burn reports with the state EOC in order to receive PPE shipments. Information should be as detailed as possible so that tribes receive supplies that match the need.

Tribes should keep track of any healthcare personnel, first responders, or other essential staff that contract COVID-19. Tribes should report these numbers to the county, state, and Indian Health Service.

## **3. Public Education Component**

Tribes should develop a public health education component with a communication / dissemination plan for communities. Fliers educating on COVID-19 symptoms (i.e. dry cough, fatigue, high temperatures, chills, difficulty breathing) should be circulated throughout the community by mail or social media. The flyers should also provide information on how to stay healthy (washing hands; not touching face, nose, mouth; wiping down public surfaces, door knobs/handles; practicing social distancing; create an easily remembered tag line: Stay Home - Stay Safe - Save Lives.)

## **B. Cleaning and Sanitation**

### **HOW TO CLEAN AND DISINFECT<sup>6</sup>**

**Wear disposable gloves** to clean and disinfect. Do not reuse gloves.

#### **1. Clean**

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces, including: tables, doorknobs, light switches, countertops, handles, desks, phones, laptops/computers/tablets, keyboards, remote controls, game controllers and consoles, toilets, faucets, sinks, etc.

#### **2. Disinfect**

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>



- **Recommend use of an EPA-registered household disinfectant.**  
**Follow the instructions on the label** to ensure safe and effective use of the product.  
 Many products recommend:
  - Keeping surface wet for a period of time (see product label)
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product. Do not reuse gloves.
- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.  
**Follow manufacturer’s instructions** for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.  
**Leave solution** on the surface for **at least 1 minute**  
**To make a bleach solution**, mix:
  - 5 tablespoons (1/3rd cup) bleach per gallon of water  
OR
  - 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

### 3. Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.  
OR
- **Disinfect with an EPA-registered household disinfectant.**

### 4. Electronics

For electronics, such as **tablets, touch screens, keyboards, and remote controls.**

- Consider putting a **wipeable cover** on electronics
- Follow **manufacturer’s instruction** for cleaning and disinfecting
  - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol.  
Dry surface thoroughly.

### 5. Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer’s instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick. **Do not reuse gloves.**
- Dirty laundry from a person who is sick **can be washed with other people’s items.**
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and **wash hands right away.**

## 6. Clean hands often

- **Wash your hands often** with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
- **Hand sanitizer:** If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to clean hands** include:
  - After blowing one’s nose, coughing, or sneezing
  - After using the restroom
  - Before eating or preparing food
  - After contact with animals or pets
  - Before and after providing routine care for another person who needs assistance (e.g. a child)
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

## IV. TESTING

### A. Early Identification of COVID-19 to Contain Spread

- Tribal Leadership may request testing from the Department of Health.
- Provide clear guidance on where community members can access testing
  - Specific to your community: IHS, tribal health clinic
  - DOH may assist with setting up test sites. Contact nearest Public Health Office.
  - State-wide testing sites  
<https://cvprovider.nmhealth.org/directory.html>
- State may be able to provide additional COVID 19 testing at the Pueblo/Tribe; contact NMDOH DOC at 505-476-8284 to request test kits.
- Who should receive COVID-19 testing.
  - Individuals who are symptomatic with cough, fever and shortness of breath
  - Asymptomatic contacts of confirmed COVID cases
  - Prioritize testing for HCW’s and Tribal Officials
- Ensure that tribal leadership will be timely notified of positive COVID-19 cases.
  - **New Mexico Department of Health (NMDOH) Notifies Tribal Leadership of COVID-19 Cases**
- Provide authorization to appropriate agency (Indian Health Service, NM Department of Health Epidemiology and Response Division (ERD) to conduct an investigation into positive COVID-19 cases in order to contain the spread and trace other people that may have been exposed.)

## **B. How the State Notifies Tribes of a Positive Test**

Tribes are Public Health Authorities under 45 CFR 164.501. As Public Health Authorities, tribes can get daily testing results from the NMDOH. Tribal leaders must request the Tribal Epidemiologist for the testing results. NMDOH receives all positive laboratory results from everywhere in the state. If there is a positive COVID19 case living on tribal lands (regardless of whether the individual is a tribal member or not) their Tribal leadership will be notified by the healthcare provider.

Unless the person was tested at an IHS facility, NMDOH usually has no indication on the laboratory test result that the person is, or is not, affiliated with a tribe or is American Indian. For this reason, it is important for IHS to contact the tribe once the health care provider receives the positive test result.

1. **G2G Information sharing-** When a positive case is identified NMDOH notifies the healthcare provider, including IHS/638 clinics and NEC, who will notify the patient of the positive result.
2. **Patient is Quarantined-** Patient is quarantined in home or in designated isolation space on tribal land. Identify food/hygiene/medical supply delivery to patient.
3. **G2G Support-** NMDOH contacts the tribal leader to ask how they would like to proceed with the investigation. NMDOH explains how they can support the tribe, pueblo, or nation with case investigation:
  - Contact tracing
  - Coordination with Indian Health Service (IHS)
  - Site testing
  - Public health preventive practices for the community (social distancing, etc).

Based on information provided, the tribal leader is asked if NMDOH is authorized to proceed with case investigation and/or other activities. NMDOH and Indian Affairs Department continue to provide updated information assets (for social media, email addresses, public flyers, etc.) to be shared widely.

## **V. ISOLATION OF INDIVIDUALS WITH CONFIRMED CASES**

### **ISOLATE PEOPLE WITH CONFIRMED COVID-19 POSITIVE TEST**

#### **A. Isolation Site - Person with Confirmed Positive COVID-19 Test Results**

- Work with the Pueblo/Tribe to identify isolation sites on Pueblo/Tribe.
  - Facilities may need to be retrofitted and equipped; Pueblo/Tribe will need additional staff, supplies and operational protocols.
- Work with Pueblo/Tribe to identify isolation sites off Pueblo/Tribal land.
  - Any hotels that are housing people that have tested positive COVID-19 test

- Contact EOC at (505) 476-9635 for assistance with locating hotel inventory to quarantine/isolate tribal members in coordination with the Pueblo/Tribe.
- May quarantine at home if determined to have adequate accommodations (single use bedroom and bathroom)
- Pueblos/Tribes should have licensure agreements in place with BIE schools for use of the school facilities to serve as viable alternative location for isolation purposes.
- Tribes should retrofit existing medical facility buildings like ACLS and Santa Fe Indian Hospital, to care for patients who test positive for COVID-19 for isolation.

## **B. Taking Care of Someone Who is Sick**

### **1. Monitoring of Positive-Tested Person**

- Work with tribal staff to do health checks over the phone, Facetime or internet if available.
- Establish daily check ins and monitoring.
- Provide people with instructions on how to monitor symptoms, keep others from getting sick, and what to do if they get worse.
- Provide essential supplies to households with confirmed case: food, masks, cleaning supplies, hygiene supplies, thermometer, alcohol swabs, activities for kids.
- Reinforce messages of the importance to self-isolate / stay-at-home; not allow anyone into the household; no visiting; encourage people to contact the tribe for needs.
- Provide guidance on when to discontinue home isolation and sanitation practices.

### **2. At-Home Care of Positive-Tested Person**

#### **Bedroom and Bathroom**

Keep a **separate bedroom and bathroom for a person who is sick** (if possible)

- The person who is sick should stay separated from other people in the home (as much as possible).
- **If you have a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the person who is sick.
  - Caregivers can **provide personal cleaning supplies** to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners, and disinfectants. If they feel up to it, the person who is sick can clean their own space.
- **If shared bathroom:** The person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.

#### **Food**

- **Stay separated:** The person who is sick should eat (or be fed) in their room if possible.
- **Wash dishes and utensils using gloves and hot water:** Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.

- Clean hands after taking off gloves or handling used items. Do not reuse gloves.

### **Trash**

- **Dedicated, lined trash can:** If possible, dedicate a lined trash can for the person who is sick. Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.

## **VI. RESTRICTING ACCESS TO TRIBAL LANDS**

Tribal leaders should consider restricting access both in and out of tribal lands. This is the best way to protect a community. Within tribal lands, people should continue to practice physical distancing and stay at home. Restricting access to tribal lands will prevent tourists or other non-tribal members from travelling through or to your community.

To request signage or other NM Department of Transportation (NM DOT) assistance, please contact:

- IAD, Secretary Lynn Trujillo, (505) 490-1447, [Lynn.Trujillo@state.nm.us](mailto:Lynn.Trujillo@state.nm.us)
- NMDOT, Secretary Sandoval, Cabinet Secretary, [Michael.Sandoval1@state.nm.us](mailto:Michael.Sandoval1@state.nm.us)
- NMDOT, Deputy Secretary Reese, (505) 795-2736, [Justin.Reese@state.nm.us](mailto:Justin.Reese@state.nm.us)

### **A. Containment of Tribal Communities**

- Work with state NM DOT to move from limited access to complete containment of the Pueblo/Tribe
  - Put in place measures to maintain check points; consider manpower and PPE---the Pueblo/Tribe may require assistance with both.
  - Establish protocol for check points (if not already in place).
  - Identify need for barriers, signage, notifications
  - Consider centralizing all package and supply delivery, preferable closer to outskirts of the reservation boundaries
  - For NM state road or highways, contact NM DOT to coordinate
- Work to secure food, water and essential supplies for the community.
  - Work with the Pueblo/Tribe to identify and quantify food and supply needs.
  - Establish a procedure for food and supply distribution within the community.
  - Identify central location for delivery of food and supplies and transportation plan.
  - Identify resources and assistance needed from the State or other partners (e.g. food banks).

### **B. Screening Protocol**

- If Pueblo/Tribe does not move to complete containment and allows limited coming and going, they must establish a screening protocol.
  - Screen for symptoms of COVID-19—Pueblo/Tribe may need assistance with screening protocol or have public health care providers do screening.

- If a person has fever or other symptoms checkpoint personnel should direct person to get tested (need to identify site) and report to quarantine center
- Positive Test: Move to isolation center and prohibit person from entering tribal lands.

## VII. PRECAUTIONS FOR HANDLING A DECEASED POSITIVE-TESTED COVID-19 PERSON

During this pandemic, the cultural sensitivity of death is acknowledged. It is very important to understand at this time; changes are going to have to be made in caring for the bodies of the deceased because the virus can be transmitted through the deceased body. Proper PPE should be worn at all times in handling and transporting the body. Treat all deceased bodies during this time as if they are a positive-tested person.

### **A. Notification Procedure**

If someone passes at home, ensure the official who removes the body also has on hand a body bag to minimize contamination and the potential spread of the virus. The home should be properly disinfected.

If there is a passing in your community, immediately call the EOC at:

Main Number: **505-476-0850**

Or try one of the liaisons at:

Gilbert Louis III, EOC Tribal Liaison 505-225-4689

Kalee Salazar, EOC Tribal Liaison 505-690-4563

Fenicia Ross, EOC Tribal Liaison, 505-238-3596

### **B. Tribal Guidance on Funeral Gatherings**

The Indian Affairs Department (IAD) recognizes that every Pueblo and Tribe in New Mexico has its own tribal customs and cultural rituals and ceremonies when someone from the community has died. Some customs include frequent home visits and large community feeds. These ordinarily harmless ceremonies are now considered mass gatherings under Governor Michelle Lujan-Grisham's COVID-19 Stay-At-Home-Order. They can be unsafe for the deceased's family, mourners, and tribal members. It is recommended that Tribes follow the state's Stay-At-Home Order and restrictions on community gatherings.

IAD respects Tribal sovereignty and supports the authority of every Pueblo and Tribe to issue its own Stay-At-Home Order, restrictions on community gatherings – including funerals – and additional policies and procedures to help prevent the transmission of COVID-19. In particular, Tribes have the authority to place certain restrictions and limitations concerning funeral gatherings while honoring cultural ways and customs. Bringing community members together to pay their last respects – whether the person died from COVID-19 or some other cause – creates real possibilities for the virus to spread by those who may be asymptomatic or who may be recovering from COVID-19. To avoid illness and possible transmission of the virus especially among the youth, elders and family members, it's recommended that Tribes emphasize the

importance of physical distancing and urge tribal members to remain at home during a time of a loss and community mourning.

The Centers for Disease Control and Prevention (CDC) states there is no known risk being in the same room at a funeral or at a wake for someone who has died from COVID-19. Although there is no known risk of contracting the virus directly from those who have passed, family members who are caring for deceased loved ones should wear disposable gloves, masks and (if available) eye shields, while in direct contact with the deceased. It also is very important to frequently wash one's hands after being in physical contact with the deceased and to clean any surfaces or objects used during the preparation or ceremonies.

For Tribal members who contract and die from COVID-19, IAD recommends that Pueblos and Tribes follow the CDC guidance on transportation, handling and burial of the deceased, including the use of appropriate PPE and products to disinfect contaminated surfaces.

#### Resources:

- New Mexico Stay-At-Home Order (extended to April 30 on April 7, 2020) - <https://cv.nmhealth.org/2020/04/06/stay-at-home-order-extended/>
- National Funeral Directors Association - <https://www.nfda.org/covid-19>
- President's Coronavirus Guidelines for America - [https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20\\_coronavirus-guidance\\_8.5x11\\_315PM.pdf](https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf)
- CDC Guidance on Social Distancing - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

## VIII. POST-COVID CLEAN UP AND SANITATION

### Timing and location of cleaning and disinfection of surfaces

- At a school, daycare center, office, or other facility that **does not house people overnight**:
  - Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfecting.
  - **Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines used by the ill persons, focusing especially on frequently touched surfaces.**
- At a facility that **does house people overnight**:
  - Follow Interim Guidance for US Institutions of Higher Education on working with state and local health officials to isolate ill persons and provide temporary housing as needed.

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
  - In areas where ill persons are being housed in isolation, follow Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019. This includes **focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as-needed.**
  - In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfecting is not necessary.

## IX. KEY CONTACTS

### A. State Government Contact Information

#### Key Contacts:

- Brooke Doman, Tribal Epidemiologist, [Brooke.Doman@state.nm.us](mailto:Brooke.Doman@state.nm.us)
- Dr. Tierney Murphy, Medical Epidemiologist, [Tierney.Murphy@state.nm.us](mailto:Tierney.Murphy@state.nm.us)
- Secretary Trujillo, IAD, 505-490-1447, [Lynn.Trujillo@state.nm.us](mailto:Lynn.Trujillo@state.nm.us)
- Poqueen Rivera, Governor’s Office, 505-470-0688, [Poqueen.Rivera@state.nm.us](mailto:Poqueen.Rivera@state.nm.us)
- State EOC Tribal Liaison, 505-476-0850, [DHSEM.TribalLiaison@state.nm.us](mailto:DHSEM.TribalLiaison@state.nm.us)
- State EOC, [NMEOC.operations@state.nm.us](mailto:NMEOC.operations@state.nm.us)
- **Coronavirus Health Hotline: 1-855-600-3453**
- **Coronavirus Information Hotline: 1-833-551-0518**
- **Senior & Disabled Adults Food Access Hotline: 1-800-432-2080**
- Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), Kevin English, 505-962-2602
- Navajo Nation Tribal Epidemiology Center, Program Director Ramona Antone-Nez, [ramona.nez@nndoh.org](mailto:ramona.nez@nndoh.org)

**Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)** can provide technical assistance to the 27 Tribes, Bands, Pueblos, and Nation in the Albuquerque IHS as follows:

- Provide printed/electronic copies of COVID1-19 educational materials
- Assist with tailoring materials, webinars, videoconferencing, reviewing materials
- Participate in local community response meetings
- Assist with developing and implementing local surveillance tools
- Assist with contact tracing or conducting a community survey (Contact tracing is the process of identify persons who may have come into contact with an infected person and subsequent collection of further information about these contacts)



**For Questions Related to Early Childhood**

- Childcare centers
- Early Head start and Head start
- Early Pre-K and Pre-K
- Home visiting

Primary contact: Jovanna Archuleta, Assistant Secretary for Native American Early Education Care  
 Native American Early Education & Care Department  
 505-699-7013 (cell)  
[Jovanna.Archuleta@state.nm.us](mailto:Jovanna.Archuleta@state.nm.us)

**For Questions Related to Public Education:**

- Meals for students out of school
- BIE schools
- Indian education grants
- Continuous Learning Plans

Primary contact: Kara Bobroff, Deputy Secretary of Identity, Equity, and Transformation  
 505-795-1768  
[Kara.Bobroff@state.nm.us](mailto:Kara.Bobroff@state.nm.us)

**For Questions Related to Seniors**

- Meals
- Transportation
- Title-VI

Important Note: Title VI Program and State Senior Services Program meal sites are considered essential services, and requirements have been waived. For purposes of meal delivery, they are exempt from the 5-person limit but should continue maintaining the social distancing practice and use personal protective equipment (PPE) at all times when serving elders. Do not provide congregate meals. Rather, the funds can be used to provide home delivered or grab and go meals, or other services. Social isolation is a concern for elders. Conduct daily well-being checks by telephone, and establish virtual visible communication (Skype, Zoom, etc.) when possible.

Primary Contact: Rebecca Baca, Aging and Long-term Services  
 Director, Office of Indian Elder Affairs  
 505-918-2495 (cell) - available 24/7  
[RebeccaBaca@aol.com](mailto:RebeccaBaca@aol.com)

**For Personal Protective Equipment**

- Accessibility and Questions

Primary Contact: [DHSEM.TribalLiaison@state.nm.us](mailto:DHSEM.TribalLiaison@state.nm.us)  
 505-250-3960

**For Questions Related to Health Services**

- WIC benefits
- Indian Health Services –Coordination
- Testing capabilities for Tribes

Primary contact: Mari Anixter, Department of Health – Communications Director  
 (505) 470-2290 – cell  
[Mari.Anixter@state.nm.us](mailto:Mari.Anixter@state.nm.us)

Aiko Allen, Department of Health, Tribal Liaison  
 (505) 470-8537 cell  
[Aiko.Allen@state.nm.us](mailto:Aiko.Allen@state.nm.us)

**For Questions Related to Unemployment Assistance**

- Unemployment
  - Unemployment insurance
- Primary contact: Deputy Ricky Serna, Department of Workforce Solutions  
 (505) 273-0293  
[Ricky.Serna@state.nm.us](mailto:Ricky.Serna@state.nm.us)

**For Emergency Management Plans and Questions**

Department of Homeland Security and Emergency Management (DHSEM)  
 Primary contact: Gilbert Louis – DHSEM Tribal Liaison  
[DHSEM.TribalLiaison@state.nm.us](mailto:DHSEM.TribalLiaison@state.nm.us)  
 505-250-3960

**For questions concerning Youth and Children**

Department of Children, Youth, Families Department

- ICWA
- Child welfare
- Juvenile Justice

Primary contact: Donalyn Saraccino, Tribal Liaison  
 505-570-7930  
[Donalyn.Sarracino@state.nm.us](mailto:Donalyn.Sarracino@state.nm.us)

**For general questions or guidance:**

Indian Affairs Department, 505-476-1600  
 Secretary Trujillo, (505) 490-1447, [Lynn.Trujillo@state.nm.us](mailto:Lynn.Trujillo@state.nm.us)  
 Deputy Secretary Nadine Padilla, 505-469-3290, [Nadine.Padilla@state.nm.us](mailto:Nadine.Padilla@state.nm.us)  
 General Counsel Stephanie Salazar, 505-690-4079, [Stephanie.Salazar@state.nm.us](mailto:Stephanie.Salazar@state.nm.us)  
 For TIF and CO projects: Chandler Kahawai, 505-660-7270, [Chandler.Kahawai@state.nm.us](mailto:Chandler.Kahawai@state.nm.us)

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**Benny Shendo, Jr. - District 22**

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(505) 986-4310

**B. Federal Government Contact Information**

**Indian Health Service**

- **Albuquerque Area**  
Brian Hroch  
505-256-6814
- **Navajo Area**  
Coordinate thru Gallup Regional Supply Service Center (GRSSC)  
Rick Pine  
928-674-7298

**FEMA**

- Norma Reyes  
Regional Tribal Liaison  
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[Norma.Reyes@fema.dhs.gov](mailto:Norma.Reyes@fema.dhs.gov)
- Paula P. Gutierrez  
Regional Tribal Relations Specialist (NM)  
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**USDA**

- For USDA FNS programs  
Eddie Longoria FNS Regional Director  
efraim.longoria@usda.gov
- For the Meals to You program  
Mark Speight  
Mark.speight@usda.gov

**HUD**

- David Southerland  
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405-609-8428  
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**New Mexico Congressional Delegation – Tribal Liaison/Representative Contact List**

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[heidi.todacheene@mail.house.gov](mailto:heidi.todacheene@mail.house.gov)  
202-225-6316
- Molly Callaghan (NM office)  
505-288-2529

**Martin Heinrich**

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- Ken Lucero (Pueblos and Apaches)  
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575-644-6088
- Jake Jackson  
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202-225-7893

**Tom Udall**

- Joshua Sanchez (all tribes in NM)  
[joshua\\_sanchez@tomudall.senate.gov](mailto:joshua_sanchez@tomudall.senate.gov)  
Mobile: 505-350-9878
- Mr. Rene Romo (Mescalero) stationed in Las Cruces  
[Rene\\_Romo@tomudall.senate.gov](mailto:Rene_Romo@tomudall.senate.gov)

- Mr. Cal Curley (Navajo Nation)  
[calvert\\_curley@tomudall.senate.gov](mailto:calvert_curley@tomudall.senate.gov)

**RESOURCES:**

- Information about HIPAA Privacy and COVID-19 is available at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>.
- Information about disclosures of PHI to law enforcement officials is available in OCR's HIPAA Guide for Law Enforcement at [https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final\\_hipaa\\_guide\\_law\\_enforcement.pdf](https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final_hipaa_guide_law_enforcement.pdf).
- Information about uses and disclosures of PHI for public health is available at <https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>.