

Coronavirus (COVID-19) Pandemic

Whole-of-America Response

Wednesday, April 1, 2020

“OUR STRENGTH WILL BE TESTED AND OUR ENDURANCE WILL BE TRIED, BUT AMERICA WILL ANSWER WITH LOVE AND COURAGE AND IRONCLAD RESOLVE. THIS IS THE TIME FOR ALL AMERICANS TO COME TOGETHER AND DO OUR PART.”

- PRESIDENT DONALD J. TRUMP

Topline Briefing Points and Messages

- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of America response to fight the COVID-19 pandemic and protect the public.
- The health and safety of the American people are our top priority.
- On March 31, the president extended the nation’s [Slow the Spread](#) campaign until April 30.
 - The American people play a key role in the campaign to help slow the virus’ spread and keep our most high-risk populations safe.
 - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
 - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at www.coronavirus.gov.
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
 - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
 - The second flight landed in Chicago on March 30; and, one landed in Miami last night and another in New York this morning. FEMA has scheduled additional flights and is adding more daily.
 - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
 - Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.

- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
 - At present, the federal government has 10,469 total ventilators available, which includes 9,404 in the Strategic National Stockpile and 1,065 available from the Department of Defense.
 - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- Over the next 24 hours, FEMA and HHS will deliver ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (300), Illinois (150), Connecticut (50) and Louisiana (150).
- Thirty states and 12 tribes have issued stay at home orders.

Medical Hotspots

Metro New York/New Jersey

- FEMA and HHS are working with the Governor of New York, and New York City officials to set up a medical station at the Javits Center in Manhattan to supplement local healthcare capabilities.
 - The Javits Center is now operational with 1,000 medical beds. Phase two began March 31 for an additional 2,000 beds. The estimated completion date is April 8.
 - The station will care for patients with non-COVID-19 healthcare needs.
 - Additional temporary hospital sites are being worked, including a 600-bed capacity nursing home facility in Brooklyn, and numerous floors of a high-rise building on Wall Street.
- The USNS Comfort is at Pier 90 in New York City and began operations Tuesday.
 - The Comfort is equipped with 12 operating rooms, 1,000 hospital beds, a medical laboratory, a pharmacy, an optometry lab, digital radiology services, a CAT-scan, two oxygen producing plants, a helicopter deck and a crew of nearly 1,200 U.S. military personnel.
 - The crew onboard will provide critically needed medical surge capacity for New York Metropolitan area. Their mission will be to care for patients who do not have COVID-19, but who require urgent medical care.
 - FEMA is working with HHS and New York to coordinate treatment of New Jersey non-COVID-19 patients.
- FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of additional alternate care facilities in New York. Four sites have been selected.
 - The U.S. Army Corps of Engineers awarded contracts for three New York state priorities for alternate care facility conversions at State University (SUNY) Stony Brook, SUNY Old Westbury, and for the Westchester Community Center.
 - In total, the alternative care facilities in New York will expand hospital capacity by approximately 6,000 beds.

DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- At the request of New York State, FEMA issued a \$6 million Mission Assignment to HHS to provide round the clock medical staff to care for non-critical patients in the state.
- Supplies from the Strategic National Stockpile were delivered for distribution to medical facilities in the most impacted areas. Supplies delivered include 2,000 ventilators for the State and 2,400 ventilators for New York City.
 - Total medical supplies and equipment provided to New York include 1,096,922 N95 respirators, 1,836,891 surgical masks, 365,295 face shields, 219,811 surgical gowns, 8,059 coveralls, 1,435,129 gloves, and 4,400 ventilators.
 - Medical supplies and equipment provided to the State of New Jersey include 290,055 N95 respirators, 689,980 surgical masks, 139,144 face shields, 113,935 surgical gowns, 3,848 coveralls, 591,269 gloves, 200 ventilators and 1,250 Federal Medical Station beds.
- Requests currently being processed include 250 ambulances for New York City and assistance from the Disaster Mortuary Operational Response Team (DMORT) for 85 refrigerated storage units and mortuary affairs teams.
 - The Office of the Assistant Secretary for Preparedness and Response has deployed two subject matter experts from the DMORT to NYC to serve as consultants for mortuary affairs and to help identify federal support needed in the area.
- As of March 31, FEMA has obligated \$1.1 billion in federal support to the state of New York and \$229 million in federal support to the state of New Jersey.

California

- The U.S. Army Corps of Engineers has completed the assessment of eight state-selected facilities to develop large-scale, supplemental hospital space as the state works to expand existing hospital capacity by up to 50,000 beds.
- The USNS Mercy hospital ship is operational and receiving patients in Los Angeles. It has 1,000 hospital beds available to help relieve strains on local hospital systems.
- Supplies from the Strategic National Stockpile have arrived in California and are being distributed to medical facilities throughout the state.
- FEMA completed the sale of 105 travel trailers to the state to support a State COVID-19 housing initiative for impacted individuals.
- On March 29, the first of eight Federal Medical Stations initiated operations.
- As of March 31, FEMA had obligated \$862 million in federal support for the state of California, including \$468 million to the state to reimburse costs related to the COVID-19 response.

Washington

- Department of Defense sourced the 627th Hospital Center/10th Field Hospital to support COVID-19 response in Washington.
 - The field hospital includes 148 bed capacity with ability to increase to 250 beds and 366 trained medical personnel. Expect to be fully operational by April 7.
- Field hospital/alternate medical facility assessments are underway in Washington.
 - As of March 31, USACE has completed five alternate care site assessments. The acute care site at Century Link Event Center is anticipated to open by April 7.

- Teams are comprised of members from DOD, USACE, FEMA, HHS, and state, county, and local officials.
- As of March 31, FEMA has obligated \$222 million in federal support for the state of Washington.

New Orleans, Louisiana

- Three Community Based Testing Sites are open and operational in New Orleans.
- An epidemiology team from the Centers for Disease Control and Prevention (CDC) arrived at the Louisiana Emergency Operations Center on March 26.
- Additional support being sent to the state to increase state hospital capacity includes two 250-bed Federal Medical Stations and U.S. Army Corps of Engineers support for assessment and evaluation of alternative care facilities.
 - A 3,000-bed alternate care site is being established at the New Orleans Convention Center to be operational by April 2.
- As of March 31, FEMA has obligated \$44.2 million in federal support for the state of Louisiana for the response to COVID-19.

Washington D.C. Metro Area (Washington, D.C., Maryland and Virginia)

- FEMA delivered a 250-bed Federal Medical Station package to the state of Maryland.
 - Maryland National Guard is establishing the alternate care site at the Baltimore Convention Center to increase state hospital capacity.
- FEMA has obligated \$7.9 million in federal support for the state of Maryland.

Chicago, Illinois

- Field hospital/alternate medical facility assessments are underway in Illinois.
 - Assessment teams are evaluating four potential sites for alternate medical facilities in the Chicago area. Teams are comprised of members from DOD, USACE, FEMA, HHS, and state, county, and local officials.
- Supplies from the Strategic National Stockpile have arrived in Illinois and are being distributed to medical facilities throughout the state.
 - Medical supplies and equipment provided include 51,864 N95 respirators, 123,548 surgical masks, 23,526 face shields, 19,182 surgical gowns, 98 coveralls, and 68,296 gloves.
- As of March 31, FEMA has obligated \$113 million in federal support for the state of Illinois for the response to COVID-19.

FEMA and HHS Response

- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 16 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.

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- States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
- FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, the states of Alabama, California, Colorado, Connecticut, Florida, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territory of Guam were approved for major disaster declarations to assist with additional needs identified in these states.
- FEMA has obligated over \$3 billion in support of COVID-19 efforts, with major obligations including:
 - \$784 million to New York, obligated on March 22 (\$350 million) and March 28 (\$434 million), for deployable temporary medical treatment facilities.
 - \$468 million to California on March 28 to reimburse expenses.
 - \$244 million to California on March 24 for deployable temporary medical treatment facilities.
 - \$237 million to Texas on March 28 to reimburse expenses.
 - \$210 million to Washington on March 23 for deployment of DOD assets to provide acute care medical surge support to decompress existing medical treatment.
 - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
 - \$121 million to New York on March 27 to purchase up to 500 million N95 or equivalent masks.
- To date, 94 CDC, state and local public health labs have tested more than 1.1 million individuals.
- It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
 - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
 - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
 - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.

DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase will encourage manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled once the COVID-19 response subsides.
- Additionally, a Request for Information has been issued to the private sector for ventilators.
- FEMA issued a [request for quotation](#) on March 26, 2020, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on www.sam.gov.
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between February 13 and June 15 to 120 days.
 - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of March 31, 55 state and local agencies, the District of Columbia, one tribe and one U.S. territory have sent a total of 99 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 28 messages to broadcast stations via the Emergency Alert System.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the United States, monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

FEMA Disaster Response Capacity

- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,273 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.

DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
 - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

Federal Funding of National Guard Under Title 32

- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
 - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
 - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved requests from California, Connecticut, Florida, Guam, Illinois, Louisiana, Massachusetts, Maryland, Michigan, New Jersey, New York, Puerto Rico, Washington, and Washington, D.C.
 - Twenty (20) requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
 - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
 - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
 - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
 - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
 - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

Community-Based Testing Sites

- To date, 30 federal Community-Based Testing Sites (CBTS) have screened more than 37,716 individuals.
 - The Federal Community-Based Testing Sites (CBTS) Task Force will be working with states that have federally supported CBTS locations to transition these sites by April 10.
 - The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
 - Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
 - It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
 - People without symptoms who have not been exposed to COVID-19 should not be tested.
 - CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.
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Strategic National Stockpile

- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
 - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
 - In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
 - This amount is on top of the additional funding HHS received and executed over the last several weeks.
 - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
 - Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
 - These shipments will be sent across the country with prioritization given to areas in greatest need.
 - As of March 28, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22 million gloves, 132,000 coveralls and 8,100 ventilators.
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FDA Ventilator Guidance

- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
 - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.

DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

CDC Respirator Guidance

- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
 - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
 - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
 - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

Defense Production Act

- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
 - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
 - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
 - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
 - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
 - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

Other Federal Agencies

- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#)”. This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.

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- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
 - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
 - To date, more than 14,000 National Guard troops have activated to help with testing and other response efforts.
- The Coast Guard is currently tracking four cruise ships due to arrive in the U.S. with a total of more than 5,000 passengers and crew.
 - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 12 mission assignments totaling approximately \$1.1 billion to design and build alternate care sites in Arizona, California, Illinois, Michigan, New Jersey, New York, Washington and Wisconsin. As of March 31, 1,450 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- The Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort and 36 ventilators with three Army field hospitals supporting Seattle and New York City. An additional 907 ventilators can be deployed within 72 hours upon receipt of a shipping destination.
- The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced [deferments on all SBA disaster loans from previous disasters](#), effective through Dec. 31.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

CDC Public Guidance

- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
 - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
 - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
 - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
 - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- CDC's guidance regarding the use of facemasks remains the same.
 - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
 - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

Coping with Stress

- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

Combating Disinformation and Rumors

- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like www.coronavirus.gov or your state and local government's official accounts.

DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

How to Help

- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to www.fema.gov and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#). Full details can be found in the solicitation ([Notice ID 70FA2020R00000011](#)).
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through fema.gov.
- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit www.aabb.org/giveblood.