



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

March 9, 2020

Mr. Gary J. Kleinman
Regional Administrator, Region 1 (New England)
Assistant Secretary for Preparedness and Response
US Department of Health and Human Services
JFK Federal Building, Suite 2100
Boston, MA 02203

Dear Mr. Kleinman,

Please accept this letter as a formal request from the Rhode Island Department of Health (RIDOH) for assets from the Assistant Secretary for Preparedness and Response's (ASPR's) Strategic National Stockpile (SNS) to support Rhode Island's response to 2019 coronavirus disease (COVID-19). This request has been approved by the Governor of Rhode Island, Gina M. Raimondo.

On January 28, 2020, I activated a Task Force, which is a pre-cursor to an Incident Command System (ICS) activation in our Department's Emergency Operations Plan, to coordinate Rhode Island's response to novel coronavirus 2019. By Friday, January 31, 2020, it was apparent that we would need more resources to lead an effective response, so I fully activated our ICS. Since that time, our response cadence has rapidly accelerated and the number of internal and external partners involved in our response has expanded dramatically, to include the Governor's Office, the Rhode Island Emergency Management Agency, the Rhode Island National Guard, and the State's Departments of Administration, Education, Human Services (including the Office of Healthy Aging), and Environmental Management, along with the Commerce Secretariat, including the Department of Labor and Training. We have been in frequent contact with our colleagues at the Centers for Disease Control and Prevention (CDC) and ASPR Region 1 about our strategies and tactics, and have appreciated their subject-matter expertise over the course of our response.

We are actively conducting case management, contact tracing, in-hospital and out-of-hospital specimen collection, laboratory testing, rapid risk communication, emergency operations coordination, including planning for contingencies and long-term impacts), and implementation of non-pharmaceutical interventions, including isolation, quarantine, and school closures. We have a cluster of confirmed cases related to a high school trip to Italy, which is unique, given that COVID-19 has not been frequently found in children, and a newly identified presumptive positive case who is a daycare teacher. The contacts in the schools and daycare settings are all now quarantined and are being assessed continually. The CDC has deployed an Epidemic Intelligence Service (EIS) team to investigate the COVID-19 spread in these two environments, given how little is known about spread in children and the



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effectiveness of quarantine for children and families. We have more than 250 people in quarantine because of their contact with our cases, 82 of whom have been tested or whose results are pending. Our first case is an adult who has been hospitalized, requiring ICU-level care for the past several weeks. The demand for personal protective equipment (PPE) to protect our healthcare system partners has been extremely high.

RIDOH has significant concerns regarding the availability of PPE and the subsequent protection of our healthcare workforce responding to COVID-19. Our healthcare facilities are receiving significantly fewer orders than the typical seasonal quantities, sometimes receiving no product at all. We have been meeting with the Rhode Island Infectious Disease Epidemiology Advisory Committee (IDEAC), a group of infectious disease and infection control physicians, to discuss trends in COVID-19, PPE strategies, and medical surge. At their recommendation, we have shared resources, such as the “ECRI Alternate Supplier List-Personal Protective Equipment” and “PPE Supply Equivalents List”, to allow healthcare partners to find PPE when they cannot access it from their distributors. With the IDEAC’s recommendation, on February 17, 2020, I issued a letter to all healthcare partners about PPE conservation strategies and asked them to begin conservation. We have heard from our partners that they have implemented these strategies and we have since been discussing the lessons learned from that implementation. Given that our hospital partners were already expressing concern over the lack of PPE, on February 17, 2020, we also made a request to the Safety Alliance Furthering Educational Resources (SAFER), which represents most of the major construction firms in Rhode Island to see if they had N95s for industrial use that we could access, either directly from their stockpiles, or by leveraging their vendors; 70% of the respondents indicated that they, too, are having difficulty accessing N95s through their normal supply chains.

We have been in close contact with all of our healthcare providers through the Healthcare Coalition of Rhode Island (HCRI, our single, statewide healthcare coalition), through conference calls with different provider types, and through targeted messaging for providers. At different points in our response, we have surveyed our healthcare partners about their PPE availability and challenges. With each provider type, there have been slightly different questions asked, since questions about PPE might be embedded in a survey for other information (e.g., surge bed and ventilator availability for hospitals, number of providers fit-tested for EMS). Below is a table of their responses, which we prioritized by providers at highest risk.

We are acutely aware of the integral role that our primary care providers and health centers play in Rhode Island’s healthcare system. Of important note, Rhode Island is one of few states with one health department serving in a State and local capacity, and we rely heavily on our federally qualified health centers to ensure the primary care needs of our state’s population. To this end, it is of the utmost importance that we support their efforts to protect their workforces.

At the beginning of this event (February 6, 2020), hospitals’ reports of days of inventory on hand **at their current burn rates** ranged from 3-136 days, depending on which piece of PPE was being described. Given how much PPE has been used for treatment of current cases, isolation of PUIs, and swabbing, the burn rates have dramatically increased. Rhode Island’s largest hospital, which includes Rhode Island’s only pediatric hospital, Level 1 trauma center, and numerous specialty ICUs, indicates



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that it now has less than two weeks' worth of PPE available, and its vendor has indicated that they cannot fill their order until the end of April. We are currently updating all hospitals' PPE levels through a subsequent survey.

On March 3, 2020, RIDOH initiated a survey for outpatient providers, nursing homes and assisted living communities, and home health and hospice agencies (of note, this survey is still open). Each provider type identified their current inventory and their projected need for one month of widespread transmission. Based on their subjective projections, their current gaps are listed below.

Gap: Projected Need of PPE for One Month of Widespread COVID-19 Transmission vs Current Amount

	Don't have enough PPE	Vendor unable to fill order	Not able to order from vendor	N95s #	Surgical masks #	Face shields #	Goggles #	Gowns #
<i>Provider type and response rate</i>								
Hospitals (14/14)	100%	100%	0%	18,717 (on Feb 6)	88,155 (on Feb 6)	Did not ask	Did not ask	Did not ask
EMS (61/86)	True	True	True	7417	Did not ask	Did not ask	Did not ask	Did not ask
Home health and hospice (27/65)	81%	33%	15%	531	6,514	895	241	996
Urgent care (13/X)	85%	54%	54%	2016	1590	1540	1751	1721
Health centers (4/11)	75%	75%	25%	906	6000	0	85	730
Primary care providers (208/X)	77%	25%	15%	13425	26036	6256	4502	8918
Nursing homes (51/85)	50%	33%	5%	729	3630	750	471	2500
Assisted living communities (22/65)	32%	14%	9%	1374	324	894	884	1362
ESRD* (0/7)								
Ambulatory surgical centers (15/X)	20%	Blank	7%	Blank	Only 1 answered	Only 1 answered	Only 1 answered	Only 1 answered

Primary Care Office (Non-procedural) = Primary, Specialty, School Health, Pediatrics, Behavioral Health

Ambulatory surgical centers (procedural) = Ambulatory surgical centers, Dental, Endoscopy

*End-stage Renal Disease

**Provider types for which we do not have a denominator is in part because these are not active partners in HCRI; the survey was sent through our licensing database and has not been fully deduplicated



As you can see from these data, for our highest-priority healthcare workers, between 75-100% (including 100% of hospitals) do not have enough PPE for treating patients for one month of widespread transmission of COVID-19 and vendors are not able to fill their orders. Because of the inability to acquire PPE, our urgent care centers are unable to perform swabbing, the need for which increases daily. Ordinarily, we would be able to leverage agreements and processes we have in place for sharing resources through HCRI, but since virtually all members of HCRI are uniformly impacted by this outbreak, there are no resources available to share. It is our request that ASPR release assets from the Strategic National Stockpile immediately to help fill this critical need for the next several months, until the supply chain can meet ongoing demand.

We are very concerned that this situation will lead to imminent impacts to healthcare service delivery in Rhode Island and respectfully request the following from the SNS:

Item	Quantity Requested
N95 respirators	530,000
Surgical masks	585,000
Non-sterile gloves	500,000
Goggles	100,000
Surgical gowns	100,000

If not all of the supplies are available, we will work with ASPR's and CDC's subject-matter experts to develop a plan to optimize use of what is available.

Of note, RIDOH does have 280,000 N95s and 85,000 surgical masks in its own stockpile. All of this inventory was purchased with pandemic influenza funds from 2005-2010 and all of the N95s were manufactured in 2006 and 2007 (earlier for some of the surgical masks). While we recognize that the CDC's guidance *Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response* will allow for the use of this stockpile under contingency and crisis standards of care, it is our preference to use in-date product first, whenever possible, to have the highest level of assurance that our healthcare workers are protected reliably and appropriately. While on the frontlines of our response, if our healthcare workforce is impacted, it will drastically compound the challenges that we expect with the significant surge of patients we will encounter once COVID-19 is widespread. In spite of the risk and concern expressed, if you believe that we should use our own stockpile, then we still request 250,000 N95s and 500,000 surgical masks from the SNS. **Any PPE received from the SNS will be used for our healthcare workers with direct patient contact.**

Rhode Island is the second most densely populated state in the nation, and like our New England neighbors, has a high percentage of our population who are 65 and older, putting them at increased risk for developing COVID-19 and requiring hospitalization and ICU-level care. The impact to our healthcare workers is already significant and we know that the impacts will only increase. We are well



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prepared to receive assets from the SNS and our Receive, Stage, and Store (RSS) site is available and ready, whenever assets become available to us. We ask you to approve our request as soon as possible so that we can ensure ongoing protection of our critical healthcare workforce so that they can continue to provide the necessary care to all Rhode Islanders.

Sincerely,



Nicole Alexander-Scott, MD, MPH
Director

Rhode Island Department of Health

Nicole.AlexanderScott@health.ri.gov



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