

2020 ANNUAL REPORT



Rush County Health Department ***"Committed to Public Health"***

NURSING

ENVIRONMENTAL

VITAL RECORDS

FINANCIAL

RUSH COUNTY HEALTH DEPARTMENT

Health Officer	Russell Daugherty, MD
Administrator/ Environmentalists	Julia Apple
Staff Department	Dixie Meyer, RN
Part time Nurse/PT Vital Records	Alicia Hill, RN
Clerical/Bookkeeper	Cheryl McKinney
Attorney	Geoff Wesling

Board Members

Carol Yager-Chairperson

Dr. Jonathon LeSar-Vice Chairperson

Samuel Roller

Emily Ellis

Hannah Ausberger

Beth West

Jackie Gettinger

2020 NURSING REPORT



Rush County Health Department

Nursing Division

2020 Annual Report

The year 2020 was certainly a year of changes, unexpected times, and extremely busy for the entire Health Department. The nursing division was very involved with the Covid-19 cases, tracking, providing education, as well as trying to maintain our normal activities such as homecare, immunizations, and communicable disease reports.

The nursing division of the Rush County Health Department did have one staff change during 2020. In the nursing division, there is one full-time nurse and one part-time nurse. Dixie Meyer RN is the full-time nurse and Alicia Hill, RN was hired to be the Part-time nurse. Debbie Johnson remains our home health aide. Debbie and Alicia have been cross-training in other areas in our office.

Rush County Health Department had maintained their national accreditation through PHAB. The annual report was submitted and accepted by the PHAB committee. It was recommended that the Health Department establish a more formalized Performance Management and Quality Improvement Plan.

The Rush County Health Department has maintained our partnership with the health coalition, Rush2Health. Because of the Pandemic, it was safer to meet via Zoom meetings. Most of our meetings were very informative and networking was definitely in full swing via phone calls, emails, and Zoom meetings.

The Nursing Division of the Rush County Health Department has continued to evaluate our programs during this past year. Some changes have occurred with the staffing changes, but we have worked hard to maintain our services. The goal will always be to promote the health and wellness of our community to make Rush County a healthier place to live.

Registered Nurses

Hours worked- 2470.5 Miles driven- 2184

Home Health Aide

Hours worked-332 Miles driven- 292

Phone calls/office conferences-1408

Chargeable Office visits-32

Field visits/ in behalf of-53

Coronavirus Pandemic 2020

Early 2020, we started receiving information about the Coronavirus which later was called COVID-19. CDC and Indiana State Department of Health was sending alerts and information to all Local Health Departments on a daily basis. This information on the virus was ever changing and quite a challenge to keep the public informed during this time. We worked closely with the Rush County Preparedness Director, Chuck Kemker. He organized the Rush County COVID-19 Task Force which included County officials, City officials, Health Department, Law Enforcement, Hospital, and later the School Superintendent. This group met regularly to

discuss the updated information on this virus. Working together really helped our community handle this Pandemic to the best of our ability.

The Health Department and EMA/Preparedness Director coordinated a meeting for March 12, 2020 to update our different partners in our community. Many agencies and businesses were invited. The following attended: County Officials, City Officials, Health Department and Board members, Rush Memorial Hospital, Miller's Merry Manor, Flatrock River Lodge, Intat, St. Mary's Catholic School, Rush County Schools, Mays Community Academy, Senior Center, Purdue Extension, Harcourt Outlines, Twisted Sisters, Volunteer Fire Departments, and Rush County Sheriff. Dr. Russell Daugherty, Rush County Health Officer spoke and explained about the virus and what was known at the time. Information from Indiana State Department of Health and CDC was offered.

On March 19, 2020, the Rush County Commissioners ordered the Courthouse to be closed to the public. The Health Department adjusted to work from home via the internet. We remained closed until June 22, 2020 when the Rush County Commissioners ordered to open the Courthouse by appointment only.

On March 24, 2020, we were notified of the first positive case in Rush County. We immediately reviewed the case and started contact tracing. Quarantine was a large part of containing the spread of this virus. In the beginning, testing was not readily available and only limited to those with symptoms. The majority of our time was handling phone calls and e-mails to answer questions about the virus, quarantine, and testing.

We learned that the first death from COVID-19 occurred on April 2, 2020 in an out of county hospital. There were 15 deaths that occurred from COVID-19 during 2020.

On May 6th, RCHD and EMA met with many of the local partners about "Opening America". Several representatives from different businesses and agencies were invited to discuss how to re-open Rush County safely.

Our cases continued to rise as the year progressed. We did have areas where we could pinpoint outbreaks such as businesses and social events. Mainly by the end of the year, we saw mostly household contacts especially during the holidays. The largest number occurred during December with 606 positive cases. The total number of cases are listed below with the Communicable Disease Report.

We worked closely with the schools in our county. As there were positive cases among the staff and students, we were in almost daily contact with the nurses and principals of each school. We worked together using the guidelines from Indiana Department of Education and ISDH. Quarantine and education was vital to keeping the spread down in our schools.

RCHD worked closely with the local long term healthcare facilities, Flatrock River Lodge and Miller's Merry Manor. Both facilities worked very hard to control the spread of Covid-19 among their residents and staff. There were some cases and both facilities were closed to the public. Testing was also started for the residents and staff, this helped in controlling the spread.

As the CDC/ISDH provided grant funds, testing sites were established throughout the state. The Rush County Health Department partnered with Rush Memorial Hospital to set up a testing site in our community. The testing site was placed in the Rush Memorial Hospital Walk In Clinic as a drive up and citizens could get tested for COVID-19. Zotec was the program that ISDH had in place to use to sign up for testing as an on-line option. There were designated parking spots with a phone number to call the RMH Walk in Clinic to get tested if they chose not to use the on-line method. This testing site is still active.

In the beginning, LHD's were trying to keep up with the contact tracing of positive COVID-19 cases. As the virus spread and numbers increased, ISDH did establish the State Contact Tracing Team and all cases were followed up by the State.

ISDH started twice a week webcasts to provide updates and information to public health departments and the medical community. It was very informative and they also provided time to answer questions. As school started, one of the webcasts was set up just for school nurses as well as public health departments. This really was helpful as the slides were emailed and we would pass on the information to our local schools and educate the public.

As this pandemic progressed, ISDH used several web-based programs to use to keep track of the numbers, testing, contract tracing and so on. NBS (NEDSS Based System) was already set up as our Communicable Disease program, this was used to report new cases of COVID-19 in our county. This was checked almost daily to verify information such as addresses of cases to be sure they were Rush County residents, as well as school-aged children to keep the school nurses updated, and locations for household infections. Zotec is the program used to sign up patients for testing and later used for vaccinations. This is helpful to see the numbers of testing done. Microsoft Dynamics was the program used by the State Contract Tracing team to record the interviews with positive cases and contacts. Limsnet is what we normally use to check lab results for Tuberculosis. We can check for COVID-19 lab results on Limsnet. All these websites were useful in keeping track of COVID in our community.

In November, LHD's were receiving more information of COVID19 vaccine. Initially, CDC/ISDH decided to vaccinate healthcare workers and designated hospitals were picked to start this process. Rush Memorial Hospital was to handle Rush and Henry County healthcare workers. On November 18th, the first meeting of the Covid vaccine team met via Microsoft Teams. From Rush Memorial Hospital: Deb Hummel, Layla McKnight, Greg Pratt, and Dakota Wainwright, RCDH: Dixie Meyer and Julia Apple. Later we added Henry County Health Department and Henry County Community Health to the meetings. This was set up at the RMH Walk In clinic with RMH and Henry County employees as vaccinators. Zotec was used for healthcare workers to sign up for an appointment to receive the vaccine. The first vaccine, Pfizer was given on December 17th. This definitely was a collaborative effort by all involved.

In order to inform the public, the Rush County Health Department used Facebook and the local radio station, WIFE to release information. Radio segments were done by Dr. Daugherty, City and County officials. RMH helped with interviews with Dr Daugherty that was released on Facebook.

As a community, Rush County really worked together to partner with each agency to try to keep our citizens as safe as possible during this Pandemic.

Senior Screening

Senior Screening is normally held on the second Wednesday of each month. Since the pandemic began in March, the Rush County Senior Center closed. So the Senior Screening was cancelled until further notice, beginning in April. This is a program that our Health Department does plan to restart depending on the pandemic.

This takes place at the Rush County Senior Center. Blood pressure, pulse, weight, oxygen saturation, blood sugar, and hemoglobin are offered. Patient education is done and referrals are made to their provider as needed.

Attendance-26	Male- 8	Female-18	
Referral made-13	B/P-6	Blood Sugars- 6	Hgb-1

Home Health Services

Home Health Care Services have provided care to thirty citizens of Rush County, such as medication set-up, assessing and monitoring their general condition, assisting with personal care or giving emotional support to the patient as well as their caregivers. The majority of our patients have memory issues and need assistance with medications. Diabetes and emotional/mental conditions are major conditions that we help manage. These visits are conducted under each patient's Provider's orders and any changes are reported as such. The Home Health Aide assists with bathing and personal care. She reports to the Registered Nurses. Services are funded on a sliding fee schedule. This service has enabled people to remain in their home safely. Due to the Pandemic, the nurse had to adjust the schedule for homecare. Alicia Hill, RN handles most of the homecare visits while Dixie Meyer, RN remained in the office to handle any issues with COVID-19.

Home Health Care 12 MONTH REPORT Statistical Review of Visits-January 1, 2020 to December 31, 2020

Patient visits-	Home Care
1. Endocrine, Nutritional, Metabolic	238
2. Emotional, Mental	255
3. Nervous System, Sense Organs	60
4. Circulatory System	52
5. Respiratory System	50
6. Genitourinary System	0
7. Skin; Subcutaneous Tissue	3
8. Musculoskeletal, Connective Tissue	<u>32</u>
Total visits	690
Not at home-	10
Patient Age Range-	
20-64	70
65+years	<u>620</u>
Totals	690
Funding-	
Partial pay	478
Other (no charge, etc.)	<u>212</u>
Totals	690

Status of Visits

RN Visits	HC	Referred by	HC	Discharges	HC
Total visits	690	Hospital	2	Hospital	1
Admits &		Other HH Agency	8	Other Agency	3
Readmits	31	Self-family	10	Self-family	1
Revisits	659	SS Agency	0	LTC	1
Discharges	10	Providers	10	Died	3
		LTC	1	Other	1

Home Health Aide's Visits-177

Immunizations

Immunizations Clinics are held the first Thursday of each month. Our numbers remain stable with other locations providing vaccinations. The Vaccine for Children Program offers vaccinations at no cost to the recipient. Immunizations are offered to children on Medicaid, have no insurance, or their insurance does not cover vaccines. It has been mentioned by parents that they have started a new job and have no insurance at this time. The vaccines that are offered to children through the age of eighteen, including the following: diphtheria, tetanus, pertussis, polio, haemophilus influenza B, measles, mumps, rubella, varicella, pneumococcal, meningococcal MCV4 and 8, HPV, hepatitis A and B, rotavirus, and influenza.

Immunization Clinics (VFC)	12 sessions
Under 1 year of age	8
1-4 years of age	13
5-9 years of age	14
10 + years of age	<u>61</u>
Total number attending	96
Total vaccines given	254

Each year the health department offers vaccines that are purchased with grant money. Vaccines are given by appointment. All ages are welcome to receive these vaccines at no cost. Donations are accepted to help defer the costs. Influenza vaccine, Pneumonia 23, and Tdap are offered. The nurses do go to different locations to offer influenza and pneumonia vaccines such as businesses for their employees.

Flu & Pneumonia Clinic:		
Flu-	Private vaccine	388
	VFC	43
	Pneumonia 23	10
	Tdap (private)	29

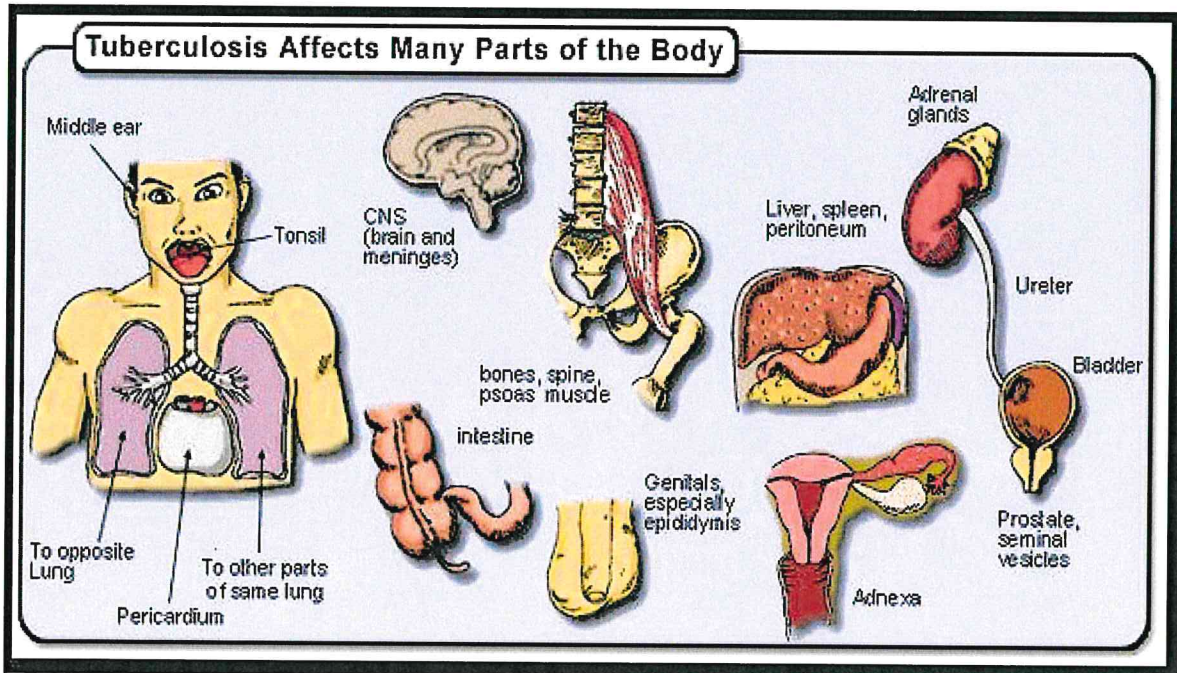
The following list is where the Rush County Health Department nurses gave the Flu and Pneumonia vaccines.

Anderson Township Volunteer Fire Department Fish Fry		
Courthouse employees	Hoosier Youth Academy	Shares
Bowles Construction	Commons Apartments	

Tuberculosis

The Rush County Health Department has maintained tuberculosis control as we have for many years. The Indiana State Department of Health guidelines are followed. Mantoux testing is offered and any positives are followed up. The positive Mantoux all had negative chest x-rays.

	Tested	Negative	Positive	Did not return
Employment	27	27	0	0
Miscellaneous (College, Daycare families, Foster care, Rehab, & etc)	15	14	0	1
Follow-up	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>
Totals	43	42	0	1



Communicable Disease Investigations

Rush County Health Department investigates communicable disease cases in our county, according to the ISDH Communicable Disease Rule. NBS (NEDSS Based System) was implemented on January 1, 2019. The Indiana University Student Epidemiology Response Team (IU-SERT) has been assisting our county in conducting Salmonellosis, Shiga toxin-producing Escherichia Coli (STEC), Listeriosis, Hemolytic Uremic Syndrome, and Typhoid/Paratyphoid Fever case investigations. Graduate Student Investigators (GSI) which is part of the Division of HIV/STD/Viral Hepatitis Program are investigating Hepatitis B and C cases that meet their criteria. RCHD investigates the rest of the cases. Both of these programs are very helpful to our department. As you can see below, animal bites and Hepatitis C are the most frequent cases investigated.

Case Status Report

Disease/Condition	Confirmed	Not a Case	Probable	Total
2019 Clinical Novel Coronavirus	55	1	0	56
2019 Novel Coronavirus	986	45	232	1263
Animal Bites	23	0	0	23
CP-CRE	1	0	0	1
Campylobacteriosis	1	0	1	2
Cryptococcus Neoformans	1	0	0	1
Haemophilus influenzae, invasive	2	0	0	2
Hepatitis B virus-chronic	0	0	1	1
Hepatitis C virus-past or present	4	1	3	8
Hepatitis C, acute	1	0	0	1
Latent Tuberculosis Infection	1	0	0	1
Lead	20	2	0	22

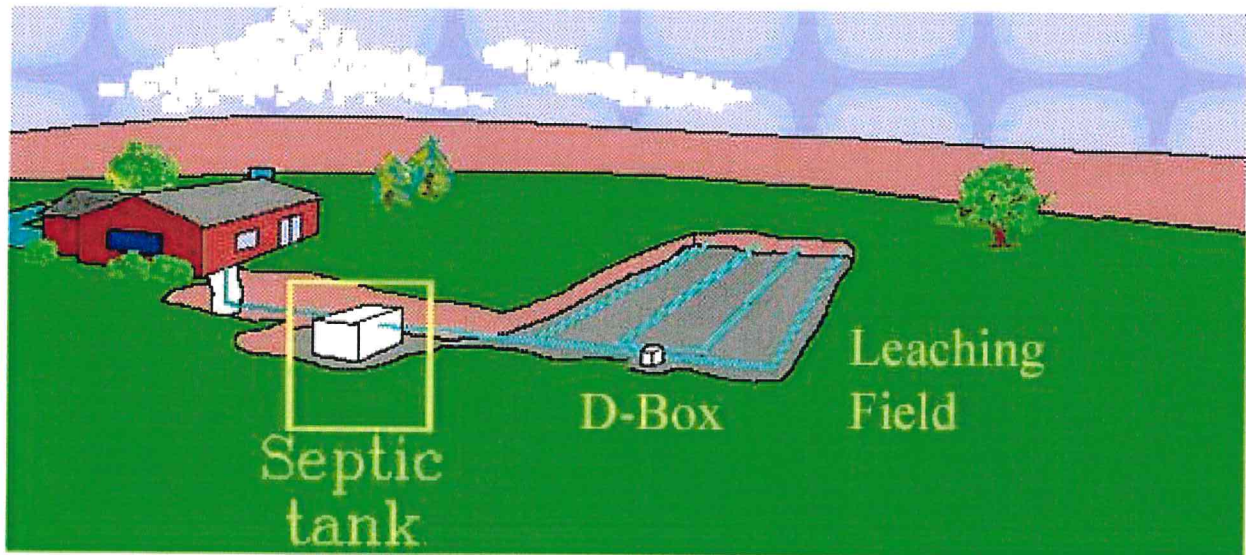
Salmonellosis	1	0	1	2
Strep pneumoniae, invasive	4	0	0	4
Trichinellosis	0	1	0	0
Varicella (Chickenpox)	0	0	1	1
Total	1,100	50	239	1389

Workshops, Consultations, and Community Activities

Many of these meetings/workshops met via Zoom during the Pandemic.

AH	DM	Staff meeting
AH	DM	Health Board meetings
	DM	Rush2Health meetings
AH	DM	ISDH Covid-19 Webcast (met twice a week)
AH	DM	POD Exercise
AH	DM	TB recertification practicum
	DM	VFC Site Visit
AH	DM	Covid-19 Community Update meeting
	DM	Rush County Covid-19 Task Force
	DM	Rush County School Nurses
	DM	Rush County School Board
	DM	Health & Human Science Advisory Board (Extension office)
AH	DM	Call the Shots training
	DM	QI Open Forum
	DM	Covid-19 vaccine 1b meeting (met weekly)

2020 ENVIRONMENTAL REPORT



The Environmental Health Specialist (EHS) has broad responsibilities for the prevention and suppression of conditions, which could threaten the health of the citizens of Rush County. Areas include private sewage disposal, retail and temporary food establishment permits and inspections, food-borne illnesses, mosquito surveillance, well water safety, 2020 COVID event plans and complaints pertaining to the health and well-being of our citizens as well as public and semi-public swimming pool inspections. Additional responsibilities include being able to answer questions regarding the health departments role within the community as well as a broad range of questions pertaining to many of the aforementioned areas of responsibility within the health department, permitting and inspection of tattoo establishments and tattoo artists as well as oversight on the environmental cleanup of toxins left behind at a methamphetamine manufacturing site.

Private Sewage Disposal Ordinance of Rush County, the policies and procedures are regulated by the Residential On- Site Sewage Systems Rule 410 IAC 6-8.3. The Environmental Health Specialist reviews soil scientist reports, prepares minimum specification sheets for all on-site meetings, holds on-site meetings with installers and homeowners (or the homeowner's agent), checks plan reviews submitted by the installers following the on-site meeting, issues septic permits, and oversees the final installation of the tank sets, soil absorption fields and subsurface drainages. This all applies to new sites, repairs, and hook-up replacements of private septic systems.

In 2020, we had 47 septic applications in various stages. 26 new residential on-site septic applications were submitted to the health department for consideration. 3 Applications covered replacement, 20 new construction residential on-site systems, 2 commercial on-site system, and 1 repair on-site systems, and 21 were carryover from 2019 which included 1 permit renewal.

26 soil reports from registered soil scientists were submitted to the department for review.

There were no dye tests completed in 2020.

The Environmental Health Specialist works closely with the Indiana State Department of Health (ISDH) District Field Staff when concerns arise with on-site plan reviews, soil absorption fields (SAF), subsurface drainages, and final inspections.

The Environmental Health Specialist works closely with the Indiana State Department of Health (ISDH) District Field Staff when concerns arise with public and semipublic swimming pools. Due to COVID 19, none of the two inspected pools in Rush County were open for the 2020 season, therefore there were no pool inspections completed in 2020.

As part of education to the public, the Environmentalist regularly posts to social media environmental health, food information, and various topics that pertain to the environmentalist position within the health department that may educate the citizens of Rush County.

All food permit holders in Rush County are charged according to Rush County Ordinance #2015-2. Fees for annual food permits and temporary food vendors are outlined in categories of Full Time Food Establishment, Caterer/Mobile Vendor, Mobile Pre-Packaged Frozen Food, Farmers Market Frozen Meat/Vegetables and Cider, First Time Food Permit (last quarter of year) and Temporary Food Permit.

A total of 83 annual food permits were issued in 2019, 68 profit and 15 not for profit. 9 Temporary food permits were issued throughout the year for different food vendors.

Food inspections follow the Indiana State Department of Health Guidelines for Food Safety and the Rush County Ordinance. Due to the onset of COVID-19 in March of 2020, a combined total of 21 food safety inspections were completed during the year. These food inspections included for profit and non-for-profit food establishments both annual and temporary permitted. A total of 1 critical violation, and 17 non-critical violations were discovered during these inspections. Most critical violations were corrected at the time of inspection or may require additional inspections.

The following indicates the top violations for Rush County Retail Food Establishments in no particular order.

Statute Number	Violation Description
295	Soiled food contact items
146	Food Labeling
191	No date mark
433	Mops suspended for drying, to prevent bacteria growth.
173	Cross Contamination
229	Clean ability of food contact items
256	Missing thermometers

The CDC has determined that 60% of all food-borne illness can be attributed directly to the personal hygiene and health of the food establishment employee. As a result, the food establishments with extensive employee handling of raw ingredients should be inspected more frequently than those establishments serving pre-packaged or non-potentially hazardous foods.

The Rush County School lunch program was again held during the summer months for all children in need of a lunch. These lunches are distributed at seven different sites throughout the county. Each site is inspected by this department as part of the food program. Reports are given to the school following the summer program with results of the inspections.

ISDA District Food Protection Field Staff and ISDH Food Specialist continue to work with the local environmental Health Specialist to insure proper food inspections.

The EHS oversees public and semi-private swimming pool inspections. There are currently two public swimming pools in Rush County. Inspections were not held in 2020 of swimming pools due to COVID-19.

In addition, the duties under Indiana's Methamphetamine rule (318 IAC 1-1) with respect to environmental cleanup of toxic waste left behind at a clandestine drug manufacturing site are under the EHS division. In 2020, the department did not receive any Indiana State Police Occurrence Report that indicated Meth Lab had been found in any residence in Rush County.

The EHS investigates all formal written complaints dealing with all environmental and food issues. This year there were a total of 8 written complaints received by the Health Department. All complaint follow ups were made by the Rush County EHS.

Tattoo establishments and tattoo artists are to maintain annual permits and be inspected yearly through the health department. The Environmental Health Specialist oversees this operation. There are currently (0) permitted establishment in Rush County.

Julia Apple attended 123 task force COVID 19 meetings on behalf of the Rush County Health Department throughout 2020 as well as 22 Commissioner meetings, 10 County Council meetings and 10 health board meetings. Julia Apple attended 1 farmers market meeting, 1 in person septic information meeting, 1 stop the bleed meeting, 2 plan review training sessions in Henry County, and 1 meeting regarding meth which was hosted by Rush County. Julia also hosted a septic installer training with ISDH on March 12. Julia obtained 0 certifications in 2020 pertaining to the EHS/Food inspector position as all of her certifications are up to date.

Telephone calls, meetings, and reports continue to fill open spaces in the Environmental Health Services daily routine.

The goal of Environmental Health Services and the Environmental Health Specialist is to continue to strengthen commitment by providing our Rush County Citizens with a Health Department Staff dedicated to the well-being of the citizens of Rush County. The EHS as well as the Health Department staff strives to be a valuable resource to Rush County through cooperation and communication with consumers, state and federal agencies as well as the medical and law enforcement community, thus continuously educating and helping to prevent conditions which could threaten the health of the people of Rush County.

Rush County Environmental Health recap

Annual Report 2019

On Site Septic Systems

Septic Applications	47
New Soil reports	26
Permits Issued	21
Permits Canceled	0
Dye Tests	0
Replace/Repairs	4
Hook Ups	0
Commercial	2
New System	20
Installed	13

Food

Annual Permits Profit/Non Profit	83
Routine Food Inspections	21
Temporary Permits	9
Temporary Inspections	9
Pre Operational Inspections	3
Critical Violations	1
Non Critical Violations	17

2020



REPORT

RUSH COUNTY HEALTH DEPARTMENT

VITAL RECORDS REPORT FOR 2020

Beginning with the year of 1882, Rush County has recorded, and made available to the public, births and deaths in Rush County. Although statistics have advanced to electronic records, we continue to maintain the value on manual archives, housed in books convenient for public viewing.

The Law mandates an "Open Book" Policy, the exception being protected information, such as adoptions and communicable diseases.

The year of 2020 brought us two (2) Births, one (1) Male and one (1) Female. One Free Birth Certificates were issued, as we waive the cost for the first Birth Certificate received, following a new birth. There was one stillbirth reported.

Rush County recorded zero (0) Adoptions, seven (7) Amendments to Births and zero (0) Name changes by Court Order.

One hundred and fifty-six (156) Deaths were reported for 2020; seventy-four (74) were Males and eighty-two (82) were Females. This compares to one hundred thirty-one (131) in 2019. Of those deaths, forty-one (41) were reported as Coroner Cases, with four (4) being Autopsy Cases.

One free Death Certificate is issued to Veterans who served in the U. S. Armed Forces for Veteran Administration benefits. Twenty-one (21) were issued in 2020.

Each month a list of persons that became deceased within Rush County is provided to the Social Security Administration in Richmond, and is also furnished to the Auditor and Clerk of Rush County. The Auditor uses this information to purge names from the exemption list. The Clerk removes these names from their registry of residents.

Vital Statistics is required to pay a Coroner's Fee for the Coroner's Continuing Education Program each year. That cost is currently \$2.25 per Death Certificate.

In 2019 we started using PayGov.US, this allows us to accept credit card payment by phone or walk-in.

The Staff within our office assists in helping all customers when needed. We strive to help with the needs presented by the Public.

REPORT OF VITAL RECORDS STATISTICS 2020

Births Recorded:

Females: 1

Males: 1

Birth Certificates Issued: 302

Uncertified Birth Certificates: 0

Free Birth Certificates Issued: 1

Adoptions: 0

Amendments: 7

Name Change by Court Order: 0

Deaths Recorded: 156

Females: 82

Males: 74

Death Certificates Issued: 663

Uncertified Death Certificates Issued: 2

Free VA Death Certificates Issued: 21

Coroner Cases: 41

Autopsy Cases: 4

Stillbirths: 1

2020

FINANCE



REPORT

RUSH COUNTY HEALTH DEPARTMENT

Financial Report – January 1, 2020 to December 31, 2020

FUND BALANCE OF JANUARY 01, 2020 **\$113,129.36**

OFFICE RECEIPTS

Vital Records - Birth	\$ 6,041.00
Vital Record - Death	\$ 13,270.00
Misc. Income	\$ 2,463.36
Home Nursing	\$ 4,227.00
Office Injections	\$ 840.00
Septic Permit	\$ 4,300.00
Food Permit	\$ 9,730.00
Tattoo & Piercing Permit	\$ -
Tattoo Artist	\$ -

TOTAL OFFICE RECEIPTS **\$ 40,871.36**

Less 2.25 per Death Certificate **\$ 1,491.75**

TOTAL TAX RECEIPTS **\$ 39,379.61**

TAX RECEIPTS

Voided Check	\$45.00
Property Taxes	\$210,945.58
Excise Tax (CVET/LICENSE)	\$14,320.94
Bank Tangibles	\$1,819.39
Treasurer	<u>\$992.86</u>

TOTAL TAX RECEIPTS **\$228,123.77**

GRAND TOTAL RECEIPTS AS OF DECEMBER 31, 2020 **\$267,503.38**

RUSH COUNTY HEALTH DEPARTMENT
Financial Report – January 1, 2020 to December 31, 2020

DISBURSEMENTS

Gross Payroll	\$ 182,375.52
Health Insurance	\$ 44,522.00
Social Security	\$ 13,229.00
Legal Advisor	\$ 4,875.00
Board Members	\$ 2,285.00
Registration & Conference Fees	\$ 748.95
Uniform Allowances	\$ -
Office Supplies	\$ 1,321.55
Medical & Environmental Supplies	\$ 970.56
Copier, Fax & Copier Supplies	\$ 633.65
Water Testing	\$ -
Postage	\$ 359.31
Travel	\$ 617.93
Telephone	\$ 439.76
Liability Insurance (R.N.'s)	\$ 222.00
Rebinding Records	\$ -
Maintenance - Office Equipment	\$ 10,449.27
Dues & Subscriptions	\$ 110.00
Required Physicals	\$ -
Professional	\$ -
Repairs/ Maint	\$ 399.62
Verrill Rider	\$ 80.00

GRAND TOTAL DISBURSEMENTS AS OF DEC. 31, 2020 \$ 263,639.12

FUND BALANCE AS OF JANUARY 1, 2020	\$ 113,129.36
2019 TOTAL RECEIPTS	\$ 267,503.38
2019 Total Disbursements	\$ 263,639.12
FUND BALANCE AS OF DECEMBER 31, 2020	<u><u>\$ 116,993.62</u></u>

2020 PREPAREDNESS REPORT



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Rush County COVID 2020 Year-End Report

The purpose of this report is to provide our membership with an overview of the events, include statistics, and deliver information regarding activities surrounding SARS-COV-2 as they occurred during 2020.

DATE	DECISION, ACTION, or DIRECTIVE
January 13	Health Department and Emergency Management begin collaboration on possibilities of COVID -19 spreading
February 5	Meeting held with county EMS Providers
February 20	Health Department begins reviewing and updating Pandemic Plans
March 12	Joint meeting with Community Partners is hosted by the Health Department at Rush Memorial Hospital
March 17	COVID-19 Information released to the public by Health Department
March 18	County Commissioners pass Ordinance 2020-03 Restrictions for COVID-19 supported by Rushville city and County Health Officer valid thru April 16
March 19	Rush County COVID Task Force begins meeting
March 19	Local City and County Officials on radio to discuss COVID-19
March 23	County Commissioners pass Resolution 2020-04 Declaring Health Emergency and Emergency Powers thru April 6th
March 23	Distribution of on hand N95 mask to Local Responders and Long Term Care facilities
March 24	Rush County Records first case of COVID
March 30	Rush County Schools move to eLearning
April 3	Ordinance 2020-05 issued extending COVID Restrictions thru May 1
April 3	Resolution 2020-06 issued extending Health Emergency thru May 1
April 3	County records first COVID Death
April 4	Community Assistance Food Pantry and Gleaners Food Distribution begins monthly drive thru site at fairgrounds
April 13	Request for needed PPE for First Responders sent to IDHS
April 16	Request for needed PPE for Long Term Care and EMS sent to ISDH
April 17	Local County and City Officials release COVID update video thru Social Media
April 21	Received shipment of needed PPE from ISDH and Distributed to Long Term Care and EMS Agencies
April 27	Re-Open Meeting held with community partners at High School Cafeteria
April 30	31 Cases, 1 Death, 188 Tested
May 1	Rush County begins Re-Opening in line with Governors Executive Orders

Rush County COVID 2020 Year-End Report

May 4	Ordinance 2020-9 issued to follow Sate Executive Order 20-6 till July 4 with local modifications
May 4	COVID Update on Re-Opening from EMA released on social media
May 4	Received PPE from IDHS
May 5	Begin issuing PPE to Dentists/Doctors and other Ancillary Medical
May 8	Health Officer, Dr. Daugherty released video update
May 12	Received PPE from ISDH
May 13	Health Department received COVID Test supplies – Transferred to RMH
May 19	Rush County Fair Cancelled with some track events to proceed
May 19	Rush County Extension announced 4H Virtual Exhibit Guidance on beginning July 5
May 22	Ordinance 2020-13 issued to establish early voting guidelines
May 29	Rush County Schools Superintendent and EMA discuss school possibilities
May 31	47 Cases, 2 Deaths, 591 Tested
June 12	Commissioners issue guidelines for the courthouse to reopen to the public June 22
June 22	Additional PPE delivered to Long Term Care facilities
June 23	Health Officer, Dr. Daugherty released video update
July 1	Meeting with local officials for Fireworks setup
July 4	Rushville Fireworks held with social distancing in place behind Rushville Elementary School
July 16	School Backpack and Free milk distribution held at fairgrounds
July 21	Community Assistance Food Pantry and Gleaners begin 2 nd monthly food distribution drive thru at fairgrounds
July 23	Meeting held with county EMS Providers
July 30	79 Cases, 4 Deaths, 1615 Tested
August 3	Rush County begins new color coded zone from ISDH in the Blue
August 5	Rush County Schools open with hybrid system
August 5	Received PPE from IDHS
August 31	133 Cases, 4 Deaths, 2475 Tested
August 31	Picked up additional PPE and supplies from IDHS
September 21	Testing agreement between Rush County and Rush Memorial Hospital
September 30	158 Cases, 4 Deaths, 3011 Tested
October 20	Distributed additional PPE to Long Term Care
October 29	Requested additional PPE from ISDH

Rush County COVID 2020 Year-End Report

October 29	Joint Resolution signed by County Commissioners/Mayor of Rushville/School Superintendent/County Health Officer for Local Restrictions of Gatherings
October 30	296 Cases, 4 Deaths, 3729 Tested
November 11	Additional PPE distributed to Long Term Care
November 30	607 Cases, 8 Deaths, 4964 Tested
December 18	Rush Memorial Hospital Walk-In Clinic begins providing vaccine to Healthcare Workers
December 31	1170 Cases, 13 Deaths, 6333 Tested

Rush County Health Department PPE Issued that was already on hand or purchased.

Procedure Masks	N95 Masks	Gowns			Face Shields	Boxes/Gloves			
		S/M	L	XXL		S	M	L	XL
1800	5100	4	45	30	395	50	33	44	49

Issued

to: Rush County Sherriff

Rushville PD

Rush County Jail

Rushville Fire/EMS

Millers Merry Manor

Flatrock River Lodge

Hospital

Meridian Health

Rush County Community

Assistance

Doctors' Offices

County Coroner

Funeral Homes

Volunteer Fire/EMS

County Offices

Purchased: 6000 Procedure masks, 500 N95 masks

Purchased Gloves: 8 case Small, 10 case Med, 8 case Lg, 8 case XLg

Received 6 Boxes XL Gloves from RMH

Received 2400 masks from Emerson/Copeland

Rush County COVID 2020 Year-End Report

Fire Departments	580																				250	
Law Enforcement																						55
Coroner															2	1	1					
Rush County Schools	2900																					
Vaccine Clinic						16																
Totals	3900	4020	574	2650	36	18	3280	34	97	93	14											305

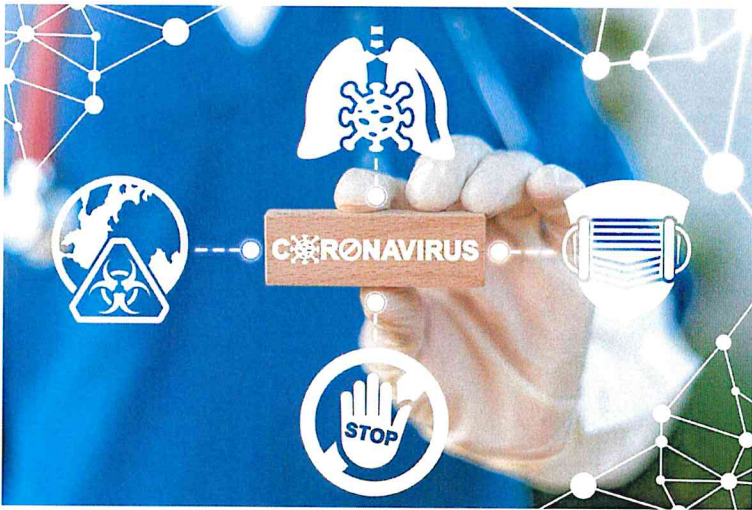
Task Force Meetings: 80

COVID Specific Web Meetings: 39

Social Media: Approximately 252 post were made to Facebook with the highest view receiving a reach of 34,940. The Facebook page is also linked to Twitter. Posts included information on COVID, Ordinances, Resolutions, released videos, testing, ISDH Daily totals, closings and openings.

Some of the PPE Received from ISDH for Long Term Care and EMS. West Courthouse Doors while Closed





COVID-19 IN 2020

A District 6 Healthcare Coalition Year-End Report



Indiana District 6
HEALTHCARE COALITION

I. INTRODUCTION

With over 120 participating organizations, the District 6 Healthcare Coalition is charged with the mission of improving health care delivery system readiness, improving patient outcomes, and enabling recovery amongst its membership. This mission is hallmarked through strategic emergency planning and creating a comprehensive, integrated health network.

Over the past four years, the composition of the organization has changed rapidly with the inclusion of (17) participating healthcare sub-types. Not only has there been challenges in locating and organizing each healthcare sub-type into the organization, but the Healthcare Coalition has worked tirelessly to create plans that encompass the spectrum of the entire organization.

Nearing the end of 2019, the world watched as the first reported cases of the novel coronavirus soared in Wuhan, China. In the transition to 2020, many concerning questions still remained about the highly contagious virus, with many unknowns about transmissibility and death rates.

One year later, no city, large or small, healthcare organization, or business could have been effectively prepared for the most significant pandemic of our modern era. The SARS-COV-2 pandemic interrupted the economy world-wide and created a supply chain crisis for the entire world.

II.PURPOSE

The purpose of this report is to provide our membership with an overview of the events, include statistics, and deliver information regarding Federal, State, and HCC activities surrounding SARS-COV-2 as they occurred during 2020. The year-end report will also review strengths and weaknesses as identified in the HCC mid-term AAR completed in May of 2020 and will provide an overview of accomplishments made by the HCC during 2020.

The overall intent of this report is to provide member organizations with data collected from the HCC's multi-agency coordination center to improve their own agency reporting requirements and for the purpose to improve overall individual, regional, and statewide plans.

As soon as it becomes safe enough to meet in person, the HCC will work with all agencies to create a comprehensive after-action report and improvement plan for SARS-COV-2.

III. SCOPE

The scope of this year-end report is limited to Healthcare Coalition Multi-Agency Coordination Center activity and known activities from the HCC Executive Committee,

the State of Indiana, the Federal government, and key core membership activities communicated during the response phase of the pandemic. The report assumes no comprehensive status for all membership of the Healthcare Coalition.

IV. TIMELINES

A. Federal

As the year of 2020 ended, the United States surpassed 20 million infections from SARS-CoV-2, and more than 346,000 deaths. Below is a timeline of how the pandemic progressed throughout 2020 on a national/International level.

DATE	DECISION, ACTION, or DIRECTIVE
January 9	WHO announces mysterious coronavirus-related pneumonia in Wuhan, China
January 21	CDC confirms first U.S. coronavirus case
January 21	Chinese scientist confirms Covid-19 human transmission
January 23	Wuhan now under quarantine
January 31	WHO issues global health emergency
February 2	Global air travel is restricted
February 3	U.S. declares public health emergency
February 10	China's Covid-19 deaths exceed those of SARS crisis
February 25	CDC says Covid-19 is heading toward pandemic status
March 6	21 passengers on California cruise ship test positive
March 11	WHO declares Covid-19 a pandemic
March 13	Trump declares Covid-19 a national emergency
March 13	Travel bans on non-U.S. citizens traveling from Europe goes into effect
March 17	University of Minnesota begins testing Hydroxychloroquine
March 17	CMS temporarily expands use of telehealth
March 17	Administration asks Congress to send Americans direct financial relief
March 19	California issues statewide stay-at-home order
March 24	With clinical trials on hold, innovation stalls
March 25	Reports find extended shutdowns can delay a second wave
March 26	Senate passes CARES Act (Coronavirus Aid, Relief, and Economic Security Act)
March 27	Trump signs CARES Act into law
March 30	FDA authorizes use of Hydroxychloroquine
March 31	JAMA states Covid-19 can be transmitted through the eye
April 8	Troubles with Covid-19 cocktail
April 16	"Gating Criteria" released by the White House as a way to re-open the economy
April 28	Young, poor avoid care for Covid-19

April 29	NIH trial shows early promise for Remdesivir
May 1	Remdesivir wins EUA
May 9	Saliva-based diagnostic test allowed for at-home use
May 12	Fauci tells U.S. Senate that death toll likely underestimated
May 21	U.S. and AstraZeneca form vaccine deal
May 28	U.S. Covid-19 deaths pass the 100,000 mark
June 4	Lancet, NEJM retract Covid-19 studies on hydroxychloroquine
June 10	U.S. Covid-19 cases reach 2 million
June 16	HHS announces Covid-19 vaccine doses will be free for some
June 18	WHO ends study into hydroxychloroquine
June 20	NIH halts trial of hydroxchloroquine
June 22	Study suggests 80% of cases in March went undetected
June 26	White House coronavirus Task Force addresses rising cases in the south
June 29	Gilead sets price for Remdesivir at \$3120.00
July 2	States reverse re-opening plans including Indiana
July 6	Scientists, citing airborne transmission, ask WHO to revise guidance
July 7	CMS plans to pay more for home dialysis equipment keeping patients out of dialysis centers
July 7	U.S. surpasses 3 million infections, begins WHO withdrawal
July 9	WHO announces Covid-19 can be airborne
July 14	States with Covid-129 spikes report greatest health insurance coverage losses
July 14	Early Moderna data point to vaccine candidate's efficacy
July 14	New hospital data reporting protocol prompts concern because of bypassing CDC
July 16	U.S. reports new record of daily Covid-19 cases
July 20	Diagnostic delays from Covid-19 may increase cancer-related deaths
July 21	Vaccines from AstraZeneca, CanSino Biologics show promising results
July 22	HHS, DOD announce vaccine distribution plan agreement with Pfizer and BioNTech
July 23	Antibody levels drop after first 3 months of Covid-19 infection according to NEJM
July 23	Antibody cocktail may treat, prevent Covid-19
July 27	Senate introduces HEALS Act (Health, Economic Assistance, Liability protection, and Schools Act)
July 29	FDA grants Truvian EUA for rapid antibody test
August 3	New U.S. pandemic phase
August 4	Rural hospitals face lack of ICU beds
August 11	Trump administration reaches deal with Moderna
August 12	Severe obesity increases mortality risk from Covid-19 says Kaiser Permanente
August 13	Biden calls for three-month mask mandate
August 15	FDA issues EAU for SalivaDirect saliva test

August 17	Covid-19 now third leading cause of death in U.S.
August 23	FDA issues an EUA for Convalescent Plasma
August 24	Remdesivir's clinical benefits questioned
August 25	CDC changes testing guidance, but later reverses itself
August 26	FDA grants EUA to Abbott's rapid test
August 28	First known case of Covid-19 reinfection reported in U.S.
September 1	U.S. rejects WHO global Covid-19 vaccine effort
September 3	Steroids reduce mortality in severe cases; Sanofi and GSK begin human vaccine trials
September 3	Bioethicists weigh in on equitable vaccine distribution. (Fair Priority Model)
September 8	AstraZeneca halts phase 3 vaccine trial
September 14	U.S. airports stop screening international travelers
September 14	Pfizer and BioNTech expand phase 3 trails
September 14	NIH launches investigation into halted AstraZeneca trial
September 15	CDC reports on spread Of Covid-19 at restaurants
September 16	Trump administration releases vaccine distribution plan. Vaccine free to all Americans
September 17	Europe reports rising Covid-19 cases
September 21	CDC pulls guidance saying Covid-19 is airborne
September 21	Johnson & Johnson begins phase 3 vaccine trial
September 23	A new, more contagious strain of Covid-19 is discovered
September 25	Midwest states see increase in Covid-19 cases
September 28	Global Covid-19 deaths surpass 1 million
September 29	HHS to distribute 100 million rapid tests to states
September 29	Regeneron announces positive results for monoclonal antibody treatment
October 8	NEJM criticizes Trump's Covid-19 response; 39 states see case spikes; Wisconsin and Hawaii report record number of deaths in a seven-day period
October 8	White House covid-19 outbreak grows to 34
October 9	U.S. signs deal with AstraZeneca to develop an antibody treatment
October 12	Johnson & Johnson halts vaccine trial over a patients unexplained illness
October 15	U.S. cases spike again with 60,000 new cases
October 15	Studies connect blood type and Covid-19 risk
October 19	Global cases top 40 million
October 22	FDA approves Remdesivir as first Covid-19 drug
October 23	AstraZeneca and Johnson & Johnson announce restart od Covid-19 vaccine trials
October 28	CMS issues vaccine, treatment coverage rules
November 4	U.S. reports unprecedented 100,000 cases in one
November 5	Study predicts difficulties in nationwide Covid-19 immunity
November 9	Pfizer publishes vaccine results

November 9	Biden announces CovidEUA for second antibody treatment-19 transition team
November 9	FDA issues EUA for Eli Lilly's antibody treatment
November 11	Study shows indoor venues responsible for much of Covid-19 spread
November 16	Moderna reveals vaccine efficacy results
November 16	FDA to move rapidly on EUA's for Pfizer and Moderna vaccines
November 17	Fauci highlights the need for long-term follow-up of Covid-19 effects
November 18	Pfizer and BioNTech vaccine are 95% effective
November 19	Pfizer and BioNTech submit their Covid-19 vaccine to the FDA for an EUA
November 23	AstraZeneca reports vaccine is 90% effective
November 23	FDA grants EUA for second antibody treatment. This one from Regeneron
December 10	FDA advisory panel recommends Pfizer and BioNTech vaccine
December 11	FDA agrees to EUA for Covid-19 vaccine from Pfizer and BioNTech
December 17	FDA panel backs Moderna Covid-19 vaccine
December 18	FDA signs off on EUA for Moderna's Covid-19 vaccine
December 21	New Covid-19 variant circling the UK
December 23	U.S. buys 100 million more Pfizer vaccine
December 28	Noravax starts phase 3 trial of Covid-19 vaccine
December 29	First U.S. case of new Covid-19 variant found in Colorado
December 30	UK approves emergency authorization for the AstraZeneca and Oxford Covid-19 vaccine
December 31	U.S. falls short of goal to give 20 million vaccinations by year end

B. State of Indiana

As of January 28, 2021 Indiana reported 619,995 Covid-19 cases and 9,504 deaths. All 92 counties have reported cases. Below is a timeline of actions within the state.

DATE	DECISION, ACTION, or DIRECTIVE
March 6	Indiana health officials announce the first confirmed case of Covid-19 in Indiana
March 6	Gov. Holcomb declares a State of Emergency expiring April 5
March 16	First Indiana death from Covid-19 announced. Gov. Holcomb ordered all bars, restaurants, and nightclubs to close to in-house patrons
March 16	Gov. Holcomb issues Executive Order 20-04 including activation of the Indiana National Guard, moving the state EOC to Level 1, guidance for gatherings, cancellation or postponement of elective surgeries, commitment of state resources
March 19	Gov. Holcomb announces State of Emergency to be extended for an additional 30 days beyond April 5
March 19	Gov. Holcomb announces all K-12 schools were to remain closed until at least May 1-Executive Order 20-05

March 19	Gov. Holcomb issues Executive Order 20-06 prohibiting evictions and foreclosures. Utilities prohibited from disconnecting services -06
March 19	Extensions for paying income and property taxes were granted
March	Gov. Holcomb issues Executive Order 20-07 postponing the 2020 Indiana Primary Election
March 23	Gov. Holcomb issues Executive Order 20-08, a stay-at-home order effective March 25 through April 7
March 23	Public gatherings were limited to 10 people
March 23	Non-essential businesses were ordered to close or allow employees to work from home
March 23	Essential businesses were announced to be grocery stores, pharmacies, home improvement stores, auto repairs, medical providers, gas stations, pet care, trades, and professional services
March 23	Penalties for violating the stay-at-home order were announced to be a fine up to \$1,000 and 180 days in jail
March 23	GOV. Holcomb issued additional Executive Orders closing many state government offices, extending state-issued licenses and permits for 60 days, allowing Indiana Alcohol and Tobacco Commission the authority to revoke or suspend liquor licenses for non-compliance
March 26	Gov. Holcomb issues Executive Order 20-12 suspending one week waiting period for unemployment and several other provisions for helping Hoosiers
March 30	Gov. Holcomb issues Executive Order 20-13 regarding temporary facilities for patient care, temporary licensure for healthcare workers, conservation of PPE, telemedicine during emergency
March 31	Gov. Holcomb issues Executive Order 20-14 concerning in-dining services
April 2	All K-12 schools will provide remote instruction for remainder of 2019-20 school year
April 2	Gov. Holcomb issues Executive Order 20-16 regarding Educational Matters and Covid-19, K-12 schools, teacher licensing, graduation requirements, school year
April 3	Gov. Holcomb extended the stay-at-home order by 2 weeks until April 20
April 3	Gov. Holcomb extended the state public health emergency by 30 days to May 3 with Executive Order 20-17
April 6	Gov. Holcomb announced that the stay-at-home order would be extended on April 20 to May 1 with Executive Order 20-18
April 7	Executive Order 20-19 issued concerning home health orders, temporary licensure for healthcare providers, designation of certain workers as health care providers under FFCRA, and stand-by guardian designations
April 9	Executive Order 20-20 issued suspending numerous Indiana Codes for the duration of the health emergency for education
April 12	Covid-19 cases are reported in all 92 counties

April 15	Executive Order 20-21 issued concerning temporary licensure for recent health care graduates, registration requirement for those granted temporary licensure, and continuing education for healthcare providers
April 20	Executive Order 20-22 issued extending stay-at-home order
April 23	Executive Order 20-23 issued waiving in-person designation of a health care representative and additional relief for the business community.
April 24	Executive Order 20-24 issued regarding resumption of elective and non-urgent medical procedures
May 1	Executive Order 20-25 issued extending the public health disaster emergency for 30 days expiring on June 4, 2020
May 1	Gov. Holcomb announced a five-stage plan in Executive Order 20-26 detailing the gradual re-opening of business sectors culminating on July 4 with a complete re-opening, contingent on 4 guiding principles: <ul style="list-style-type: none"> • The number of hospitalized Covid-19 patients state-wide has decreased for 14 days • The state retains the ability to test all who are symptomatic as well as healthcare workers, essential workers, first responders and others as delineated • The state retains its surge capacity for Critical Care beds and ventilators • Health officials have systems in place to contact all who test positive and complete contact tracing
May 1	Additional restrictions remained in place for the three hardest hit counties: Cass, Lake, and Marion
May 8	Executive Order 20-27 issued concerning extension of professional licensure renewals and access to covid-19 test results among other directives
May 21	Executive Order 20-28 issued regarding re-opening Indiana in stage three
May 31	Executive Order 20-29 issued eliminating restriction of travel by local governments
June 3	Executive Order 20-31 issued regarding extension of professional licensure renewal until June 30 a professional licensure among other directives
June 4	Indiana State Fair cancelled
June 11	Executive Order 20-32 issued regarding Back on Track Indiana: Stage Four
June 30	Executive Order 20-33 issued extending temporary licensure of health care workers for an additional 90 days among other directives
July 1	Executive Order 20-34 issued extending the public health emergency by 30 days to August 3
July 1	Executive Order 20-35 issued regarding Back on Track Indiana: Stage 4.5

July 16	Executive Order 20-36 issued regarding the continuation of Back on Track Indiana: Stage 4.5
July 24	Executive Order 20-37 issued regarding face covering requirement
July 30	Executive Order 20-38 continuing health emergency to September 2
July 30	Executive Order 20-39 issued concerning the second continuance of Back on track Indiana Stage 4.5
August 18	Notre Dame cancels classes for two weeks
August 20	Purdue suspends 36 students for off-campus parties
August 21	Executive Order 20-40 concerning childcare during health care emergency
August 26	Executive Order 20-41 extends public health emergency to October 2
August 26	Executive Order 20-42 is the third continuance of Back on Track Indiana: Stage 4.5
August 28	Notre Dame resumes classes
September 1	30 of 40 IU fraternity and sorority houses are under quarantine
September 24	Executive Order 20-43 issued beginning Back on Track Indiana Stage 5: The New Normal During a Global Pandemic beginning on September 26
September 24	Executive Order 20-44 extends public health emergency by 30 days to November 1
September 29	Executive Order 20-45 extending temporary licensure of health care workers by 90 days among other directives
October 15	Executive Order 20-46 extending Stage 5 to November 14
October 30	Executive Order 20-47 extends public health emergency to December 1
November 13	Executive Order 20-48 rescinded Executive Order 20-46 until December 12 and implemented county by county assessments for implementation and restrictions with color coded zones; blue, yellow, orange, and red, weekly assessment by state health commissioner, face covering, hospitals directed to implement evidence-based criteria to ensure sufficient capacity to care for all patients, social gatherings requirements, event directives, and K-12 requirements
December 1	Executive Order 20-49 extends the public health emergency by 30 days to December 31
December 1	Executive 20-50 extends county-based initiatives until January 3, 2021
December 22	Executive Order 20-51 extends temporary licensure for health care workers by 90 days and defines who may administer Covid-19 vaccinations,
December 31	Executive Order 20-52 extends public health emergency to January 30, 2021
December 31	Executive Order 20-53 extends Executive Order 20-48 until January 24, 2021

C. District-6 Healthcare Coalition

As of January 28, 2021 District-6 reported a total of 57,480 cases of Covid-19 and 1,065 deaths. Below is a timeline and actions taken by the District-6 Healthcare Coalition.

DATE	DECISION, ACTION, or DIRECTIVE
January 29	Distributed EMS guidance for Covid-19
January 30	First IHAN alert/advisory for Covid-19
January 31	District-6 HCC Juvare Super User Training
February 4	First organized ISDH conference call on Covid-19
February 5	ISDH news release-Actions to address Covid-19
February 7	ISDH web cast briefing on Covid-19
February 7	Issued Hospital PPE survey
February 11	Weekly ISDH conference calls initiated
February 12	HCC Executive Committee meeting: <ul style="list-style-type: none"> • PPE acquisition development • Notable shortages of N-95 respirators identified
February 17	CDC Webinar- Public Health Law Review for Potential Covid-19 Outbreak
February 19	Distributed to members the CDC flyer for organizing PPE
February 24	ISDH advising creating boards in EMResources for Covid-19
February 27	U.S. Health and Human Services webinar on Covid-19
February 28	ISDH webinar on Covid-19
February 28	First District-6 purchase of masks
March 2	ISDH launches EMResources boards for Covid-19
March 2	Notification of supply chain disruption from CDC/ISDH
March 2	IHAN update states 43 confirmed U.S. cases
March 6	District-6 HPPC Emergency conference call
March 6	First identified Indiana Covid-19 case
March 9	MACC limited activation for: <ul style="list-style-type: none"> • Operational Communication • Operational Coordination
March 12	Widespread cancellation of events throughout District-6 and state
March 12	District-6 cancels all group meetings
March 13	Superintendent of Public Instruction closes K-12 schools
March 16	First Indiana death
March 16	D6 MACC distributing COVID research via social media outlets
March 26	District-6 HCC EMS Readiness Order
March 27	District-6 HPPC Conference calls ref. supplies
March 28	District-6 HCC EMS Ambulance Strike Team readiness update
April 3	District-6 HPPC Conference call-updates
April 9	District-6 EMS Coalition has (3) Ambulance Strike Teams available
April 12	Covid-19 in all District-6 counties and all 92 Indiana counties
April 16	District-6 HCC begins daily situational reports

April 17	Estimated peak of overall hospital census for District-6 hospitals
May 1	District-6 HCC takes delivery of (6) Portable Data Networks
May 4	District-6 MACC deactivates
May 15	District-6 HCC orders Air Boss Defense Isopods for patient transport
June 1	District-6 HCC enters agreement for warehouse supply space
June 3	District-6 HCC discontinues daily situational reports
July 6	District-6 HCC finalizes inventory control plan and begins receiving PPE to warehouse
July 22	District-6 HCC re-starts daily situational reports to membership
August 14	District-6 HCC Executive Committee to finalize PPE distribution models
October 1	Vaccine allocation planning begins with Hospital and Health Departments- vaccine anticipated as early as November 15
October 8	District-6 HCC begins PPE packaging/storage to county levels in event for rapid distribution
October 12	District-6 HCC partners with Elsewhen Technologies to create share point repository for website to store plans, directory, membership articles
November 6	District-6 HPPC begins bi-monthly conference calls for hospital updates on surge and local issues
November 16	District-6 HCC re-starts daily tracking of increased COVID metrics by county and overall hospital surge census
November 20	District-6 HPPC Conference Call for hospital updates and local issues
December 4	District-6 hospitals experience COVID census totaling 365 patients
December 4	District-6 HPPC Conference Call for hospital updates and local issues
December 8	District-6 hospitals highest ICU bed usage with 85.5% of ICU beds occupied
December 7	District-6 HCC Executive Committee unanimously vote to distribute PPE to all ESF-8 health departments for distribution to all healthcare organizations
December 15	District-6 Operation Frontline Endeavor/PPE distribution to all District-6 Health Departments
December 15	Vaccine received in District-6
December 17	Vaccine first doses administered

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D. District-6 MACC Actions 2020

- Daily Surveillance reports beginning on April 16, 2020 from Training and Education Coordinator
- PPE surveillance via EMResouces
- PPE Strategic National Stockpile coordination
- Pandemic Plan revision
- PPE acquisition for warehouse
- PPE distribution from warehouse to local Health Departments
- Sourcing PPE availability
- Alternative PPE supply vetting
- Resource Request Process development
- EMS Strike Team formation and Call to Ready
- Share Point Repository development
- ISO-POD acquisition and policy development
- ISO-POD training development
- Radio Cache acquisition and policy development
- Portable Data Networks acquisition and policy development
- Situational awareness and information sharing across District-6 for logistics and supply management
- Developed Pediatric Surge Plan
- Developed Inventory Control Plan
- Developed At-Risk Population Plan
- Maintained communication with ISDH
- Developed Chain of Custody procedures and documents
- Created Crisis Standards of Care Plan
- Created COOP Plan
- Created a Highly Infectious Disease Plan
- Conducted a Resource Request drill
- Reviewed and revised Mass Fatality Plan
- Created Volunteer Management Plan
- Reviewed/revised Communication Plan
- Reviewed/revised Hazard Vulnerability Analysis
- Vaccine allocation planning for District-6 hospitals and Health Departments in coordination with ISDH

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V. DISTRICT-6 STATISTICS

A. Covid-19 Cases by County

The following table represents data last updated January 28, 2021 for the year 2020 by the Indiana State Department of Health.

County	Cases	Deaths	Population	Cases/100k
Blackford	1,129	23	11,758	9,602.00
Delaware	9,284	136	114,135	8,134.20
Fayette	2,519	49	23,102	10,903.80
Grant	6,090	119	65,769	9,259.70
Henry	5,162	66	47,972	10,760.40
Howard	8,438	151	82,544	10,222.40
Jay	1,701	23	20,436	8,323.50
Madison	11,167	228	129,569	8,618.60
Randolph	2,167	48	24,665	8,785.40
Rush	1,578	18	16,581	9,516.90
Tipton	1,357	33	15,148	8,958.30
Union	635	7	7,054	9,002.00
Wayne	6,253	164	65,884	9,490.90
Totals	57,480	1,065	624,617	9,202.44

Source: Indiana State Department of Health (ISDH)

B. Vaccines Administered in 2020

As of December 29, 2020 Indiana had administered 76,000 Covid-19 vaccine doses statewide, equivalent to 1.13% of the population of the state according to ISDH.

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C. Covid-19 2020 Hospitalizations and ED Visits District-6

Total Covid-19 hospitalizations and ED visits, by county, within District-6, March 1-December 31, 2020:

County	Hospitalizations	ED Visits
Blackford	115	253
Delaware	794	1,148
Fayette	269	634
Grant	592	2,061
Henry	455	884
Howard	660	1,205
Jay	167	318
Madison	793	1,733
Randolph	225	417
Rush	108	234
Tipton	111	242
Union	38	75
Wayne	664	1,305
Totals	4,991	10,509

Source: Regenstrief Institute

D. Covid-19 Testing District-6

Covid-19 testing, by county, within District-6, March 1-December 31, 2020.

County	Total Tested	Total Positive
Blackford	4,657	1,031
Delaware	40,655	8,289
Fayette	9,488	2,404
Grant	21,083	5,639
Henry	20,483	4,851
Howard	34,143	6,844
Jay	5,960	1,591
Madison	40,062	8,483
Randolph	9,145	2,220
Rush	5,185	1,162
Tipton	4,786	1,118
Union	2,614	565
Wayne	28,081	5,965
Totals	226,342	50,162

Source: Regenstrief Institute

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VI. 2021 PROPOSED ACTIONS

Looking forward to 2021, the District-6 Healthcare Coalition will continue to communicate with all District-6 members and coordinate any necessary actions needed throughout the district.

The District-6 Healthcare Coalition will continue to monitor and assess the following during 2021:

- Covid-19 infection rates within District-6 and beyond
- Personal Protective Equipment (PPE) caches throughout the District
- Medical supply caches throughout the District
- Warehoused supplies
- Hospital surge capacities within District-6
- Collection and dissemination of Covid-19 information
- Continued communication with all responders
- Re-opening of the District-6 Healthcare Coalition group meetings
- Continue to maintain a unified and coordinated operational structure
- Development of mass casualty medical supply throughout the district
- ISO-POD training delivery
- Continued supply sourcing

