



Arkansas Department of Health

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Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 17, 2020

Directive, Order and Approval of Emergency Responder Activities

On March 11, 2020, Governor Asa Hutchinson issued a Public Health Emergency Declaration for the State of Arkansas as a result of COVID-19. On April 14, 2020, the Governor issued Executive Order 20-18, to assure the provision of supplies and medical treatment as necessary to ensure the healthcare system in the state has adequate capacity to provide care to all who need it during the COVID-19 emergency.

Under Executive Order 20-18 and the Governor's and the Secretary of Health's lawful authority concerning Public Health Emergencies, the Secretary of Health has determined that it is necessary and appropriate to take further action to ensure that COVID-19 remains controlled and that residents and visitors in Arkansas remain safe.

1. Pursuant to EO 20-18(2), the Secretary hereby directs and orders emergency responders, as defined by Ark. Code Ann. § 12-75-103(7), including physicians and other health care providers licensed, registered, certified or otherwise legally permitted to practice in this state and all licensed health care facilities legally permitted to provide services in support of this state and their administrators to provide medical and health care, assistance, and advice in response to the COVID-19 pandemic during the declared emergency.

2. Pursuant to EO 20-18(3), the Secretary hereby approves the following emergency management functions of emergency responders taken, to the extent necessary, from and after the date of the Public Health Emergency Declaration of March 11, 2020, as needed to respond to the COVID-19 emergency and pursuant to federal and state laws and regulations in effect at the time: (a) triage, diagnostic testing, and/or treatment to patients with known or suspected COVID-19; (b) services provided in response to personnel shortages caused by COVID-19; (c) cancelling, postponing or denying elective surgeries or procedures or other routine care; (d) redeploying or cross training staff not typically assigned to such duties, to the extent necessary to respond to the COVID-19 outbreak; (e) planning to or enacting crisis standards of care measures, such as modifying numbers of beds, preserving personal protective equipment, and triaging access to services or equipment; and (f) reducing recordkeeping requirements to the extent necessary for health care providers and facilities to perform tasks as may be necessary to respond to the COVID-19 outbreak.