



Missouri Hospital Association has compiled a list of resources and considerations for hospital operational preparation and deployment of services during the COVID-19 response. The FAQ will be updated as new developments occur.



TESTING

Where can I find new criteria to guide evaluation and lab testing from the Missouri Department of Health and Senior Services?

On April 22, Dr. Randall Williams and the State Public Health Laboratory [released a new PCR testing algorithm](#) to determine eligibility for public health lab testing. This new algorithm is being used by the call center to determine if testing by SPHL will be approved. Significant changes include:

- Symptomatic health care workers, law enforcement officers, fire department staff and others who are considered first responders **DO NOT** need a prior contact with a positive COVID-19 patient for testing.
- Qualifying symptoms have been expanded to include fever **OR** cough, shortness of breath, chills, muscle pain, headache, sore throat, new loss of taste/smell, etc. The requirement of the 100.4 temperature has been removed.

What nonhospital-based COVID-19 testing options are available?

In an [April 23 news release](#), DHSS outlines the increased testing capacity, which allows Missouri to expand criteria for patient testing.

The SPHL will be working with at least 15 private national and in-state labs, along with participating health care institutions, to produce 50,000 tests each week.

What is the future of serology testing to detect the presence of coronavirus antibodies?

The U.S. Food and Drug Administration issued a pair of emergency use authorizations for serology tests to detect for the presence of coronavirus antibodies. The EUAs were

issued to [Ortho-Clinical Diagnostics, Inc.](#) for its VITROS Immunodiagnostic Products Anti-SARS-CoV-2 Total Reagent Pack and [Chembio Diagnostic Systems, Inc.](#) for its DPP COVID-19 IgM/IgG System.

When should a patient be tested for COVID-19?

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and [whether the patient should be tested](#). Most patients with confirmed COVID-19 have developed fever (>100.4) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 to make informed decisions related to infection control.
- Other symptomatic individuals such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease and chronic kidney disease).
- Any individuals including health care personnel, who, within 14 days of symptom onset, had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from an affected area.

Will a faster test be available?

On March 22, the FDA [issued](#) the first emergency use authorization for a point-of-care COVID-19 diagnostic for the Cepheid Xpert Xpress SARS-CoV-2 test. This test will provide Americans with results within hours, rather than days with plans to roll out by March 30.



PERSONAL PROTECTIVE EQUIPMENT (PPE)

What precautions are necessary to avoid exposure and transmission of COVID-19?

All health care providers should adhere to strict droplet and contact precautions for all patients COVID-19 positive and/or for PUI. N95 respirators and/or PAPRs should be used for any aerosolizing procedures including during intubation, nebulizer treatments, etc.

How can PPE be conserved, cleaned and used for longer periods of time?

New, evolving guidance has been reported on how to lengthen the life of PPE and effective cleaning and sterilization procedures. It is important to note that any results are very preliminary and should be implemented with caution and only during concerns with PPE shortages.

- **Federal guidance on PPE usage** OSHA has [issued waivers](#) for N95 fit tests and expiration dates.
 - OSHA [recommendations](#) and [FAQs](#) related to PPE shortage, usage of expired gowns and masks
 - Harbor Freight is [donating](#) N95 masks, face shields and nitrile gloves to hospitals. Email PPE needs to hospitalhelp@harborfreight.com
- [Resource](#) from Emory University School of Medicine, Donning/Doffing and Conserving and Cleaning PPE
- [CDC Pandemic Planning: Extending Use of N95s](#) (last updated 2018)
- [The University of Nebraska Medical Center protocol for UV light decontamination and reuse of N95](#)
- [Battelle](#) – state processing on N95 masks

What is being done to ensure adequate PPE distribution to health care workers?

- DHSS has activated access to the state cache. Resource requests are being coordinated through the respective health care coalition. The health care coalition then submits to DHSS for review, approval and processing. The resource requesting process for PPE from the state cache is available on the [DHSS website](#).
- PPE from the strategic national stockpile:
 - DHSS has issued a [memo](#) on prioritization of PPE coming out of the strategic national stockpile. Those with COVID patients are in the top tier.

- Missouri DHSS: New [state guidance for Missouri's PPE reserve](#). All resource requests must be submitted through the organization's respective health care coalition. The process is outlined on the DHSS COVID-19 web page.
- A [Google marketplace](#) was initiated to support hospital and provider direct access to PPE.

How to ensure equipment is cleaned appropriately?

The CDC offers the [following guidelines](#) for maintaining environmental infection control:

- Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.
 - All nondedicated, nondisposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an Environmental Protection Agency-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in health care settings, including those patient care areas in which aerosol-generating procedures are performed.
 - Refer to [List Nexternal icon](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Management of laundry, food service utensils and medical waste also should be performed in accordance with routine procedures.
- Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the [Healthcare Infection Prevention and Control FAQs for COVID-19](#)

What are best practices for room and operating room cleaning for COVID-19?

- The University of Nebraska Medical Center OR cleaning [protocol](#) and door-to-door user [guide](#).



SPECIAL POPULATIONS

What should Home Health agencies and dialysis centers do to manage patient care?

CMS issued [guidance](#) to home health agencies and dialysis facilities with actionable information on screening, treatment and transfer procedures to follow when interacting with patients in response to COVID-19.

What can be done to protect medically complex pediatric patients?

The American Academy of Pediatrics has a [website](#) with a comprehensive list of resources and guidance for a broad range of pediatric health needs considering COVID-19.

Can clinicians earn MIPS credit for reporting COVID-19 clinical trials data?

Clinicians who participate in a clinical trial for a drug or biological product to treat a patient with novel coronavirus may now earn credit in the Merit-based Incentive Payment System. To receive credit for the MIPS COVID-19 Clinical Trials improvement activity, clinicians must attest to participating in the trial and report their findings through a clinical data repository or registry for the duration of the study. Clinicians attesting to the activity will automatically earn half of the maximum score in the MIPS improvement activity category.



CLINICAL MANAGEMENT

Clinical management of COVID-19 positive patients varies depending on the severity of illness. If clinically indicated, patients should be managed at home via available telemonitoring options unless symptoms worsen and require hospitalization. Patients and family members should be educated on strict quarantine in the home environment, ongoing clinical management and when to notify the physician or hospital of worsening condition.

- [Checklist](#) to Prepare Physician Offices for COVID-19

What are systems to have in place to ensure strict infection control and avoid transmission in the health care setting?

- Emergency Departments – [Prepping for COVID](#)
- ICUs – [Prepping for COVID](#)

What are the treatment options for COVID-19?

- Current [best practices](#) for managing critically ill COVID-19 patients — Societies of Critical Care Recommendation of care for COVID patients (summary on page 39-41)
- CDC Interim Clinical [Guidance](#) for Management of Patients with Confirmed Coronavirus Disease
- University of Nebraska Medical Center Antiviral and Pharmacology [recommendations](#)
- Critical Care for the Non-ICU Clinician – [Free Training](#)

- AACN: [Procedure Manual for High Acuity, Progressive and Critical Care](#)
- AACN: [ARDS, COVID-19 and Pronation Therapy](#)
- The Surviving Sepsis Campaign [released](#) guidelines on the management of critically ill adults with COVID-19.
 - SCCM Podcast: [Surviving Sepsis Campaign COVID-19 Guidelines](#)
- SCCM Offers Critical Care Education And [Resources](#) For Non-ICU Clinicians
- NIH COVID-19 Treatment [Guidelines](#)

How is Hydroxychloroquine being distributed?

- [Joint Statement from Missouri Board of Pharmacy and Missouri Board of Healing Arts](#)

When can a patient positive for COVID-19 be discontinued from transmission-prevention protocols and/or discharged from the hospital?

The CDC continues to update [guidance](#) for patient disposition and discontinuation of transmission-prevention protocols based on severity of symptoms.

What about patients quarantined at home – when can they be discontinued from transmission protocols?

The CDC has provided [guidance](#) on the timelines for discontinuing home isolation precautions.



PATIENT TRANSFERS

Are there any best practices to ensure patient and health care worker protection during transfer?

Hospitals can provide the Hospital to Facility Transfer form to post-acute care facilities for discharge planning. The form is based on the latest CDC guidance. The patient's hospital provider utilizes the tool to communicate the appropriateness of transfer related to COVID-19. Post-acute care facilities and psychiatric hospitals can provide the Post-Acute Care and Behavioral Health Transfer form to hospitals regarding a resident or patient's health status related to COVID-19. In both cases, a copy of the form is provided to EMS partners to help keep them informed and safe.

How can we ensure safety and infection prevention during patient transport for necessary procedures?

Intentional, strict monitoring of “dirty” versus “clean” surfaces and items must always be done. Surfaces on the patient bed, any monitors or other equipment should be cleaned prior to leaving the ED or inpatient room. Staff receiving the patient need to be notified prior to leaving the room to allow time to prepare with PPE and clear the area.

- Transport patients only for essential procedures.

- Collaborate with local infection control experts for current advice.
- Insert a “high quality” viral filter between the bag-valve-mask breathing device for intubated patients.
- Non-ventilated patients should wear a surgical mask.
- Do not routinely wear gowns and gloves for transport. If direct contact with the patient or contaminated equipment is anticipated, one transport team member should perform hand hygiene, don a fresh gown and gloves, and wear appropriate PPE. Ideally, another member who is not wearing a gown and gloves should accompany the transport to interact with the environment.
- The University of Nebraska Medical Center sample patient transport [protocol](#)
- Anesthesia Patient Safety Foundation (APSF) [FAQ](#) on Anesthesia Machine Use, Protection, and Decontamination During the COVID-19 Pandemic