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- **LONG-TERM CARE FACILITIES/NURSING HOMES**

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**PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTHCARE SETTINGS- GLOVES**

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**PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTHCARE SETTINGS- GOWNS**

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COVID-19 and Animals

1) Can I get COVID-19 from my pets or other animals?

There is no reason at this time to think that any animals, including pets, in the United States might be a source of infection with this new coronavirus that causes COVID-19. To date, CDC has not received any reports of pets or other animals becoming sick with COVID-19 in the United States.

Pets have other types of coronaviruses that can make them sick, like canine and feline coronaviruses. These other coronaviruses cannot infect people and are not related to the current COVID-19 outbreak.

However, since animals can spread other diseases to people, it’s always a good idea to practice healthy habits around pets and other animals, such as washing your hands and maintaining good hygiene. For more information on the many benefits of pet ownership, as well as staying safe and healthy around animals including pets, livestock, and wildlife, visit CDC’s Healthy Pets, Healthy People website.

2) Should I avoid contact with pets or other animals if I am sick with COVID-19?

You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus. When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets.

Service animals may be permitted to remain with their handlers (owners).

3) What about imported animals or animal products?

CDC does not have any evidence to suggest that imported animals or animal products pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The U.S. Centers for Disease Control and Prevention (CDC), the U. S. Department of Agriculture (USDA), and the U.S. Fish and Wildlife Service (FWS) play distinct but complementary roles in regulating the importation of live animals and animal products into the United States. CDC regulates animals and animal products that pose a threat to human health, USDA regulates animals and animal products that pose a threat to agriculture; and FWS regulates importation of endangered species and wildlife that can harm the health and welfare of humans, the interests of agriculture, horticulture, or forestry, and the welfare and survival of wildlife resources.

4) Can I travel to the United States with dogs or import dogs into the United States during the COVID-19 outbreak?
COVID-19 and Animals

Dogs imported into the United States from China must be healthy on arrival and have a valid rabies vaccination certificate. Please refer to CDC’s requirements for bringing a dog to the United States.

5) What precautions should be taken for animals that have recently been imported from outside the United States (for example, by shelters, rescues, or as personal pets)?

Imported animals will need to meet CDC and USDA requirements for entering the United States. At this time, there is no evidence that companion animals, including pets and service animals, can spread COVID-19. As with any animal introduced to a new environment, animals recently imported should be observed daily for signs of illness. If an animal becomes ill, the animal should be examined by a veterinarian. Call your local veterinary clinic before bringing the animal into the clinic and let them know that the animal was recently imported from another country.

This is a rapidly evolving situation and information will be updated as it becomes available.

6) What can I do now to be prepared to take care of my pets if the COVID-19 threat gets worse in the future?
There is no reason to think that any animals, including pets, in the United States might be a source of infection with this new coronavirus. However, it is important to include pets in your family’s preparedness planning efforts including having a 2 week supply of pet food and pet medicines available. For more information on preparing for your pet, please visit https://www.cdc.gov/healthypets/emergencies/pet-disaster-prep-kit.html

7) Do I need to get my pet tested for COVID-19?
No. At this time, routine testing of animals for COVID-19 is not recommended.

8) Can animals carry the virus that causes COVID-19 on their skin or fur?
At this time, there is no evidence that the virus that causes COVID-19 can spread to people from the skin or fur of pets.

Talk to your veterinarian about the best ways to care for your pet.

9) Are pets from a shelter safe to adopt?
There is no reason to think that any animals, including shelter pets, in the United States might be a source of COVID-19.
1) What steps can businesses be taking to deal with the COVID-19 pandemic?

**Actively encourage sick employees to stay home:**

Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [38.0° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.

- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider’s note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

**Separate sick employees:**

- CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

**Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**

- Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
- Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
- Visit the coughing and sneezing etiquette and clean hands webpage for more information.

**Perform routine environmental cleaning:**
Businesses

- Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended at this time.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

- Advise employees before traveling to take certain steps:
  - Check the CDC’s Traveler’s Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
  - Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
  - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
  - If outside the United States, sick employees should follow your company’s policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

- Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:
  - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
  - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

2) Who can businesses call for information about their options when it comes to closing down?

For questions about unemployment issues, businesses should call DOLIR at: 573-751-1995

For questions regarding worker safety, businesses should call DOLIR at: 573-751-3403

3) What additional resources are available for businesses? Link:

Also, DOLIR has information available at: https://labor.mo.gov/coronavirus
Community Events/Mass Gatherings for Event Organizers

1) Should large events or mass gatherings be held at this time?

Large events and mass gatherings can contribute to the spread of COVID-19 in the United States via travelers who attend these events and introduce the virus to new communities. Examples of large events and mass gatherings include conferences, festivals, parades, concerts, sporting events, weddings, and other types of assemblies. These events can be planned not only by organizations and communities but also by individuals.

Therefore, CDC, in accordance with its guidance for large events and mass gatherings, recommends that for the next 8 weeks, organizers (whether groups or individuals) cancel or postpone in-person events that consist of 10 people or more throughout the United States. Events of any size should only be continued if they can be carried out with adherence to guidelines for protecting vulnerable populations, hand hygiene, and social distancing. When feasible, organizers could modify events to be virtual.

This recommendation does not apply to the day to day operation of organizations such as schools, institutes of higher learning, or businesses. This recommendation is made in an attempt to reduce introduction of the virus into new communities and to slow the spread of infection in communities already affected by the virus. This recommendation is not intended to supersede the advice of local public health officials.

2) What steps should I take if an attendee or staff person develops symptoms of COVID-19 while at the event?

If a staff member or attendee becomes sick at your event, separate them from others as soon as possible and until they can go home. Provide them with clean, disposable facemaskpdf icon to wear, if available. If not available, provide them with a tissue or some other way to cover their coughs and sneezes. If needed, contact emergency services for those who need emergency care. Public transportation, shared rides, and taxis should be avoided for sick persons. Be sure to contact local public health officials regarding the possible case of COVID-19 at your event and how to communicate with staff and attendees about possible exposure to the virus. Read more about preventing the spread of COVID-19 if someone is sick.

3) What is the best way to clean and disinfect the event space after a confirmed case of COVID-19 at my event?

CDC has guidance for cleaning and disinfecting rooms and areas where a person with suspected or confirmed COVID-19 has visited. See Environmental Cleaning and Disinfection Recommendations.

Coronavirus Disease 2019 (COVID-19) Basics

1) What is a novel coronavirus?

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

2) What is the source of the virus?

Coronaviruses are a large family of viruses. Some cause illness in people, and others, such as canine and feline coronaviruses, only infect animals. Rarely, animal coronaviruses that infect animals have emerged to infect people and can spread between people. This is suspected to have occurred for the virus that causes COVID-19. Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) are two other examples of coronaviruses that originated from animals and then spread to people. More information about the source and spread of COVID-19 is available on the Situation Summary: Source and Spread of the Virus.

3) Why is the disease being called coronavirus disease 2019, COVID-19?

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”.

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused be a novel (or new) coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) best practice for naming of new human infectious diseases.

4) What is the name of the virus causing the outbreak of COVID-19?

On February 11, 2020, the International Committee on Taxonomy of Viruses, charged with naming new viruses, named the novel coronavirus, first identified in Wuhan, China, severe acute respiratory syndrome coronavirus 2, shortened to SARS-CoV-2.

As the name indicates, the virus is related to the SARS-associated coronavirus (SARS-CoV) that caused an outbreak of severe acute respiratory syndrome (SARS) in 2002-2003, however it is not the same virus.

5) Is SARS-CoV-2 (the virus causing COVID-19) the same as the MERS-CoV or SARS-CoV?
No. Coronaviruses are a large family of viruses. Some coronaviruses cause cold-like illnesses in people. Others cause illness in certain types of animals, such as cattle, camels and bats. Rarely, animal coronaviruses can spread to people. This happened with SARS-CoV and MERS-CoV. The virus that causes COVID-19 likely also originated in an animal and spread to humans. The coronavirus most similar to the virus causing COVID-19 is SARS-CoV. There are ongoing investigations to learn more. The situation is changing, and information will be updated as it becomes available.

Additional Information: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/
Election Polling Locations

1) What preventive action can polling workers take?

• Stay at home if you have fever, respiratory symptoms, or believe you are sick.

• Practice routine cleaning of frequently touched surfaces: including tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, etc.

• Disinfect surfaces that may be contaminated with germs after cleaning: a list of products with EPA-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at: https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf. Products with EPA-approved emerging viral pathogens claims are expected to be effective against the virus that causes COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, and use of personal protective equipment). Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

• Practice hand hygiene frequently: wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

• Clean and disinfect voting associated electronics (e.g., voting machines, laptops, tablets, keyboards) routinely using products with the EPA-approved emerging viral pathogens claims (examples can be found here: this link). Follow the manufacturer’s instructions for all cleaning and disinfection products:
  o Consult with the voting machine manufacturer about guidance on products appropriate for disinfecting voting machines and touch screens, and consider additional use of wipeable covers for machines if possible.
  o If no guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to clean voting machine buttons and touch screens. Use of alcohol-based products may reduce risk of damage to sensitive voting machine components.

2) What preventive action can polling stations workers take for themselves and the general public?

Based on available data, the most important measures to prevent transmission of viruses in crowded public areas include careful and consistent cleaning of one’s hands. Therefore:

• Ensure bathrooms at the polling station are supplied adequately with soap, water, and drying materials so visitors and staff can wash their hands.

• Provide an alcohol-based hand sanitizer with at least 60% alcohol for use before or after using the voting machine or the final step in the voting process. Consider placing the alcohol-based hand sanitizer in visible, frequently used locations such as registration desks and exits.
Election Polling Locations

References
Community Mitigation Guidance for COVID-19 Response in the United States: Nonpharmaceutical Interventions for Community Preparedness and Outbreak Response

Handwashing: Clean Hands Save Lives
https://www.cdc.gov/handwashing/when-how-handwashing.html
Funerals and COVID-19

1) Am I at risk if I go to a funeral or visitation service for someone who died of COVID-19?

There is currently no known risk associated with being in the same room at a funeral or visitation service with the body of someone who died of COVID-19.

2) Am I at risk if I touch someone who died of COVID-19 after they have passed away?

COVID-19 is a new disease and we are still learning how it spreads. The virus that causes COVID-19 is thought to mainly spread from close contact (i.e., within about 6 feet) with a person who is currently sick with COVID-19. The virus likely spreads primarily through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory infections spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. This type of spread is not a concern after death.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

People should consider not touching the body of someone who has died of COVID-19. Older people and people of all ages with severe underlying health conditions are at higher risk of developing serious COVID-19 illness. There may be less of a chance of the virus spreading from certain types of touching, such as holding the hand or hugging after the body has been prepared for viewing. Other activities, such as kissing, washing, and shrouding should be avoided before, during, and after the body has been prepared, if possible. If washing the body or shrouding are important religious or cultural practices, families are encouraged to work with their community cultural and religious leaders and funeral home staff on how to reduce their exposure as much as possible. At a minimum, people conducting these activities should wear disposable gloves. If splashing of fluids is expected, additional personal protective equipment (PPE) may be required (such as disposable gown, faceshield or goggles and facemask).

Cleaning should be conducted in accordance with manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. After removal of PPE, perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Soap and water should be used if the hands are visibly soiled.

3) What do Funeral Home Workers need to know about handling decedents who had COVID-19?

A funeral or visitation service can be held for a person who has died of COVID-19. Funeral home workers should follow their routine infection prevention and control precautions when handling a decedent who died of COVID-19. If it is necessary to transfer a body to a bag, follow Standard Precautions, including additional personal protective equipment (PPE) if splashing of
Funerals and COVID-19

fluids is expected. For transporting a body after the body has been bagged, disinfect the outside of the bag with a product with EPA-approved emerging viral pathogens claims expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). Wear disposable nitrile gloves when handling the body bag.

Embalmimg can be conducted. During embalming, follow Standard Precautions including the use of additional PPE if splashing is expected (e.g. disposable gown, faceshield or goggles and facemask). Wear appropriate respiratory protection if any procedures will generate aerosols or if required for chemicals used in accordance with the manufacturer’s label. Wear heavy-duty gloves over nitrile disposable gloves if there is a risk of cuts, puncture wounds, or other injuries that break the skin. Additional information on how to safely conduct aerosol-generating procedures is in the CDC’s Postmortem Guidance. Cleaning should be conducted in accordance with manufacturer’s instructions. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

After cleaning and removal of PPE, perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Decedents with COVID-19 can be buried or cremated, but check for any additional state and local requirements that may dictate the handling and disposition of the remains of individuals who have died of certain infectious diseases.

4) What should I do if my family member died from COVID-19 while overseas?

When a US citizen dies outside the United States, the deceased person’s next of kin or legal representative should notify US consular officials at the Department of State. Consular personnel are available 24 hours a day, 7 days a week, to provide assistance to US citizens for overseas emergencies. If a family member, domestic partner, or legal representative is in a different country from the deceased person, he or she should call the Department of State’s Office of Overseas Citizens Services in Washington, DC, from 8 am to 5 pm Eastern time, Monday through Friday, at 888-407-4747 (toll-free) or 202-501-4444. For emergency assistance after working hours or on weekends and holidays, call the Department of State switchboard at 202-647-4000 and ask to speak with the Overseas Citizens Services duty officer. In addition, the US embassy closest to or in the country where the US citizen died can provide assistance.

5) My family member died from COVID-19 while overseas. What are the requirements for returning the body to the United States?

CDC does not require an autopsy before the remains of a person who died overseas are returned to the United States. Depending on the circumstances surrounding the death, some countries may require an autopsy. Sources of support to the family include the local consulate or embassy,
travel insurance provider, tour operator, faith-based and aid organizations, and the deceased’s employer. There likely will need to be an official identification of the body and official documents issued by the consular office.

CDC requirements for importing human remains depend upon if the body has been embalmed, cremated, or if the person died from a quarantinable communicable disease. At this time, COVID-19 is a quarantinable communicable disease in the United States and the remains must meet the standards for importation found in 42 Code of Federal Regulations Part 71.55 and may be cleared, released, and authorized for entry into the United States only under the following conditions:

- The remains are cremated; OR
- The remains are properly embalmed and placed in a hermetically sealed casket; OR
- The remains are accompanied by a permit issued by the CDC Director. The CDC permit (if applicable) must accompany the human remains at all times during shipment.
  - Permits for the importation of the remains of a person known or suspected to have died from a quarantinable communicable disease may be obtained through the CDC Division of Global Migration and Quarantine by calling the CDC Emergency Operations Center at 770-488-7100 or emailing dgmqpolicyoffice@cdc.gov.

6) What guidance has DHSS provided regarding funerals during the COVID-19 pandemic?

Families and funeral home operators should consider modifying traditional plans for gatherings to remember loved ones. Some options include:

- Hold a smaller service for immediate family.
- Webcast, livestream, or record the service on video, which could then be shared with whomever the family deems appropriate.
- If the immediate family holds a service now, plan a larger follow-up memorial gathering later after restrictions are lifted.
- Postpone the service until restrictions are lifted.
- Posting heath guidelines for guests entering chapels.
- Post signs to hand washing sinks with provided soap and paper towels.
- Provide tissues and hand sanitizer where people gather and at the entrance to the building.
- Consider scheduling small groups with the funeral director. This will allow small groups to visit and disperse.
- Practice social distancing as much as possible (stay six feet away from other people).
- Keep door and windows open as much as possible to allow ventilation.

Some state and local officials are placing restrictions on public gatherings. If your city or state has issued more stringent rules about mass gatherings, those restrictions take precedence. Whatever funeral organizers choose, consider incorporating some level of social distancing and personal health and hygiene controls. As with any gathering place, funeral home operators should consider enhanced cleaning and disinfection of frequently contacted surfaces. For more information, visit https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/how-do-i-prevent.php. Source of information is the National Funeral Directors Association https://www.nfda.org/covid-19/frequently-asked-questions/funerals-and-vistations
General Public Questions

1. Can I have COVID-19 and not know it?

Using the CDC-developed diagnostic test, a negative result means that the virus that causes COVID-19 was not found in the person’s sample. In the early stages of infection, it is possible the virus will not be detected.

For COVID-19, a negative test result for a sample collected while a person has symptoms likely means that the COVID-19 virus is not causing their current illness.

2) Should I get screened if I’m asymptomatic but think I may have been exposed to COVID-19?

No, at this time, testing is not recommended if you have no symptoms.

If you develop symptoms like cough, fever, or respiratory problems, call your medical provider or urgent care before going to their offices. A person must meet certain criteria prior to testing for COVID-19. If you do qualify, medical providers need time to prepare so they can safely collect the required swabs and samples and keep other patients safe from exposure. Talking to your medical provider will also help you understand what to expect during the testing process. It is important that you do not go to the emergency room with mild symptoms but instead contact your primary care provider. Emergency rooms need to be able to serve those with the most critical needs.

3) When will a medication for this virus be available?

There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19. However, trials of other potential therapeutic medications for COVID-19 are being planned; when medications may be available is unknown at this time.

4) When will a vaccine for this virus be available?

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19) although there are ongoing efforts to develop vaccine.

The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC’s recommendations for using a facemask.
General Public Questions

- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
  - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

5) What should I tell my employees about COVID-19 and should we prepare our work place?

- Actively encourage sick employees to stay home:
  - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4°F [37.8°C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
  - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
  - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
  - Do not require a healthcare provider’s note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
  - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

- Separate sick employees:
  - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

- Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:
  - Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
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- Provide tissues and no-touch disposal receptacles for use by employees.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
- Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
- Visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.

- **Perform routine environmental cleaning:**
  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - No additional disinfection beyond routine cleaning is recommended at this time.
  - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

- **Advise employees before traveling to take certain steps:**
  - Check the [CDC’s Traveler’s Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the [CDC website](#).
  - Advise employees to check themselves for symptoms of [acute respiratory illness](#) before starting travel and notify their supervisor and stay home if they are sick.
  - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
  - If outside the United States, sick employees should follow your company’s policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
  - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
  - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
6) Can I get COVID-19 from handling money (heard that China destroyed their money)?

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. While there have been media reports of currency from the areas of China hit hardest by COVID-19 being destroyed, the best way to protect yourself is follow these precautions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC’s recommendations for using a facemask.
  - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
  - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

7) How long does the corona virus stay on surfaces?

The exact length of time the corona virus stays on surfaces is unknown; and while It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, this is not thought to be the main way the virus spreads which is from person to person through respiratory droplets.

8) Can I get the virus from air pockets in the packaging material in a package from China?

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with imported goods and there have not been any cases of COVID-19 in the United States associated with imported goods.

9) Can I get the virus from eating at a Chinese/Italian/Japanese restaurant?

It is important to remember that people – including those of foreign descent – who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or
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have not been in contact with a person who is a confirmed or suspected case of COVID-19 are not at greater risk of spreading COVID-19 than other Americans.

The best way to protect yourself is to follow these precautions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC’s recommendations for using a facemask.
  - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
  - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

10) How do I protect myself and my family from this virus?

The best way to protect yourself is to follow these precautions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC’s recommendations for using a facemask.
  - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
  - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
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11) Is this virus associated with Corona beer?
No. Corona is a brand name for a particular beer and has absolutely no association with corona viruses.

12) My family member is in a nursing home, what should the nursing home be doing to prevent this virus?
The general strategies CDC recommends to prevent the spread of COVID-19 in LTCF are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza. The facility should work to prevent the introduction of respiratory germs into the facility by:

- Posting signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Ensuring sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assessing residents symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

13) What has Missouri done to prepare for the COVID-19 pandemic?
The Governor’s Office was initially briefed on the COVID-19 pandemic by Missouri Department of Health and Senior Services (DHSS) Director Dr. Randall Williams on January 28, 2020, and immediately began taking steps to prepare.

In addition to regular briefings with DHSS and the Missouri State Emergency Management Agency (SEMA) throughout February, Governor Parson began weekly conference calls in March with Vice President Pence and other governors as well as Missouri mayors, county commissioners, and local emergency management personnel.

In just the last 30 days, Governor Parson and his administration have accomplished a tremendous amount of work and have taken numerous actions to respond to COVID-19 in Missouri:

- **March 2** – Governor Parson participated on first weekly conference call with Vice President Pence and governors from other states
- **March 2** – Dr. Williams briefed House committee on COVID-19
- **March 3** – Dr. Williams briefed Missouri Cabinet members, external stakeholders, and SEMA officials
- **March 6** – Announcement of $9.9 million in federal emergency funding to support COVID-19 response efforts in Missouri
- **March 7** – First case in Missouri to test “presumptive positive” for COVID-19
  - Governor Parson held a press conference in St. Louis County with County Executive Sam Page and medical professionals
- **March 8** – The Missouri Veterans Commission announced restricted access to all visitors, vendors, and volunteers at its seven veterans homes until further notice
- **March 11** – DHSS set up a 24/7 hotline to take questions regarding COVID-19
- **March 12** – The Missouri Department of Corrections announced suspension of visitors at state correctional facilities for the next 30 days
- **March 13** – Governor Parson signed Executive Order 20-02 declaring a state of emergency in Missouri
  - Governor Parson held a press conference announcing the Executive Order
- **March 15** – Governor Parson released a statement regarding CDC guidelines on mass gatherings larger than 50 people
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- **March 16** – Governor Parson held first daily press briefing to give updates regarding COVID-19 in Missouri
- **March 17** – Governor Parson announced that Missouri casinos will be closed through March 30 in order to help prevent the spread of COVID-19
- **March 18** – Governor Parson signed Executive Order 20-03 ordering all municipal elections previously scheduled for April 7 to be postponed until June 2
- **March 18** – Governor Parson directed the Missouri State Emergency Management Agency and the Missouri Department of Economic Development to seek assistance for Missouri businesses through the U.S. Small Business Administration’s (SBA) Economic Injury Disaster Loan program
- **March 18** – Governor Parson signed Executive Order 20-04 invoking emergency powers to authorize executive agencies to waive or suspend certain regulations and statutes that interfere with Missouri’s response to the spread of COVID-19
- **March 19** – All 555 of Missouri’s public school districts and charter schools reported closure
- **March 20** – Governor Parson directed DHSS Director Dr. Williams to require social distancing statewide
- **March 21** – Governor Parson signed Executive Order 20-05 allowing sale of unprepared foods by restaurants
- **March 25** – Governor Parson requested federal major disaster declaration for Missouri in response to COVID-19
- **March 26** – President Trump approved Governor Parson’s request for major disaster declaration to support Missouri’s COVID-19 response
- **March 27** – Governor Parson signed Executive Order 20-06 to begin mobilizing the Missouri National Guard to assist with COVID-19 response
  - Directed DHSS Director to Prohibit Operation of Coin-Operated Amusement Devices or Machines and Slot Machines
  - State Parks closed campgrounds and lodging through April 30 (remain open for day-use)

Since Governor Parson’s signing of Executive Order 20-04 to ease regulatory burdens that interfere with the state’s COVID-19 response efforts, nearly **170 statutes and regulations** have been waived or relaxed.

The state has also been rapidly working to procure Personal Protective Equipment (PPE) for hospitals, law enforcement, first responders, and other emergency service personnel. Below is a summary of PPE in Missouri as of today.

The Strategic National Stockpile is for hospitals, EMS, and long-term care facilities. The Missouri Strategic National Stockpile warehouse has shipped:

- 42,624 face shields
- 5,000 gloves
- 2,717 cases of N-95, surgical, and sp blue masks (120-300 in a case depending on type)
- 908 cases of surgical gowns (18-30 in a case depending on size)

PPE for first responders (including law enforcement and fire service agencies) has been purchased. SEMA has ordered:

- 6,606,550 surgical masks
- 5,814,800 gloves
- 4,325,480 N-95 masks
- 900,112 face shields
- 508,000 biohazard bags
14) **Is it okay for me to donate blood?**

In healthcare settings all across the United States, donated blood is a lifesaving, essential part of caring for patients. The need for donated blood is constant, and blood centers are open and in urgent need of donations. CDC encourages people who are well to continue to donate blood if they are able, even if they are practicing social distancing because of COVID-19. CDC is supporting blood centers by providing recommendations that will keep donors and staff safe. Examples of these recommendations include spacing donor chairs 6 feet apart, thoroughly adhering to environmental cleaning practices, and encouraging donors to make donation appointments ahead of time.

15) **How can I differentiate between the common cold, flu, allergies, and COVID-19?**

![Coronavirus, flu, cold or allergies diagram](image)

These are **COMMON SYMPTOMS**, which may vary from person to person. Only a doctor can give you a diagnosis.

**Sources:** CDC, NIH

16) **How can I check to see if I have symptoms of the coronavirus (COVID_19)?**
General Public Questions

CDC has developed an online COVID-19 Symptom Self-Checker that you can use to check for symptoms. The Self-Checker is available on the Symptoms and Testing page on the CDC’s COVID-19 website which is at the following address:


Another option is a tool developed through a partnership between the White House Coronavirus Task Force, the Department of Health and Human Services, and the Centers for Disease Control and Prevention (CDC) and Apple that guides people through a series of questions about their health and exposure to determine if they should seek care for COVID-19 symptoms. This tool is available at: https://www.apple.com/covid19

17) Where can I get data on the number of cases of COVID-19 in Missouri?
Please visit the DHSS website at health.mo.gov and click on COVID-19 or follow this link:
https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/

18) Where can I find a list of private test sites?
Please visit the DHSS website at health.mo.gov and click on COVID-19 and then on Missouri Testing Sites or follow this link:

19) Where can people who don’t have a doctor or health insurance go if they have symptoms and want to see about getting tested?

Individuals without insurance or a provider can be referred to the Federally Qualified Health Center (FQHC) in their area. A directory of FQHC’s is available here:
https://www.mo-pca.org/member-locations

20) Who can I call with questions about unemployment and if I qualify for benefits?
Contact the Missouri Department of Labor and Industrial Relations at: 800-320-2519; or by email at: esuiclaims@labor.mo.gov with name, phone number, last four digits of social security number and question/issue for a call back regarding unemployment, or visit their website at: https://labor.mo.gov/coronavirus

21) Who can I call with questions or concerns about worker safety?
Contact the Missouri Department of Labor and Industrial Relations at: 573-751-3403
1) What are the clinical features of COVID-19?

The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of asymptomatic infection with COVID-19. See also Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19).

2) Who is at risk for COVID-19?

Currently, those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with symptomatic, confirmed COVID-19 and those who live in or have recently been to areas with sustained transmission.

3) Who is at risk for severe disease from COVID-19?

The available data are currently insufficient to clearly identify risk factors for severe clinical outcomes. Based on limited data that are available for COVID-19 patients, and data from related coronaviruses such as severe acute respiratory syndrome coronavirus (SARS-CoV) and MERS-CoV, people who may be at risk for more severe outcomes include older adults and persons who have certain underlying chronic medical conditions. Those underlying chronic conditions include chronic lung disease, moderate to severe asthma, cardiac disease with complications, diabetes, or immunocompromising conditions. See also Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19) and Information for Healthcare Professionals: COVID-19 and Underlying Conditions.

4) If my patient has one of the underlying medical conditions listed, what is my patient’s risk and what should I tell my patient?

- There is insufficient information on COVID-19 to determine risk for each underlying medical condition. Epidemiologists at CDC are analyzing data around the clock to help us more precisely understand the risks of COVID-19. Information will be shared as soon as it’s available.
- You know your patient – their overall health and how well their conditions are managed. Use your clinical judgement to evaluate on a case by case basis.
- Tell patients with underlying medical conditions that increase their risk of severe illness or poorer outcomes from COVID-19:
  - To stay home as much as possible to reduce their risk of being exposed.
  - Encourage patients to closely follow their care plans for management of their chronic disease, including better glycemic or blood pressure control.
- If possible, work with patients to manage their underlying condition to the best of their ability, including ensuring that patients have sufficient medication and supplies. Encourage all patients, regardless of risk, to:
  - Take steps to protect yourself.
  - Call your healthcare provider if you are sick with a fever, cough, or shortness of breath.
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- Follow CDC travel guidelines and the recommendations of your state and local health officials.
- Fear and anxiety about a disease can feel overwhelming, especially for those who might be at higher risk or are experiencing social isolation, and for healthcare providers that are treating patients at higher risk. Do what you can to take care of your mental health and encourage your patients to do the same.

5) When is someone infectious?

The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present. There are reports of asymptomatic infections (detection of virus with no development of symptoms) and pre-symptomatic infections (detection of virus prior to development of symptoms) with SARS-CoV-2, but their role in transmission is not yet known. Based on existing literature, the incubation period (the time from exposure to development of symptoms) of SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) ranges from 2–14 days.

6) Which body fluids can spread infections?

SARS-CoV-2 RNA has been detected in upper and lower respiratory tract specimens, and SARS-CoV-2 virus has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, and SARS-CoV-2 virus has been isolated in cell culture from the stool of some patients, including a patient with pneumonia 15 days after symptom onset. The duration of SARS-CoV-2 RNA detection in upper and lower respiratory tract specimens and in extrapulmonary specimens is not yet known but may be several weeks or longer. Duration of several week or longer has been observed in cases of MERS-CoV or SARS-CoV infection. While viable, infectious SARS-CoV has been isolated from respiratory, blood, urine, and stool specimens, viable, infectious MERS-CoV has only been isolated from respiratory tract specimens. It is not yet known whether other non-respiratory body fluids from an infected person including vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.

7) Can people who recover from COVID-19 be infected again?

The immune response, including duration of immunity, to SARS-CoV-2 infection is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

8) How do you test a patient for infection with SARS-CoV-2?

- Clinicians are able to access laboratory testing through a network of state and local public health laboratories across the country. The Association of Public Health Laboratories provides a list of states and territories with laboratories that are
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using COVID-19 diagnostic tests. For more information, see Testing in U.S. Clinicians should direct testing questions to their state health departments.

- Several clinical laboratories are receiving authorization for testing from the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization. They are expected to be able to offer a larger volume of testing for COVID-19. You can contact your current laboratory vendor to find out when the test will be available.
- There are a number of commercially available SARS-CoV-2 diagnostic assays that have received FDA Emergency Use Authorizationexternal icon.
- See recommendations for reporting, testing, and specimen collection at Evaluating and Testing Persons for COVID-19.

9) Do existing commercially available multiple respiratory virus panels, such as those manufactured by Biofire or Genmark, detect SARS-CoV-2?

Not currently. These multi-pathogen molecular assays can detect a number of human respiratory viruses, including other human coronaviruses that can cause acute respiratory illness, but they do not currently detect SARS-CoV-2. In the future, it is expected that these assays will have the ability to detect SARS-CoV-2 in respiratory specimens.

10) If a patient tests positive for another respiratory virus, should that exclude SARS-CoV-2 as a cause of illness?

A: Patients can be infected with more than one virus at the same time. Coinfections with other respiratory viruses in people with COVID-19 have been reported. Therefore, identifying infection with one respiratory virus does not exclude SARS-CoV-2 virus infection.

11) Should chest CT be used for diagnosis of COVID-19?

A: Clinicians considering use of chest CT scans for diagnosis or management of COVID-19 patients should consider whether such imaging will change clinical management. The American College of Radiology (ACR) recommends that CT should not be used to screen for COVID-19, or as a first-line test to diagnose COVID-19, and that CT should be used sparingly and reserved for hospitalized, symptomatic patients with specific clinical indications for CT. Appropriate infection control procedures should be followed before scanning subsequent patients. For more information see, ACR Recommendations for the use of Chest Radiography and Computed Tomography (CT) for Suspected COVID-19 Infection

12) How is COVID-19 treated?

Not all patients with COVID-19 will require medical supportive care. Clinical management for hospitalized patients with COVID-19 is focused on supportive care for complications, including supplemental oxygen and advanced organ support for respiratory failure, septic shock, and multi-organ failure. Empiric testing and treatment for other viral or bacterial etiologies may be warranted.
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Corticosteroids are not routinely recommended for treatment of viral pneumonia or ARDS, due to the potential for prolonging viral replication, as has been observed with MERS coronavirus and influenza. Corticosteroids should be avoided unless they are indicated for another reason (e.g., COPD exacerbation or refractory septic shock following the Surviving Sepsis Campaign Guidelines).

For information on investigational therapies, see Therapeutic Options for Patients with COVID-19.

13) Should post-exposure prophylaxis be used for people who may have been exposed to COVID-19?

There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19. For information about registered clinical trials of investigational therapeutics for pre or post exposure prophylaxis of SARS-CoV-2 infection, visit ClinicalTrials.gov


14) Whom should healthcare providers notify if they suspect a patient has COVID-19?

Healthcare Providers should immediately notify infection control personnel at their facility if they suspect COVID-19 in a patient. Providers should then consult with local or state health departments to determine whether patients meet criteria for a Persons Under Investigation (PUI), see Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).

15) Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?

Not all patients with COVID-19 require hospital admission. Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. Some patients with an initial mild clinical presentation may worsen in the second week of illness. The decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient’s ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient’s home environment. For more information, see Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting and Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19).
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16) When can patients with confirmed COVID-19 be discharged from the hospital?

Patients can be discharged from the healthcare facility whenever clinically indicated. Isolation should be maintained at home if the patient returns home before the time period recommended for discontinuation of hospital Transmission-Based Precautions described below.

Decisions to discontinue Transmission-Based Precautions or in-home isolation can be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health based upon multiple factors, including disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens.

See Interim Considerations for Disposition of Hospitalized Patients with COVID-19. For non-hospitalized persons, see Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for COVID-19, and Discontinuation of In-Home Isolation for Immunocompromised Persons.

17) Are pregnant healthcare personnel at increased risk for adverse outcomes if they care for patients with COVID-19?

Pregnant healthcare personnel (HCP) should follow risk assessment and infection control guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings. Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

18) Is there any guidance on the use of homemade masks?

In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

19) Are empiric antibiotics recommended for patients suspected of having COVID-19?

Several patients with COVID-19 have been reported to present with concurrent community-acquired bacterial pneumonia. Decisions to administer antibiotics to COVID-19 patients should be based on the likelihood of bacterial infection (community-acquired or hospital-acquired), illness severity, and antimicrobial stewardship issues. For more information, see Diagnosis and Treatment of Adults with Community-acquired Pneumonia: An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of Americaexternal icon.

20) What antiviral drugs are available to treat COVID-19?
Healthcare Professionals

There are currently no antiviral drugs approved by FDA to treat COVID-19. See Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19).

- For information on use of investigational drugs for treatment of patients with COVID-19, see Therapeutic Options for Patients with COVID-19.
- For information on specific clinical trials underway for treatment of patients with COVID-19 infection, visit clinicaltrials.gov external icon.

21) Should angiotensin converting enzyme inhibitors (ACE-I) or Angiotensin Receptor Blockers (ARB) be stopped in patients with COVID-19?

CDC is currently not aware of scientific evidence establishing a link between ACE-I or ARBs and risk of contracting or severity of COVID-19. The American Heart Association, the Heart Failure Society of America, and the American College of Cardiology recommend external icon continuation of ACE-I or ARB medications for all patients already prescribed those medications for indications such as heart failure, hypertension, or ischemic heart disease. Cardiovascular disease patients who are diagnosed with COVID-19 should be fully evaluated by a healthcare professional before adding or removing any treatments, and any changes to their treatment should be based on the latest scientific evidence. Patients who rely on ACE-I or ARBs to treat chronic conditions and have additional questions should speak to their healthcare provider for individualized management.

22) Do nonsteroidal anti-inflammatory drugs (NSAIDs) worsen the course of disease for people with COVID-19?

CDC is currently not aware of scientific evidence establishing a link between NSAIDs (e.g., ibuprofen, naproxen) and worsening of COVID-19. FDA external icon, the European Medicines Agency external icon, the World Health Organization, and CDC are continuing to monitor the situation and will review new information on the effects of NSAIDs and COVID-19 disease as it becomes available. For those who wish to use treatment options other than NSAIDs, there are other over-the-counter and prescription medications approved for pain relief and fever reduction. Patients who rely on NSAIDs to treat chronic conditions and have additional questions should speak to their healthcare provider for individualized management. Patients should use NSAIDs, and all medications, according to the product labels and advice of their healthcare professional.

How COVID-19 Spreads

1) How does the COVID-19 virus spread?

Human coronaviruses, like COVID-19, most commonly spread from an infected person to others through:

- The air by coughing and sneezing
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands
- Rarely, fecal contamination

This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus is now spreading from person-to-person. It’s important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so.

The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

2) Can someone who has had COVID-19 spread the illness to others?

The virus that causes COVID-19 is spreading from person-to-person. Someone who is actively sick with COVID-19 can spread the illness to others. That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others.

How long someone is actively sick can vary so the decision on when to release someone from isolation is made on a case-by-case basis in consultation with doctors, infection prevention and control experts, and public health officials and involves considering specifics of each situation including disease severity, illness signs and symptoms, and results of laboratory testing for that patient.

Current CDC guidance for when it is OK to release someone from isolation is made on a case by case basis and includes meeting all of the following requirements:

a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

b. At least 7 days have passed since symptoms first appeared.

Someone who has been released from isolation is not considered to pose a risk of infection to others.
How COVID-19 Spreads

3) Can someone who has been quarantined for COVID-19 spread the illness to others?

Quarantine means separating a person or group of people who have been exposed to a contagious disease but have not developed illness (symptoms) from others who have not been exposed, in order to prevent the possible spread of that disease. Quarantine is usually established for the incubation period of the communicable disease, which is the span of time during which people have developed illness after exposure. For COVID-19, the period of quarantine is 14 days from the last date of exposure, because 14 days is the longest incubation period seen for similar coronaviruses. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period.

4) Will warm weather stop the outbreak of COVID-19?

It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during other months. At this time, it is not known whether the spread of COVID-19 will decrease when weather becomes warmer. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.

5) What is community spread?

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

6) Is the situation with COVID-19 a pandemic?

Yes. The World Health Organization (WHO) declared the current COVID-19 outbreak to be a pandemic on March 11, 2020. The last pandemic was the H1NI Influenza Pandemic in 2009.

7) What is a pandemic?

A pandemic is a global disease outbreak. A pandemic occurs when a new virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in a very short time. In all previous pandemics, the outbreak spread throughout the world within a year of its initial detection. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

8) Have there been any studies on the transmission and control of COVID-19?

One such article can be found at: https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930144-4
How COVID-19 Spreads

9) Can the virus that causes COVID-19 be spread through food, including refrigerated or frozen food?

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated, or frozen temperatures.

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for 20 seconds for general food safety. Throughout the day wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Learn what is known about the spread of COVID-19.

10) What temperature kills the virus that causes COVID-19?

Generally coronaviruses survive for shorter periods of time at higher temperatures and higher humidity than in cooler or dryer environments. However, we don’t have direct data for this virus, nor do we have direct data for a temperature-based cutoff for inactivation at this point. The necessary temperature would also be based on the materials of the surface, the environment, etc. Regardless of temperature please follow CDC’s guidance for cleaning and disinfection.

11) Why are we seeing a rise in cases?

The number of cases of COVID-19 being reported in the United States is rising due to increased laboratory testing and reporting across the country. The growing number of cases in part reflects the rapid spread of COVID-19 as many U.S. states and territories experience community spread. More detailed and accurate data will allow us to better understand and track the size and scope of the outbreak and strengthen prevention and response efforts.

12) Can mosquitoes or ticks spread the virus that causes COVID-19?

At this time, CDC has no data to suggest that this new coronavirus or other similar coronaviruses are spread by mosquitoes or ticks. The main way that COVID-19 spreads is from person to person. See How Coronavirus Spreads for more information.

Additional Information: https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html
How To Protect Yourself

1) Am I at risk for being exposed to COVID-19 in the United States?

The risk from COVID-19 to Americans can be broken down into risk of exposure versus risk of serious illness and death.

Risk of exposure:

- The immediate risk of being exposed to this virus is still low for most Americans, but as the outbreak expands, that risk will increase. Cases of COVID-19 and instances of community spread are being reported in a growing number of states.
- People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with the level of risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure, with level of risk dependent on where they traveled.

Risk of Severe Illness:

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:

- Older adults, with risk increasing by age.
- People who have serious chronic medical conditions like:
  - Heart disease
  - Diabetes
  - Lung disease

2) Has anyone in the United States gotten infected?

Yes. There have been cases of COVID-19 in the U.S. related to travel and person-to-person spread. U.S. case counts are updated regularly on Mondays through Fridays. See the current U.S. case count of COVID-19.

3) How can I help protect myself?

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
How To Protect Yourself

- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC’s recommendations for using a facemask.

**If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider’s office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. Learn what to do if you are sick.

**If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

4) What should I do if I had close contact with someone who has COVID-19?

Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).

Close contacts should also follow these recommendations:

- Make sure that you understand and can help the patient follow their healthcare provider’s instructions for medication(s) and care. You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the patient’s symptoms. If the patient is getting sicker, call his or her healthcare provider and tell them that the patient has laboratory-confirmed COVID-19. This will help the healthcare provider’s office take steps to keep other people in the office or waiting room from getting infected. Ask the healthcare provider to call the local or state health department for additional guidance. If the patient has a medical emergency and you need to call 911, notify the dispatch personnel that the patient has, or is being evaluated for COVID-19.
- Household members should stay in another room or be separated from the patient as much as possible. Household members should use a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Household members should care for any pets in the home. Do not handle pets or other animals while sick. For more information, see COVID-19 and Animals.
How To Protect Yourself

- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- The patient should wear a facemask when you are around other people. If the patient is not able to wear a facemask (for example, because it causes trouble breathing), you, as the caregiver, should wear a mask when you are in the same room as the patient.
- Wear a disposable facemask and gloves when you touch or have contact with the patient’s blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
  - Throw out disposable facemasks and gloves after using them. Do not reuse.
  - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly (see below “Wash laundry thoroughly”).
- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
  - Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- Wash laundry thoroughly.
  - Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
  - Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
  - Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.
- Discuss any additional questions with your state or local health department or healthcare provider.

5) Does CDC recommend the use of facemask to prevent COVID-19?
How To Protect Yourself

CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms. This is to protect others from the risk of getting infected. The use of facemasks also is crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility).

6) Should I wear a respirator in public?

CDC does not recommend the routine use of respirators outside of workplace settings (in the community). Most often, spread of respiratory viruses from person-to-person happens among close contacts (within 6 feet). CDC recommends everyday preventive actions to prevent the spread of respiratory viruses, such as avoiding people who are sick, avoiding touching your eyes or nose, and covering your cough or sneeze with a tissue. People who are sick should stay home and not go into crowded public places or visit people in hospitals. Workers who are sick should follow CDC guidelines and stay home when they are sick.

7) Am I at risk for COVID-19 from a package or products shipping from China?

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with imported goods and there have not been any cases of COVID-19 in the United States associated with imported goods.

There is still a lot that is unknown about the newly emerged COVID-19 and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS-CoV and SARS-CoV). The virus that causes COVID-19 is more genetically related to SARS-CoV than MERS-CoV, but both are betacoronaviruses with their origins in bats. While we don’t know for sure that this virus will behave the same way as SARS-CoV and MERS-CoV, we can use the information gained from both of these earlier coronaviruses to guide us. Information will be provided on the Coronavirus Disease 2019 (COVID-19) website as it becomes available.

8) How do self-quarantine and isolation work?

- You may be asked to be in self-quarantine whether you have symptoms of illness or not. If you have symptoms, you should distance yourself from all social activities and others in order to prevent the spread of any virus. You may also be asked to self-quarantine if you have been exposed to someone else who may be infected.
- Self-quarantine is for people who have been exposed but do not have symptoms, they are asked to stay away from others in public settings. For 14 days from their last possible exposure, people in self-quarantine cannot go to work, school, or any public places where they could have close contact with others. Public health departments will direct them in how to monitor their health so that should they develop symptoms, they can be quickly and safely isolated from all others,
How To Protect Yourself

including those in their household, and be connected to testing and care as needed. Public health staff will remain in contact with you, if needed.

- For those who are showing symptoms and have contacted their doctor, isolation is the best course of action. Isolation is used for people who are currently ill, able to spread the disease, and need to stay away from others in order to avoid infecting them. Isolation may include from other family members as well in order to prevent the spread of the virus.
- The CDC provides guidance for how to prepare if someone is isolated or quarantined in your home. You can find that here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

9) Who is at higher risk for serious illness from COVID-19?

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
  - People with chronic lung disease or moderate to severe asthma
  - People who have heart disease with complications
  - People who are immunocompromised including cancer treatment
  - People of any age with severe obesity (body mass index [(BMI)]≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

10) How were the underlying conditions selected?

This list is based on:

- What we are learning from the outbreak in other countries and in the United States.
- What we know about risk from other respiratory infections, like flu.

As CDC gets more information about COVID-19 cases here in the US, we will update this list as needed.

11) What about underlying medical conditions that are not included on this list?
How To Protect Yourself

Based on available information, adults aged 65 years and older and people of any age with underlying medical conditions included on this list are at higher risk for severe illness and poorer outcomes from COVID-19. CDC is collecting and analyzing data regularly and will update the list when we learn more. People with underlying medical conditions not on the list might also be at higher risk and should consult with their healthcare provider if they are concerned.

We encourage all people, regardless of risk, to:

- Take steps to protect yourself and others.
- Call your healthcare provider if you are sick with a fever, cough, or shortness of breath.
- Follow CDC travel guidelines and the recommendations of your state and local health officials.

12) What does well controlled mean?

Generally, well-controlled means that your condition is stable, not life-threatening, and laboratory assessments and other findings are as similar as possible to those without the health condition. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

13) What does more severe illness mean?

Severity typically means how much impact the illness or condition has on your body’s function. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

14) Are people with disabilities at higher risk?

Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. Some people with physical limitations or other disabilities might be at a higher risk of infection because of their underlying medical condition.

People with certain disabilities might experience higher rates of chronic health conditions that put them at higher risk of serious illness and poorer outcomes from COVID-19.

- Adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

15) What should people at higher risk of serious illness with COVID-19 do?

If you are at higher risk of getting very sick from COVID-19, you should: stock up on supplies; take everyday precautions to keep space between yourself and others; when you go out in public, keep away from others who are sick; limit close contact and wash your hands often; and avoid
crowds, cruise travel, and non-essential travel. If there is an outbreak in your community, stay home as much as possible. Watch for symptoms and emergency signs. If you get sick, stay home and call your doctor. More information on how to prepare, what to do if you get sick, and how communities and caregivers can support those at higher risk is available on People at Risk for Serious Illness from COVID-19.

16) Should I use soap and water or a hand sanitizer to protect against COVID-19?

Handwashing is one of the best ways to protect yourself and your family from getting sick. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

17) What cleaning products should I use to protect against COVID-19?

Clean and disinfect frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection. To disinfect, most common EPA-registered household disinfectants will work. See CDC’s recommendations for household cleaning and disinfection.

18) Should I make my own sanitizer if I can’t find it in stores?

CDC does not encourage the production and use of homemade hand sanitizer products because of concerns over the correct use of the ingredients and the need to work under sterile conditions to make the product. Local industries that are looking into producing hand sanitizer to fill in for commercial shortages can refer to the World Health Organization guidance. Organizations should revert to the use of commercially produced, FDA-approved product once such supplies again become available.

- To be effective against killing some types of germs, hand sanitizers need to have a strength of at least 60% alcohol and be used when hands are not visibly dirty or greasy.
- Do not rely on “Do It Yourself” or “DIY” recipes based solely on essential oils or formulated without correct compounding practices.
- Do not use hand sanitizer to disinfect frequently touched surfaces and objects. See CDC’s information for cleaning and sanitizing your home.

Additional Information: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/
Laboratory Information

1) What is the latest information from the Missouri State Public Health Laboratory regarding screening and testing?

On March 11, 2020, DHSS updated its screening criteria for COVID-19 testing with the Missouri State Public Health Laboratory (MSPHL). Please see the following guidelines.

Note, this is slightly different than CDC criteria because of the finite number of tests MSPHL has which need to be reserved for those who are in greatest need.

Additional testing reagents, or kits, are currently backordered from CDC and expected to be shipped within the next two weeks. At this point in time, MSPHL have enough testing supplies to test approximately 1,000 specimens. These are being reserved for patients who meet stricter criteria.

The state laboratory has the capability of testing about 100 specimens per day and is presently doing about 10-19 per day.

Per state regulation, positive tests are reportable to the state from any location and this is communicated to the local public health agency who is responsible for disseminating that information.

DHSS will be utilizing the state laboratory for testing screened patients who meet DHSS criteria, but patients and their physicians have the option to use commercial testing if the case falls outside of state criteria. Tests through the MSPHL cost $240 per test, but there is no fee for patients to use this test.

2) How do I get a sample collection kit to submit an approved sample to test for COVID-19?

Sample collection kits for submitting approved specimens to the SPHL for testing are pre-positioned at local public health agencies in your area or supplies for kits may be available at your jurisdiction. Contact information for your local public health agency is available at: https://health.mo.gov/living/lpha/lphas.php

To determine if you have the necessary supplies to collect a sample for COVID-19 testing at the SPHL please see instructions at: https://health.mo.gov/lab/ncov.php

3) How do I properly collect an approved specimen for COVID-19 testing at the SPHL?

Information and a video to properly collect an approved sample to the SPHL for COVID-19 testing is available at: https://health.mo.gov/lab/ncov.php

4) What type of specimens are approved for testing?

Information about the types of specimens required to submit an approved sample to the SPHL for COVID-19 testing is available at: https://health.mo.gov/lab/ncov.php

5) Will bacterial transport media work to ship a sample instead of viral transport media?
Laboratory Information

No, bacterial transport media will not work. Specimen must be sent on viral transport media. Sample collection information is located at: https://health.mo.gov/lab/ncov.php

6) How do I fill out the laboratory forms to submit an approved specimen to the SPHL for COVID-19 testing?

In order to submit an approved sample to the SPHL for COVID-19 testing, appropriate forms must be completed entirely and accurately to ensure testing. Required forms are located at: https://health.mo.gov/lab/ncov.php

7) How do I properly package an approved specimen for COVID-19 testing at the SPHL?

Information and a video to properly package an approved specimen for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

8) How do I properly ship an approved specimen for COVID-19 testing at the SPHL?

Information about properly shipping an approved specimen for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/courierservices.php

9) How do I use the SPHL courier system?

Information about the SPHL courier system with location and pick up times is located at: https://health.mo.gov/lab/courierservices.php

10) How do I determine SPHL courier pick up time?

Information about the SPHL courier system with location and pick up times is located at: https://health.mo.gov/lab/courierservices.php

11) How do I contact the SPHL?

The SPHL can be contacted for collection, packaging, shipping, and testing information at 573-751-3334 or 24/7 800-392-0272.

12) How do I find information about testing at the SPHL?

Information about COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

13) Do private laboratories provide testing for COVID-19?

As of March 9, commercial testing became available in Missouri through local providers. These providers’ tests do not require any screening criteria but are performed at the clinical discretion of the provider. Commercial tests will yield results in approximately three days, and widespread availability will occur shortly as testing sites and availability are increased.

14) What private laboratories are approved for testing?
Laboratory Information

Laboratories that are approved by an FDA emergency use authorization for COVID-19 testing is available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov

15) How do I submit a sample to a private laboratory?

You need to contact the private laboratory and utilize their direction.

16) How do I order more sample collection kits from the SPHL?

Sample collection kits are available to Missouri local public health agencies. If you are a Missouri local public health agency you can order a COVID-19 sample collection kit by calling 537-751-4830.

17) How do I store a sample collection kit for future use?

Information about storing a pre-positioned COVID-19 sample collection kit for testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

18) How do I store a sample after it has been collected?

Information about storing a sample collected for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

19) How soon do I have to ship a sample?

Information about storing a sample collected for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

20) How long until I get a result?

Information about result reporting of COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

21) How will we be notified of a laboratory result from the SPHL?

All results for COVID-19 testing at the SPHL are available in real time 24/7 from the SPHL OpenELIS web portal. If you or your provider do not have access to the portal, you can contact the SPHL at 573-751-3334 to be evaluated for approval. Currently for positive results you will be contacted by state or local public health agency epidemiologists. There is no need to contact the SPHL to inquire about the status of your report.

22) I have missed the courier, what should I do to ship my approved sample to the SPHL for testing?

The sample can be placed on the next available SPHL courier. Please see the courier lists (regular and Sunday) at https://health.mo.gov/lab/ncov.php or the sample can be self-couriered to the SPHL. If arriving after normal business hours you will need to contact
Laboratory Information

Missouri Capitol Police at 573-522-2222 once you arrive to gain access to the building to drop off your sample.

23) I am at the laboratory with an after hour sample delivery that we self-couriered after business hours, what should I do?

Please call Missouri Capitol Police at 573-522-2222 once you arrive to gain access to the building to drop off your sample. The Capitol Police will direct you to the drop location in the building.

24) What is the address of the SPHL?

101 North Chestnut Street
Jefferson City, MO 65101

25) Where can I find information about the SPHL courier?

SPHL courier information is accessible at the laboratory COVID-19 testing page website at https://health.mo.gov/lab/ncov.php or from general website at https://health.mo.gov/lab/

26) Where can I find information about the SPHL weekend courier?

A listing of SPHL weekend courier services is available at https://health.mo.gov/lab/ncov.php

27) Do I need to freeze my sample before shipment?

No, only if not arriving at the SPHL within 72 hours of collection.

If arriving at the SPHL after 72 hours of collection, samples must be frozen and shipped with normal cold pack.

If using next day from collection regular SPHL courier, no need to freeze.

If collected Friday and missed Friday courier, please freeze and place on Sunday courier https://health.mo.gov/lab/ncov.php

If collected Saturday, please place as normal on Sunday courier.

28) Is there SPHL Saturday courier service?

Due to the increased need of courier services for the COVID-19 response, the Missouri State Public Health Laboratory will begin running the courier service on Saturdays beginning 03/21/2020. The Saturday courier route will be exactly the same route as our Sunday courier route which is located on our website (https://health.mo.gov/lab/pdf/sunday-courier-locations.pdf). The pickup times will be the same as the Sunday courier route. Please inform your staff of the availability of this weekend courier services.
29) What kind of sample do I collect for approved COVID-19 testing at the SPHL?

https://health.mo.gov/lab/ncov.php

30) Can I use my own collection supplies to submit an approved sample for COVID-19 testing at the SPHL?

Yes, please see sample collection information and a video at https://health.mo.gov/lab/ncov.php

31) Can I submit a sample for testing from someone who has died?

Yes, please contact the DHSS 24 hour hotline at 877-435-8411 to request testing approval. Also refer to information in Coroner and Medical Examiner section regarding who should be tested.

32) I am a county coroner, how do I make plans to respond and possibly collect a sample?

1) What should nursing facilities be doing to limit visitors?

Nursing facilities should limit or restrict visitation to their facilities due to the COVID-19 concern in order to protect the health and safety of their residents. Guidance from the CDC and CMS has been provided to nursing facilities and includes the following:

Facilities should actively screen and restrict visitation by those who meet the following criteria:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.
3. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. Residing in a community where community-based spread of COVID-19 is occurring.

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:

• Restricting means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.
• Limiting means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident’s emotional well-being and care.
• Discouraging means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).

1. Limiting or Discouraging visitation:
   a) Limiting: For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend limiting visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.

   b) Discouraging: For all other facilities not in those counties referenced above, we recommend discouraging visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to “stay at home”
2. Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents’ rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident’s room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.

3. In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor’s entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual’s visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).

4. In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident’s room (e.g., reduce walking the halls, avoid going to dining room, etc.)

5. Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency

2) What can family members do to support COVID-19 prevention in nursing facilities?

As the novel coronavirus 2019 (COVID-19) outbreak continues to evolve, it is important for long-term care consumers, family members, Ombudsman programs and other advocates to be informed and take precautions in order to prevent the spread.

According to the Centers for Disease Control and Prevention (CDC), the health risk of COVID-19 for the general public in the United States is low at this time. However, just as with influenza and other viral infections, older adults and some individuals with preexisting medical conditions are at an increased risk for more severe illness.

Please go to the following link for tips on how to protect yourself and loved ones:

https://theconsumervoice.org/issues/other-issues-and-resources/covid-19
Personal Protective Equipment (PPE) for Healthcare Settings

Gloves

1) What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?
   - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.

2) What standards should be considered when choosing gloves?
   - The American Society for Testing and Materials (ASTM) has developed standards for patient examination gloves.
   - Standard specifications for nitrile gloves, natural rubber gloves, and polychloroprene gloves indicate higher minimum tensile strength and elongation requirements compared to vinyl gloves.\(^1,2,3,4\)
   - The ASTM has developed standards for patient examination gloves. Length requirements for patient exam gloves must be a minimum of 220mm-230mm depending on glove size and material type.\(^1,2,3,4\)

3) Is double gloving necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?
   - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed COVID-19 patients.

4) Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?
   - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.

5) How do I put on (don) and take off (doff) my gloves?
   - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
   - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing of PPE.

It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

6) Who should a hospital or healthcare provider contact for information on getting PPE?
   - The hospital or healthcare provider should contact their healthcare coalition (HCC) points of contact (Coordinators) and describe the situation and resource need. Each of these agencies staffs an HCC Readiness and Response Coordinator (HCC Coordinator) position whose duties include coordinating resource requests. HCC contact emails:
     - Mid-America Regional Council -------------------------- kcrhcc@gmail.com
     - Missouri Hospital Association --------------------------- nonurbanmohcc@mhanet.com
     - St. Louis Area Regional Response System -------------- COVID-19@ewgateway.org
Personal Protective Equipment (PPE) for Healthcare Settings

Gowns

1) What testing and standards should I consider when looking for CDC-recommended protective clothing?

- CDC’s guidance for Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids outlines the scientific evidence and information on national and international standards, test methods, and specifications for fluid-resistant and impermeable gowns and coveralls used in healthcare.
- Many organizations have published guidelines for the use of personal protective equipment (PPE) in medical settings. The American National Standards Institute (ANSI) and the Association of the Advancement of Medical Instrumentation (AAMI): ANSI/AAMI PB70:2012 describes the liquid barrier performance and a classification of surgical and isolation gowns for use in health care facilities.
- As with any type of PPE, the key to proper selection and use of protective clothing is to understand the hazards and the risk of exposure. Some of the factors important to assessing the risk of exposure in health facilities include source, modes of transmission, pressures and types of contact, and duration and type of tasks to be performed by the user of the PPE. (Technical Information Report (TIR) 11 [AAMI 2005]).
- For gowns, it is important to have sufficient overlap of the fabric so that it wraps around the body to cover the back (ensuring that if the wearer squats or sits down, the gown still protects the back area of the body).

2) What type of gown is recommended for patients with suspected or confirmed COVID-19?

- Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by patients with suspected or confirmed COVID-19.

3) What types of gowns are available for healthcare personnel to protect from COVID-19?

- While the transmissibility of COVID-19 is not fully understood, gowns are available that protect against microorganisms. The choice of gown should be made based on the level of risk of contamination. Certain areas of surgical and isolation gowns are defined as “critical zones” where direct contact with blood, body fluids, and/or other potentially infectious materials is most likely to occur. (ANSI/AAMI PB70 pdf iconexternal icon).
- If there is a medium to high risk of contamination and need for a large critical zone, isolation gowns that claim moderate to high barrier protection (ANSI/AAMI PB70 Level 3 or 4 pdf iconexternal icon) can be used.
- For healthcare activities with low, medium, or high risk of contamination, surgical gowns (ANSI/AAMI PB70 Levels 1-4 pdf iconexternal icon), can be used. These gowns are intended to be worn by healthcare personnel during surgical procedures.
- If the risk of bodily fluid exposure is low or minimal, gowns that claim minimal or low levels of barrier protection (ANSI/AAMI PB70 Level 1 or 2 pdf iconexternal icon) can be
Personal Protective Equipment (PPE) for Healthcare Settings

Gowns

used. These gowns should not be worn during surgical or invasive procedures, or for medium to high risk contamination patient care activities.

4) What is the difference between gowns and coveralls?

- CDC’s guidance for Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids provides additional comparisons between gowns and coveralls.
- Gowns are easier to put on and, in particular, to take off. They are generally more familiar to healthcare workers and hence more likely to be used and removed correctly. These factors also facilitate training in their correct use.
- Coveralls typically provide 360-degree protection because they are designed to cover the whole body, including the back and lower legs, and sometimes the head and feet as well. Surgical/isolation gowns do not provide continuous whole-body protection (e.g., they have possible openings in the back, and typically provide coverage to the mid-calf only).
- The level of heat stress generated due to the added layer of clothing is also expected to be less for gowns when compared to coveralls due to several factors, such as the openings in the design of gowns and total area covered by the fabric.

5) How do I put on (don) and take off (doff) my gown?

- Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
- If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing of PPE.
- It is important for Health Care Providers (HCP) to perform hand hygiene before and after removing PPE. Hand hygiene should be performed by using alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

6) Is it acceptable for emergency medical services to wear coveralls as an alternative to gowns when COVID-19 is suspected in a patient needing emergency transport?

- Unlike patient care in the controlled environment of a healthcare facility, care and transport by EMS present unique challenges because of the nature of the setting. Coveralls are an acceptable alternative to gowns when caring for and transporting suspect COVID-19 patients. While no clinical studies have been done to compare gowns and coveralls, both have been used effectively by healthcare workers in clinical settings during patient care. CDC’s Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids guidance provides a comparison between gowns and coveralls, including test methods and performance requirements. Coveralls typically provide 360-degree protection because they are designed to cover the whole body, including the back and lower legs, and sometimes the head and feet as well. This added coverage may be necessary for some
Personal Protective Equipment (PPE) for Healthcare Settings

Gowns

work tasks involved in medical transport. However, coveralls may lead to increased heat stress compared to gowns due to the total area covered by the fabric. Training on how to properly remove (doff) a coverall is important to prevent self-contamination. Comparatively, gowns are easier to put on and, in particular, to take off.

7) Who should a hospital or healthcare provider contact for information on getting PPE? The hospital or healthcare provider should contact their healthcare coalition (HCC) points of contact (Coordinators) and describe the situation and resource need. Each of these agencies staffs an HCC Readiness and Response Coordinator (HCC Coordinator) position whose duties include coordinating resource requests. HCC contact emails:

- Mid-America Regional Council -------------------------- kcrhcc@gmail.com
- Missouri Hospital Association -------------------------- nonurbanmohcc@mhanet.com
- St. Louis Area Regional Response System ------------ COVID-19@ewgateway.org

Personal Protective Equipment (PPE) for Healthcare Settings

Respirators

1) What is the latest guidance from CDC on the use of facemasks and respirators for Healthcare Professionals?

Updated PPE recommendations for the care of patients with known or suspected COVID-19:

- Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
  - Facemasks protect the wearer from splashes and sprays.
  - Respirators, which filter inspired air, offer respiratory protection.
- When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- Eye protection, gown, and gloves continue to be recommended.
  - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).
- Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)
- Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

2) What is a respirator?

- A respirator is a personal protective device that is worn on the face or head and covers at least the nose and mouth. For COVID-19 response, a respirator is used to reduce the wearer’s risk of inhaling hazardous airborne particles (including infectious agents). Respirators, including those intended for use in healthcare settings, are certified by the CDC/NIOSH.
Personal Protective Equipment (PPE) for Healthcare Settings

Respirators

3) What is an N95 filtering facepiece respirator (FFR)?

- An N95 FFR is a type of respirator which removes particles from the air that are breathed through it. These respirators filter out at least 95% of very small (0.3 micron) particles. N95 FFRs are capable of filtering out all types of particles, including bacteria and viruses.

4) What makes N95 respirators different from facemasks (sometimes called a surgical mask)?

- [Infographic: Understanding the difference between surgical masks and N95 respirators](#)
- N95 respirators reduce the wearer’s exposure to airborne particles, from small particle aerosols to large droplets. N95 respirators are tight-fitting respirators that filter out at least 95% of particles in the air, including large and small particles.
- Not everyone is able to wear a respirator due to medical conditions that may be made worse when breathing through a respirator. Before using a respirator or getting fit-tested, workers must have a medical evaluation to make sure that they are able to wear a respirator safely.
- Achieving an adequate seal to the face is essential. United States regulations require that workers undergo an annual fit test and conduct a user seal check each time the respirator is used. Workers must pass a fit test to confirm a proper seal before using a respirator in the workplace.
- When properly fitted and worn, minimal leakage occurs around edges of the respirator when the user inhales. This means almost all of the air is directed through the filter media.
- Unlike NIOSH-approved N95s, facemasks are loose-fitting and provide only barrier protection against droplets, including large respiratory particles. No fit testing or seal check is necessary with facemasks. Most facemasks do not effectively filter small particles from the air and do not prevent leakage around the edge of the mask when the user inhales.
- The role of facemasks is for patient source control, to prevent contamination of the surrounding area when a person coughs or sneezes. Patients with confirmed or suspected COVID-19 should wear a facemask until they are isolated in a hospital or at home. The patient does not need to wear a facemask while isolated.

5) What is a Surgical N95 respirator and who needs to wear it?

- A surgical N95 (also referred as a medical respirator) is recommended only for use by healthcare personnel (HCP) who need protection from both airborne and fluid hazards (e.g., splashes, sprays). These respirators are not used or needed outside of healthcare settings. In times of shortage, only HCP who are working in a sterile field or who may be exposed to high velocity splashes, sprays, or splatters of blood or body fluids should wear these respirators, such as in operative or procedural settings. Most HCP caring for confirmed or suspected COVID-19 patients should not need to use surgical N95 respirators and can use standard N95 respirators.
Personal Protective Equipment (PPE) for Healthcare Settings
Respirators

- If a surgical N95 is not available for use in operative or procedural settings, then an unvalved N95 respirator may be used with a faceshield to help block high velocity streams of blood and body fluids.

6) My employees complain that Surgical N95 respirators are hot and uncomfortable – what can I do?

- The requirements for surgical N95 respirators that make them resistant to high velocity streams of body fluids and help protect the sterile field can result in a design that has a higher breathing resistance (makes it more difficult to breath) than a typical N95 respirator. Also, surgical N95 respirators are designed without exhalation valves which are sometimes perceived as warmer inside the mask than typical N95 respirators. If you are receiving complaints, you may consider having employees who are not doing surgery, not working in a sterile field, or not potentially exposed to high velocity streams of body fluids wear a standard N95 with an exhalation valve.

7) My N95 respirator has an exhalation valve, is that okay?

- An N95 respirator with an exhalation valve does provide the same level of protection to the wearer as one that does not have a valve. The presence of an exhalation valve reduces exhalation resistance, which makes it easier to breathe (exhale). Some users feel that a respirator with an exhalation valve keeps the face cooler and reduces moisture build up inside the facepiece. However, respirators with exhalation valves should not be used in situations where a sterile field must be maintained (e.g., during an invasive procedure in an operating or procedure room) because the exhalation valve allows unfiltered exhaled air to escape into the sterile field.

8) How can I tell if a respirator is NIOSH-approved?

- The NIOSH approval number and approval label are key to identifying NIOSH-approved respirators. The NIOSH approval label can be found on or within the packaging of the respirator or sometimes on the respirator itself. The required labeling of NIOSH-Approved N95 filtering facepiece respirators includes the NIOSH name, the approval number, filter designations, lot number, and model number to be printed on the respirator. You can verify that your respirator approvals are valid by checking the NIOSH Certified Equipment List (CEL).

9) How do I know if my respirator is expired?

- NIOSH does not require approved N95 filtering facepiece respirators (FFRs) be marked with an expiration date. If an FFR does not have an assigned expiration date, you should refer to the user instructions or seek guidance from the specific manufacturer on whether time and storage conditions (such as temperature or humidity) are expected to have an effect on the respirator’s performance and if the respirators are nearing the end of their shelf life.
10) What do I do with an expired respirator?

- In times of increased demand and decreased supply, consideration can be made to use N95 respirators past their intended shelf life. However, the potential exists that the respirator will not perform to the requirements for which it was certified. Over time, components such as the strap and nose bridge may degrade, which can affect the quality of the fit and seal. Prior to use of N95 respirators, the HCP should inspect the respirator and perform a seal check. Additionally, expired respirators may potentially no longer meet the certification requirements set by NIOSH. For further guidance, visit Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response.

11) What methods should healthcare facilities consider in order to avoid unintentional loss of PPE during COVID-19?

- Monitoring PPE supply inventory and maintaining control over PPE supplies may help prevent unintentional product losses that may occur due to theft, damage, or accidental loss. Inventory systems should be employed to track daily usage and identify areas of higher than expected use. This information can be used to implement additional conservation strategies tailored to specific patient care areas such as hospital units or outpatient facilities. Inventory tracking within a health system may also assist in confirming PPE deliveries and optimizing distribution of PPE supplies to specific facilities.

12) Who should a hospital or healthcare provider contact for information on getting PPE?

The hospital or healthcare provider should contact their healthcare coalition (HCC) points of contact (Coordinators) and describe the situation and resource need. Each of these agencies staffs an HCC Readiness and Response Coordinator (HCC Coordinator) position whose duties include coordinating resource requests. HCC contact emails:

- ☐ Mid-America Regional Council -------------------------- kcrhcc@gmail.com
- ☐ Missouri Hospital Association -------------------------- nonurbanmohcc@mhanet.com
- ☐ St. Louis Area Regional Response System ------------ COVID-19@ewgateway.org

Pregnant Women/Infants

1) What is the risk to pregnant women of getting COVID-19? Is it easier for pregnant women to become ill with the disease? If they become infected, will they be more sick than other people?

We do not currently know if pregnant women have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. Pregnant women experience changes in their bodies that may increase their risk of some infections. With viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza, women have had a higher risk of developing severe illness. It is always important for pregnant women to protect themselves from illnesses.

2) How can pregnant women protect themselves from getting COVID-19?

Pregnant women should do the same things as the general public to avoid infection. You can help stop the spread of COVID-19 by taking these actions:

- Cover your cough (using your elbow is a good technique)
- Avoid people who are sick
- Clean your hands often using soap and water or alcohol-based hand sanitizer


3) Can COVID-19 cause problems for a pregnancy?

We do not know at this time if COVID-19 would cause problems during pregnancy or affect the health of the baby after birth.

4) Can COVID-19 be passed from a pregnant woman to the fetus or newborn?

We still do not know if a pregnant woman with COVID-19 can pass the virus that causes COVID-19 to her fetus or baby during pregnancy or delivery. No infants born to mothers with COVID-19 have tested positive for the COVID-19 virus. In these cases, which are a small number, the virus was not found in samples of amniotic fluid or breastmilk.

5) If a pregnant woman has COVID-19 during pregnancy, will it hurt the baby?

We do not know at this time what if any risk is posed to infants of a pregnant woman who has COVID-19. There have been a small number of reported problems with pregnancy or delivery (e.g. preterm birth) in babies born to mothers who tested positive for COVID-19 during their pregnancy. However, it is not clear that these outcomes were related to maternal infection.

6) Can COVID-19 be transmitted through breast milk?

Much is unknown about how COVID-19 is spread. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to
how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

7) What is the guidance on breastfeeding for mothers with confirmed COVID-19 or under investigation for COVID-19

Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.
1) What should I consider as I plan and prepare for COVID-19?

Administrators should always reinforce healthy practices among their staff and students, as well as prepare for a potential case of COVID-19, regardless of the current level of community transmission.

As you create and update your preparedness plans, work with your local health officials to determine the most appropriate plan and actions for your school or program. Together, you will need to consider your local community situation—whether you have local transmission in your community, and if so, the level of transmission (none/minimal, minimal to moderate, substantial).

CDC has created overall guidance, as well as guidance tailored for transmission level in your area to help childcare programs, schools, and their partners understand how to help prevent COVID-19 and react quickly when a case is identified. The guidance includes information about the following:

- How to prepare if you have no community spread of COVID-19.
- How to prepare if you have minimal to moderate community spread in your community.
- How to prepare if you have substantial community spread in your community.
- What to do if a person with COVID-19 has entered your school.

See CDC’s full interim guidance for more details.

2) What can staff and students do to prevent the spread of COVID-19?

Encourage students and staff to take everyday preventive actions to prevent the spread of respiratory illnesses. These actions include staying home when sick; appropriately covering coughs and sneezes; cleaning and disinfecting frequently touched surfaces; and washing hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if they are visibly dirty. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.

3) How should my school prepare when there is no community transmission in our area?

The most important thing you can do now is to prepare. Schools need to be ready if COVID-19 does appear in their communities. Here are some strategies:

- Review, update, and implement emergency operations plans.
- Develop information-sharing systems with partners.
- Teach and reinforce health hygiene practices.
- Intensify cleaning and disinfection efforts.
- Monitor and plan for absenteeism.
- Assess group gatherings and events. Follow current guidance about non-critical gatherings and events.
Schools and Childcare Facilities – Administrators, Teachers, and Parents

- Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.
- Create and test communications plans for use with the school community.
- Review CDC’s guidance for business and employers.

4) What should I include in my emergency operations plan?

Review and update your emergency operations plan in collaboration with your local health department. Focus on the components or annexes of the plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of school dismissal.
- Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

5) How should my school prepare when there is minimal to moderate community transmission in our area?

Work with your local health officials to determine a set of strategies appropriate for your community’s situation. Continue using the preparedness strategies implemented for no community transmission, and consider the following social distancing strategies:

- Cancel field trips, assemblies, and other large gatherings.
- Cancel or modify classes where students are likely to be in very close contact.
- Increase the space between desks to at least 6 feet.
- Stagger arrival and/or dismissal times.
- Reduce congestion in the health office.
- Limit nonessential visitors.
- Limit bringing in students from other schools for special programs (e.g., music, robotics, academic clubs)
- Teach staff, students, and their families to maintain a safe distance (6 feet) from each other in the school.

6) What should I do when there is substantial community transmission?

If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community.
You may need to consider extended school dismissals (e.g. dismissals for longer than 2 weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

7) Should my school screen students for COVID-19?

Schools and childcare programs are **not expected** to screen children, students, or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.

8) What resources does CDC have available to share with staff, students, and parents?

Share resources with the school community to help them understand COVID-19 and steps they can take to protect themselves:

- CDC’s health communication resources
- CDC information on stigma and COVID-19
- CDC information on COVID-19 and children
- CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.
- Other health and education professional organizations may also have helpful resources your school can use or share, such as the American Academy of Pediatricsexternal icon
- CDC’s information on helping children cope with emergencies
- Stigma prevention and facts about COVID-19

9) What should I do if my school experiences increased rates of absenteeism?

If your school notices a substantial increase in the number of students or staff missing school due to illness, report this to your local health officials.

10) What steps should my school take if a student or staff member shows symptoms of COVID-19?

You should establish procedures to ensure students and staff who become sick at school or who arrive at school sick are sent home as soon as possible. Keep anyone sick separate from well students and staff until the **sick person can be sent home**.

11) What should I do if the suspected sick student or staff member is confirmed to have COVID-19?
Immediately notify local health officials. These officials will help administrators determine a course of action for their childcare programs or schools.

You will likely dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

12) When should I dismiss our school/childcare program?

Any decision about school dismissal or cancellation of school events should be made in coordination with your local health officials. Schools are not expected to make decisions about dismissals on their own.

You may need to temporarily dismiss school for 2-5 days, if a student or staff member attended school before being confirmed as having COVID-19. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

If there is substantial transmission in the local community, local health officials may suggest extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.

13) Are there ways for students to keep learning if we decide to dismiss schools?

Yes, consider implementing e-learning plans, including digital and distance learning options as feasible and appropriate. Determine, in consultation with school district officials or other relevant state or local partners:

- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding.
- How to convert face-to-face lessons into online lessons and how to train teachers to do so.
- How to triage technical issues if faced with limited IT support and staff.
- How to encourage appropriate adult supervision while children are using distance learning approaches.
- How to deal with the potential lack of students’ access to computers and the internet at home.

14) If I make the decision for a school dismissal, what else should I consider?
Schools and Childcare Facilities – Administrators, Teachers, and Parents

In the event of a school dismissal, extracurricular group activities and large events, such as performances, field trips, and sporting events should also be cancelled. This may require close coordination with other partners and organizations (e.g., high school athletics associations, music associations). In addition, discourage students and staff from gathering or socializing anywhere, like at a friend’s house, a favorite restaurant, or the local shopping mall.

Ensure continuity of meal programs for your students. Consider ways to distribute food to students who receive free or reduced cost meals. Check with the US Department of Agriculture – Food and Nutrition Service for additional information: https://www.fns.usda.gov/disaster/USDAfoodsPandemicSchools.external icon If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.

Consider alternatives for providing essential medical and social services for students. Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

15) If we dismiss school, what do we need to consider when re-opening the building to students?

CDC is currently working on additional guidance to help schools determine when and how to re-open in an orderly manner. If you need immediate assistance with this, consult local health officials for guidance. Stay in touch with your local and state health department, as well as the Department of Education.

16) What should we do if a child, student, or staff member has recently traveled to an area with COVID-19 or has a family member who has traveled to an area with COVID-19?

Review updated CDC information for travelers, including FAQ for travelers, and consult with state and local health officials. Health officials may use CDC’s Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

17) What can teachers do to protect themselves and their students?

Teachers and students are in close contact for much of the day, and schools can become a place where respiratory diseases like COVID-19 can quickly spread. Protect yourself and your students by practicing and promoting healthy habits during the school year. You should also plan to say home if you have symptoms of COVID-19 like fever, cough, or shortness of breath. Encourage parents to keep students at home if they’re sick. Consider social distancing strategies, such as modifying classes where students are likely to be in very close contact; increasing space between desks; and allowing students to eat meals in the classroom.
18) How should I talk to my students about COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Teachers can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease.

19) What are schools doing to prepare for COVID-19?

Schools are advised to ensure adequate supplies are available to support healthy hygiene practices, and to routinely clean and disinfect objects and surfaces that are frequently touched. They are also working closely with local health officials to review and update their school emergency operation plans, and to determine if or when to dismiss schools.

20) How will I know if my child’s school is closed?

Look out for information from your school district. Information may come via phone, email, or website depending on your school’s communication plan. Local media outlets may provide updates, since they often monitor this information.

21) Are children more at-risk?

Information about COVID-19 in children is somewhat limited, but the information that is available suggests that healthy children generally have mild symptoms. However, a small percentage of children have been reported to have more severe illness. Children and adults with serious chronic medical conditions are believed to be at higher risk, as well as older adults. To protect those at higher risk, it’s important that everyone practices healthy hygiene behaviors.

22) How should parents talk to children about COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Parents play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease.

Additional information is available from the Missouri Department of Elementary and Secondary Education at:

Symptomatic Caller

1) What should I do if I’m having symptoms?

Testing for COVID-19 is available from the Missouri State Public Health Laboratory for those with severe disease or with risk factors and compatible symptoms. Providers can also order COVID-19 testing from private laboratories for those that are not approved for testing through the state lab. If you and your provider decide that you need testing and prefer to use a private laboratory, approval from state health department staff is not required.

Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing, and have been in close contact with a person known to have COVID-19. It’s important to call before seeking care because it helps your provider make sure that proper infection control procedures are followed when you arrive. If your provider chooses to seek testing through the Missouri State Public Health Laboratory, they will contact the Missouri Department of Health and Senior Services for approval. If your provider needs help making this connection, please have them call this hotline back and we can route the call for them.

In the meantime, if you decide not to seek care from a provider to access COVID-19 testing, it’s important to remember to stay home if you’re sick. For illnesses that cause fever, a good rule to follow is not to return to work until at least 24 hours after the fever is gone without the use of fever reducing medications. Remember to practice good hand hygiene and stay away from others while you’re sick so you can keep your loved ones and community healthy.
Symptoms & Testing

1. Take incoming call and complete the single-page PUI screening form and then approve/disapprove testing per the algorithm and criteria provided.

   a. If not approved, tell caller the request does not meet the current criteria for testing at the State Public Health Laboratory. However, private laboratories have begun testing for COVID-19. Please consider this as an option for the patient if you believe it is warranted and contact that laboratory for further instructions regarding sample submissions. Offer list of testing sites throughout Missouri or refer them to DHSS website at:  . https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/mobile-testing.php

   b. If approved, tell caller the request meets the current criteria for a PUI and testing. Complete the Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form with information provided from caller .(Go to below)

      i. Please contact your local public health agency for a collection kit (Provide LPHA directory link: https://health.mo.gov/living/lpha/lphas.php if need contact information) or see https://health.mo.gov/lab/ncov.php for instructions/video if you have the appropriate supplies available to collect and send a specimen.

      ii. Please also remember to go to the https://health.mo.gov/lab/ncov.php to complete the Virology Test Request Form per instructions for each specimen type.

      iii. The call center will then send an email with the approved and completed Missouri PUI Form and Virology Test Request Form. Complete the Virology Test Request Form and submit it and the Missouri PUI Form, along with the specimen, to the SPHL.

      iv. Contact your LPHA  to find the nearest laboratory courier location with pick up times.

      v. Patients who are well enough to be discharged to home should be given guidance on home isolation, referenced at this link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

      vi. 7. Providers with questions about infection control for inpatients should be referred to the CDC guidance on this topic: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
Testing and Approval

1) How do I get a sample approved for COVID-19 testing at the State Public Health Laboratory?

   Are you a patient?

   If so please contact your health care provider

   Are you a health care provider calling on behalf of a patient?

   We will need to get some information and apply an algorithm to determine if your patient meets the epidemiological criteria for testing. (Call center or epi person goes through the criteria)

   Your request does not meet the current criteria for testing.

   Your information is being forwarded to DHSS epidemiologists to help determine eligibility.

   Your request meets the current criteria for PUI and testing.

   (If approved, complete PUI Form with caller)

   (If approved send an email with PUI information to MSPHLCOVID-19@health.mo.gov)

Necessary information for sample collection, packaging and shipping of an approved COVID-19 sample for testing at the SPHL is available at: https://health.mo.gov/lab/ or the Laboratory Information Section of this Quick Reference Guide.

2) Who should people contact to get results from a test for COVID-19?

They should contact the provider who ordered the test. Test results are only released to the provider who ordered the test even if the test was done at the State Public Health Laboratory.

3) Where should COVID-19 test results be reported?

Providers needing to fax test results shall send reports to the Bureau of Reportable Disease Informatics (BRDI) at 573-751-6417.
### Risk Groups to be Approved for COVID-19 Testing by DHSS

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<thead>
<tr>
<th>Risk Group</th>
<th>Clinical Features</th>
<th>Definitions and Further Information</th>
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| Symptomatic close contacts to a suspect COVID-19 patient with pending laboratory testing or laboratory-confirmed COVID-19 patient | Fever¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) | Close contact is defined as—
a) being within approximately 6 feet (2 meters) of a COVID-19 person; close contact can occur while caring for, living with, working with, or having direct contact with infectious secretions of a COVID-19 person — or —
b) having direct contact with infectious secretions of a COVID-19 person.  
If such contact occurs while not wearing recommended protective equipment (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator) consideration are met. |
| Symptomatic residents of congregate living facilities whose residents are at higher risk for poor outcomes | Fever¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) | Those at higher risk for poor outcomes can include older adults with medical conditions and/or an immunocompromised status receiving immunosuppressive medications, chronic lung disease, and/ or diabetic foot. |
| Symptomatic hospitalized patients who have signs and symptoms compatible with COVID-19 | Fever¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) | Testing for these individuals should be used to inform different care and containment strategies. |

¹Fever may be subjective or not well tolerated.
Travel

1) Should I cancel my international trip?

CDC recommends that travelers avoid all nonessential international travel because of the COVID-19 pandemic. Some health care systems are overwhelmed and there may be limited access to adequate medical care in affected areas. Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting non-citizens from entry with little advance notice. Airlines have cancelled many international flights and in-country travel may be unpredictable. If you choose to travel internationally, your travel plans may be disrupted, and you may have to remain outside the United States for an indefinite length of time.

CDC also recommends all travelers defer all cruise ship travel worldwide.

If you must travel, take the following steps to help reduce your chances of getting sick:

- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol. Soap and water should be used if hands are visibly dirty.
  o It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.

Make sure you are up to date with your routine vaccinations, including measles-mumps-rubella (MMR) vaccine and the seasonal flu vaccine.

The COVID-19 pandemic is a rapidly evolving situation and CDC guidance is reviewed daily and updated frequently.

2) Are international layovers included in CDC’s recommendation to avoid nonessential travel?

Yes. Airport layovers in international destinations with a level 3 travel health notice are included in CDC’s recommendation to avoid nonessential travel. If a layover is unavoidable, CDC recommends you not leave the airport. Even if you don’t leave the airport during your layover, you may still be subject to screening and monitoring when entering the United States.

A layover is anytime you exit a plane when traveling to your final destination.

3) Should I go on a cruise?

CDC recommends that all travelers defer all cruise ship travel worldwide. Recent reports of COVID-19 on cruise ships highlight the risk of infection to cruise ship passengers and crew. Like many other viruses, COVID-19 appears to spread more easily between people in close quarters aboard ships. If you were on a cruise in the past 14 days:
Travel

- Stay home for 14 days from the time you disembark, practice social distancing, and monitor your health. Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

4) What is the risk of getting COVID-19 on an airplane?

Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on airplanes. Although the risk of infection on an airplane is low, travelers should try to avoid contact with sick passengers and wash their hands often with soap and water for at least 20 seconds or use hand sanitizer that contains at least 60% alcohol.

For more information: Exposure Risk During Travel

5) What happens if there is a sick passenger on an international or domestic flight?

Under current federal regulations, pilots must report all illnesses and deaths to CDC before arriving to a US destination. According to CDC disease protocols, if a sick traveler is considered to be a public health risk, CDC works with local and state health departments and international public health agencies to contact passengers and crew exposed to that sick traveler.

Be sure to give the airline your current contact information when booking your ticket so you can be notified if you are exposed to a sick traveler on a flight.

6) What if I recently traveled and get sick?

Call your doctor: If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

Stay home except to get medical care

- **Stay home**: Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor**. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation**: Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

- **Stay away from others**: As much as possible, you stay away from others. You should stay in a specific “sick room” if possible, and away from other people in your home. Use a separate bathroom, if available.
Travel

- **Limit contact with pets & animals:** You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus.
- When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

- **Call ahead:** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor’s office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are sick wear a facemask in the following situations, if available:

- **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 others:** 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. Visitors, other than caregivers, are not recommended.

Note: During a public health emergency, facemasks may be reserved for healthcare workers. You may need to improvise a facemask using a scarf or bandana.

Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
Travel

- **Hand sanitizer:** If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.

- **Clean and disinfect:** Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
  
  - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  
  - Most EPA-registered household disinfectants should be effective.

Monitor your symptoms
Travel

- Common symptoms of COVID-19 include fever and cough. Trouble breathing is a more serious symptom that means you should get medical attention.
- **If you are having trouble breathing, seek medical attention, but call first.**
  - Call your doctor or emergency room before going in and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If available, put on a facemask before you enter the building. If you can’t put on a facemask, cover your coughs and sneezes. Try to stay at least 6 feet away from other people. This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities may give instructions on checking your symptoms and reporting information.

7) When can I return to work after international travel?

Currently, all international travelers arriving into the US should stay home for 14 days after their arrival. At home, they are expected to monitor their health and practice social distancing. To protect the health of others, these travelers should not to go to work or school for 14 days.

8) Should travelers wear facemasks?

Facemasks are most useful when worn by sick people who are coughing or sneezing to help prevent the spread of respiratory viruses to others. CDC does not recommend that healthy travelers wear facemasks to protect themselves from COVID-19. It is more important to take these steps to reduce your chances of getting sick:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc.
  - Use a tissue or your sleeve to cover your hand or finger if you must touch something.
  - Wash your hands after touching surfaces in public places.
- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water aren’t available, use a hand sanitizer that contains at least 60% alcohol.

9) What can I expect when departing other countries?

Be aware that some countries are conducting exit screening for all passengers leaving their country. Before being permitted to board a departing flight, you may have your temperature taken and be asked questions about your travel history and health.

10) What can I expect when arriving to the United States?
Travel

At this time, travel restrictions and entry screening only apply to travelers arriving from some countries with widespread ongoing spread of COVID-19. [Note: US policies are subject to change as the COVID-19 pandemic evolves.]

You may be screened when you arrive in the United States. After you arrive home, take the following steps to protect yourself and others:

1. Stay at home and avoid contact with others. Do not go to work or school.
2. Monitor your health. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
3. Keep your distance from others (about 6 feet or 2 meters) This is referred to as “social distancing.”

Check CDC’s [Coronavirus Disease 2019 (COVID-19) Travel webpage](https://www.cdc.gov/coronavirus/2019-ncov/traveler/index.html) to find the current travel health notice level for your international travel.
1) What should I do if I just returned from international travel?

There is widespread, ongoing transmission of novel coronavirus worldwide (see Global COVID-19 Pandemic Notice). If you have traveled internationally in the past 14 days, stay home and monitor your health.

**Stay home for 14 days from the time you returned home from international travel.**

During this 14-day period, take these steps to monitor your health and practice social distancing:

1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing. Use this [temperature log pdf icon](#) to monitor your temperature.
2. Stay home and avoid contact with others. Do not go to work or school.
3. Do not take public transportation, taxis, or ride-shares.
4. Keep your distance from others (about 6 feet or 2 meters).

2) What To Do If You Get Sick

If you get sick with fever or cough in the 14 days after you return from travel:

- Stay home. Avoid contact with others.
- You might have COVID-19; most people are able to recover at home without medical care.
- If you have trouble breathing or are worried about your symptoms, call or text a health care provider. Tell them about your recent travel and your symptoms.
- Call ahead before you go to a doctor’s office or emergency room.

If you need to seek essential medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel.
Water Transmission and COVID-19

1) Can the COVID-19 virus spread through drinking water?

The COVID-19 virus has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes COVID-19.

2) Is the COVID-19 virus found in feces?

The virus that causes COVID-19 has been detected in the feces of some patients diagnosed with COVID-19. The amount of virus released from the body (shed) in stool, how long the virus is shed, and whether the virus in stool is infectious are not known.

The risk of transmission of COVID-19 from the feces of an infected person is also unknown. However, the risk is expected to be low based on data from previous outbreaks of related coronaviruses, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). There have been no reports of fecal-oral transmission of COVID-19 to date.

3) Can the COVID-19 virus spread through pools and hot tubs?

There is no evidence that COVID-19 can be spread to humans through the use of pools and hot tubs. Proper operation, maintenance, and disinfection (e.g., with chlorine and bromine) of pools and hot tubs should remove or inactivate the virus that causes COVID-19.

4) Can the COVID-19 virus spread through sewerage systems?

CDC is reviewing all data on COVID-19 transmission as information becomes available. At this time, the risk of transmission of the virus that causes COVID-19 through sewerage systems is thought to be low. Although transmission of COVID-19 through sewage may be possible, there is no evidence to date that this has occurred. This guidance will be updated as necessary as new evidence is assessed.

SARS, a similar coronavirus, has been detected in untreated sewage for up to 2 to 14 days. In the 2003 SARS outbreak, there was documented transmission associated with sewage aerosols. Data suggest that standard municipal wastewater system chlorination practices may be sufficient to inactivate coronaviruses, as long as utilities monitor free available chlorine during treatment to ensure it has not been depleted.

Wastewater and sewage workers should use standard practices, practice basic hygiene precautions, and wear personal protective equipment (PPE) as prescribed for current work tasks.

5) Should wastewater workers take extra precautions to protect themselves from the COVID-19 virus?

Wastewater treatment plant operations should ensure workers follow routine practices to prevent exposure to wastewater. These include using engineering and administrative controls, safe work practices, and PPE normally required for work tasks when handling untreated wastewater. No
additional COVID-19–specific protections are recommended for employees involved in wastewater management operations, including those at wastewater treatment facilities.

For additional information:

CDC: Guidance for reducing health risks to workers handling human waste or sewage

CDC: Healthcare professionals: Frequently asked questions and answers

CDC: Healthy Water

Occupational Safety and Health Administration: COVID-19 Control and Prevention: Solid waste and wastewater management workers and employers

World Health Organization: Water, sanitation, hygiene and waste management for COVID-19
Travel Within Missouri and the United States

1) What is some basic advice about travel by car and air?

While travel may be a concern for some, it’s important to adopt social distancing strategies during travel. By car, utilize drive-through services and always have hand sanitizer at the ready. Regarding air travel, please refer to CDC’s guidance, especially for populations over 65 or with chronic conditions. Travelers are encouraged to check local public health resources and independently verify the status of any destination they plan to visit.

2) Should I travel within the US?

CDC does not generally issue advisories or restrictions for travel within the United States. However, cases of COVID-19 have been reported in many states, and some areas are experiencing community spread of the disease. Crowded travel settings, like airports, may increase your risk of exposure to COVID-19, if there are other travelers with COVID-19. There are several things you should consider when deciding whether it is safe for you to travel.

Things to consider before travel:

- **Is COVID-19 spreading where you’re going?**
  If COVID-19 is spreading at your destination, but not where you live, you may be more likely to get infected if you travel there than if you stay home. If you have questions about your destination, you should check your destination’s local health department website for more information.

- **Will you or your travel companion(s) be in close contact with others during your trip?**
  Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded settings, particularly closed-in settings with little air circulation. This may include settings such as conferences, public events (like concerts and sporting events), religious gatherings, public spaces (like movie theatres and shopping malls), and public transportation (like buses, metro, trains).

- **Are you or your travel companion(s) at higher risk of severe illness if you do get COVID-19?**
  People at higher risk for severe disease are older adults and people of any age with serious chronic medical conditions (such as heart disease, lung disease, or diabetes). CDC recommends that travelers at higher risk for COVID-19 complications avoid all cruise travel and nonessential air travel.

- **Do you have a plan for taking time off from work or school, in case you get exposed to, or are sick with, COVID-19?**
  If you have close contact with someone with COVID-19 during travel, you may be asked to stay home to self-monitor and avoid contact with others for up to 14 days after travel. If you become sick with COVID-19, you may be unable to go to work or school until you’re considered noninfectious. You will be asked to avoid contact with others (including being in public places) during this period of infectiousness.

- **Do you live with someone who is older or has a severe chronic health condition?**
  If you get sick with COVID-19 upon your return from travel, your household contacts
Travel Within Missouri and the United States

may be at risk of infection. Household contacts who are older adults or have severe chronic medical conditions are at higher risk for severe illness from COVID-19.

- Is COVID-19 spreading where you live?
  Consider the risk of passing COVID-19 to others during travel, particularly if you will be in close contact with people who are older adults or have severe chronic health condition These people are at higher risk of getting very sick. If your symptoms are mild or you don’t have a fever, you may not realize you are infectious.

Depending on your unique circumstances, you may choose to delay or cancel your plans. If you do decide to travel, be sure to practice precautions to prevent getting and spreading COVID-19 and other respiratory diseases during travel. For the most up-to-date COVID-19 travel information, visit CDC COVID-19 Travel page.

3) Do stay at home orders issued by city or county governments require returning domestic travelers to stay at home for 14 days?

Many of the orders do have stay at home provisions for returning domestic travelers so please contact your city or county or visit their website to find-out specific provisions for your community.
Children and COVID-19

1) What is the risk of my child becoming sick with COVID-19?

Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. You can learn more about who is most at risk for health problems if they have COVID-19 infection on CDC’s current Risk Assessment page.

2) How can I protect my child from COVID-19 infection?

You can encourage your child to help stop the spread of COVID-19 by teaching them to do the same things everyone should do to stay healthy.

- Clean hands often using soap and water or alcohol-based hand sanitizer
- Avoid people who are sick (coughing and sneezing)
- Clean and disinfect high-touch surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks)
- Launder items including washable plush toys as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people’s items.

You can find additional information on preventing COVID-19 at Prevention for 2019 Novel Coronavirus and at Preventing COVID-19 Spread in Communities. Additional information on how COVID-19 is spread is available at How COVID-19 Spreads.

3) Are the symptoms of COVID-19 different in children than in adults?

No. The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally presented with mild symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported. It’s not known yet whether some children may be at higher risk for severe illness, for example, children with underlying medical conditions and special healthcare needs. There is much more to be learned about how the disease impacts children.

4) Should children wear masks?

No. If your child is healthy, there is no need for them to wear a facemask. Only people who have symptoms of illness or who are providing care to those who are ill should wear masks.
Mental Health

1) How do people react to stressful situations like the COVID-19 pandemic?

Everyone reacts differently to stressful situations. How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include

- Older people and people with chronic diseases who are at higher risk for COVID-19
- Children and teens
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders
- People who have mental health conditions including problems with substance use
- Caregivers—someone caring for elderly family or friends, disabled individuals, or young children
- Non-english speaking individuals

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others call

- 911
- Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. (TTY 1-800-846-8517)
- Suicide Lifeline 1-800-273-8255

Stress during an infectious disease outbreak can include

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

2) What steps can I take to cope with the stress?

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Establish a routine and stick with it—get up at the same time every day, continue to take a shower and get dressed; eat at normal meal times, etc.
- Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.
3) What can parents or caregivers do to reduce stress in children?

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

Not all children and teens respond to stress in the same way. Some common changes to watch for include:

- Excessive crying or irritation in younger children
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviors in teens
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

There are many things you can do to support your child:

- Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
- Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your family’s exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

4) What can responders do to reduce the stress they may experience?

Responding to COVID-19 can take an emotional toll on you. There are things you can do to reduce secondary traumatic stress (STS) reactions:

- Acknowledge that STS can impact anyone helping families after a traumatic event.
- Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
Mental Health

- Allow time for you and your family to recover from responding to the pandemic.
- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

5) What feelings may people who have just been released from quarantine experience?

Being separated from others if a healthcare provider thinks you may have been exposed to COVID-19 can be stressful, even if you do not get sick. Everyone feels differently after coming out of quarantine. Some feelings include:

- Mixed emotions, including relief after quarantine
- Fear and worry about your own health and the health of your loved ones
- Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19
- Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious
- Guilt about not being able to perform normal work or parenting duties during quarantine
- Other emotional or mental health changes

Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine.

7) Who can people call if they are feeling anxious or troubled by the COVID-19 situation?

For people feeling anxious or troubled by COVID-19 who would like to talk with a mental health professional about it, the federal Disaster Distress Helpline is a good place for them to call or text:

Call (toll free): 1-800-985-5990 or
Text TalkWithUs to 66746

Link for additional information on the Disaster Distress Helpline: https://www.samhsa.gov/find-help/disaster-distress-helpline

8) Who can people call if they are exhibiting signs of more serious mental illness or substance use issues?

For people exhibiting signs of more serious mental illness or substance use, the DMH network of Access Crisis Intervention (ACI) hotlines can respond in a variety of ways, and all are in some way connected with community mental health centers:

Link for additional information and phone numbers for the ACI hotlines: https://dmh.mo.gov/mental-illness/program-services/behavioral-health-crisis-hotline
1) What orders has DHSS enacted to try to limit the spread of COVID-19 in Missouri?

Dr. Randall Williams, Director of the Missouri Department of Health and Senior Services, has issued the following social distancing order that went into effect at 12:01 a.m. on March 23, 2020:

**Local public health authorities are being directed to carry out and enforce the provisions of this Order by means of civil proceedings.** Provisions of this order are outlined below.

1. In accordance with the guidelines from the President and the Centers of Disease Control and Prevention, every person in the State of Missouri shall avoid social gatherings of more than ten (10) people. For purposes of this Order, “social gatherings” shall mean any planned or spontaneous event or convening that would bring together more than ten (10) people in a single space at the same time.

2. In accordance with the guidelines from the President and the Centers of Disease Control and Prevention, every person in the State of Missouri shall avoid eating or drinking at restaurants, bars, or food courts; provided, however, that the use of drive-thru, pickup, or delivery options is allowed throughout the duration of this Order.

3. In accordance with the guidelines from the President and the Centers of Disease Control and Prevention, people shall not visit nursing homes, long-term care facilities, retirement homes, or assisted living homes unless to provide critical assistance.

4. In accordance with the guidelines from the President and the Centers of Disease Control and Prevention, schools shall remain closed.

This Order does **not** prohibit people from visiting a variety of places, including grocery stores, gas stations, parks, and banks, so long as necessary precautions are taken and maintained to reduce the transmission of COVID-19, including maintaining at least six feet (6’) of distance between all individuals that are not family members. For offices and workplaces that remain open, individuals shall practice good hygiene and, where feasible, work from home in order to achieve optimum isolation from COVID-19. The more that people reduce their public contact, the sooner COVID-19 will be contained and the sooner this Order will expire.

This Order shall be in effect beginning 12:01 A.M. Monday, March 23, 2020, and shall remain in effect until 12:01 A.M. Monday, April 6, 2020, unless extended by further order of the Director of the Department of Health and Senior Services with said extensions not to exceed the duration of the effective period of [Executive Order 20-02](https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/social-distancing.php) (May 15, 2020).


2) What local jurisdictions have enacted stay-at-home orders?
The statewide social distancing order by the Director of the Missouri Department of Health and Senior Services can be found on the DHSS website

Cities and counties around Missouri have enacted stay-at-home orders that may be more restrictive than DHSS’ social distancing order. Citizens need to contact those local jurisdictions, or check their websites, to find out the specific provisions of those orders. For a list of cities and counties who have enacted stay-at-home orders, please go to:  https://missouri-coronavirus-gis-hub-mophep.hub.arcgis.com/

Contact information for local public health agencies (LPHAs) can be found at:
https://health.mo.gov/living/lpha/lphas.php
In Case of an Outbreak In Your Community

1) What should I do if there is an outbreak in my community?

During an outbreak, stay calm and put your preparedness plan to work. Follow the steps below:

**Protect yourself and others.**
- Stay home if you are sick. Keep away from people who are sick. Limit close contact with others as much as possible (about 6 feet).

**Put your household plan into action.**
- **Stay informed about the local COVID-19 situation.** Be aware of temporary school dismissals in your area, as this may affect your household’s daily routine.
- **Continue practicing everyday preventive actions.** Cover coughs and sneezes with a tissue and wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains 60% alcohol. Clean frequently touched surfaces and objects daily using a regular household detergent and water.
- **Notify your workplace as soon as possible if your regular work schedule changes.** Ask to work from home or take leave if you or someone in your household gets sick with COVID-19 symptoms, or if your child’s school is dismissed temporarily. Learn how businesses and employers can plan for and respond to COVID-19.
- **Stay in touch with others by phone or email.** If you have a chronic medical condition and live alone, ask family, friends, and health care providers to check on you during an outbreak. Stay in touch with family and friends, especially those at increased risk of developing severe illness, such as older adults and people with severe chronic medical conditions.

2) How do I prepare my children in case of COVID-19 outbreak in our community?

Outbreaks can be stressful for adults and children. Talk with your children about the outbreak, try to stay calm, and reassure them that they are safe. If appropriate, explain to them that most illness from COVID-19 seems to be mild. Children respond differently to stressful situations than adults.

3) What steps should parents take to protect children during a community outbreak?

This is a new virus and we are still learning about it, but so far, there does not seem to be a lot of illness in children. Most illness, including serious illness, is happening in adults of working age and older adults. If there cases of COVID-19 that impact your child’s school, the school may dismiss students. Keep track of school dismissals in your community. Read or watch local media sources that report school dismissals. If schools are dismissed temporarily, use alternative childcare arrangements, if needed.
In Case of an Outbreak In Your Community

If your child/children become sick with COVID-19, notify their childcare facility or school. Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.

Discourage children and teens from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community.

4) Will schools be dismissed if there is an outbreak in my community?

By order of the Director of the Missouri Department of Health and Senior Services, schools in Missouri are closed until April 6, 2020. Read or watch local media sources that report school dismissals or and watch for communication from your child’s school. If schools are dismissed temporarily, discourage students and staff from gathering or socializing anywhere, like at a friend’s house, a favorite restaurant, or the local shopping mall.

5) Should I go to work if there is an outbreak in my community?

Follow the advice of your local health officials. Stay home if you can. Talk to your employer to discuss working from home, taking leave if you or someone in your household gets sick with COVID-19 symptoms, or if your child’s school is dismissed temporarily. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual in case of a community outbreak.
School Dismissals and Children

1) While school’s out, can my child hang out with their friends?

- The key to slowing the spread of COVID-19 is to limit contact as much as possible. While school is out, children should not have playdates with children from other households. If children are playing outside their own homes, it is essential that they remain 6 feet from anyone who is not in their own household. If you have small meetups, consider hanging out with another family or friend who is also taking extra measures to put distance between themselves and others (social distancing). Make sure children practice everyday preventive behaviors, such as washing their hands often with soap and water. Remember, if children meet outside of school in bigger groups, it can put everyone at risk.
  - Revise spring break plans if they included non-essential travel.
- Information about COVID-19 in children is somewhat limited, but current data suggest children with COVID-19 may show only mild symptoms. However, they can still pass this virus onto others who may be at higher risk, including older adults and people who have serious chronic medical conditions.

2) While school’s out, how can I help my child continue learning?

- Stay in touch with your child’s school.
  - Many schools are adapting in-person lessons to online or virtual learning. Review assignments from the school, and help your child establish a reasonable pace for completing the work. You may need to assist your child with turning on devices, reading instructions, and typing answers.
  - Communicate challenges to your school. If you face technology or connectivity issues, or if your child is having a hard time completing assignments, let the school know.
- Create a schedule and routine for learning at home, but remain flexible.
  - Have consistent bedtimes and get up at the same time, Monday through Friday.
  - Structure the day for learning, free time, healthy meals and snacks, and physical activity.
  - Allow flexibility in the schedule—it’s okay to adapt based on your day.
- Consider the needs and adjustment required for your child’s age group.
  - The transition to being at home will be different for preschoolers, K-5, middle school students, and high school students. Talk to your child about expectations and how they are adjusting to being at home versus at school.
  - Consider ways your child can stay connected with their friends without spending time in person.
- Look for ways to make learning fun.
  - Have hands-on activities, like puzzles, painting, drawing, and making things.
  - Independent play can also be used in place of structured learning. Encourage children to build a fort from sheets or practice counting by stacking blocks.
  - Practice handwriting and grammar by writing letters to family members. This is a great way to connect and limit face-to-face contact.
  - Start a journal with your child to document this time and discuss the shared experience.
School Dismissals and Children

- Use audiobooks or see if your local library is hosting virtual or live-streamed reading events.

3) While school’s out, will kids have access to meals?

- Check with your school on plans to continue meal services during the school dismissal. Many schools are keeping school facilities open to allow families to pick up meals or are providing grab-and-go meals at a central location.

4) While school’s out, how can I keep my family healthy?

- **Watch your child for any signs of illness.**
  - If you see any sign of illness consistent with symptoms of COVID-19, particularly fever, cough, or shortness of breath, call your healthcare provider and keep your child at home and away from others as much as possible. Follow CDC’s guidance on “What to do if you are sick.”
- **Teach and reinforce everyday preventive actions.**
  - Parents and caretakers play an important role in teaching children to wash their hands. Explain that hand washing can keep them healthy and stop the virus from spreading to others.
  - Be a good role model—if you wash your hands often, they’re more likely to do the same.
  - Make handwashing a family activity.
- **Help your child stay active.**
  - Encourage your child to play outdoors—it’s great for physical and mental health. Take a walk with your child or go on a bike ride.
  - Use indoor activity breaks (e.g., stretch breaks, dance breaks) throughout the day to help your child stay healthy and focused.
- **Help your child stay socially connected.**
  - Help your child reach out to friends and family via phone or video chats.
  - Help your child write cards or letters to family members they may not be able to visit.
- **Watch for signs of stress in your child.**
  - Some common changes to watch for include excessive worry or sadness, unhealthy eating or sleeping habits, and difficulty with attention and concentration. For more information, see the “For Parents” section on CDC’s website, Manage Anxiety and Stress.
  - Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
  - Go to CDC’s Helping Children Cope with Emergencies or Talking with Children About COVID-19 for more information.
  - Some schools and non-profits, such as the Collaborative for Academic, Social, and Emotional Learning and The Yale Center for Emotional Intelligence, have resources for social and emotional learning. Check
to see if your school has tips and guidelines to help support social and emotional needs of your child.

5) While school’s out, should I limit time my children’s time with older adults, including relatives, and people with chronic medical conditions?

- **Older adults and people who have serious chronic medical conditions** are at highest risk of getting sick from COVID-19.
  - If others in your home are at particularly **high risk for severe illness from COVID-19**, consider extra precautions to separate your child from those individuals.
  - If you are unable to stay home with your child during school dismissals, carefully consider who might be best positioned to provide childcare. If someone at higher risk for COVID-19 will be providing care (e.g., older adult, such as a grandparent or someone with a chronic medical condition), limit your children’s contact with those people.
  - Consider postponing visits or trip to see older family members and grandparents. Connect virtually or by writing letters and sending via mail
1) Do I need to test for COVID-19 on a deceased body?

Unless COVID-19 was clinically suspected, there is no reason to test. In such a scenario, the reason to test a deceased body is to determine cause of death when testing was not done pre-mortem and manage exposed contacts that occurred prior to the death. In order to receive testing approval through the MO State Public Health Laboratory, the coroner or medical examiner would need to follow the same protocol utilized by other healthcare providers in order to receive approval for testing. The clinical information or contact exposure information that makes the person eligible for testing by the MO State Public Health Lab would still apply. Without having this information, the person is not eligible for testing through the Missouri State Public Health Lab.
Donations

1) Who should people contact if they want to sell or donate PPE?

People should go to the Department of Economic Development (DED) website at: ded.mo.gov/PPEsupply. This link will take them to a SurveyMonkey and they should fill-in the requested information.

2) Who should businesses contact if they want to make or create something to help with the pandemic response?

Calls from businesses that want to make or create something to assist with the pandemic response should be directed to Stacy Kempker in DCPH at Stacy.kempker@health.mo.gov