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COVID-19 and Animals

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

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. A small number of pets have been reported to be infected with the virus that causes COVID-19, mostly after contact with people with COVID-19.

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?

We are still learning about this virus, but it appears that it can spread from people to animals in some situations. Until we learn more about this new coronavirus, you should restrict contact with pets and other animals while you are sick with COVID-19, just like you would with people. 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
- Sharing food or bedding

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 cloth face covering.

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.
COVID-19 and Animals

4) Can I travel to the United States with dogs or import dogs into the United States during the COVID-19 outbreak?
Please refer to CDC’s requirements for bringing a dog to the United States. The current requirements for rabies vaccination apply to dogs imported from high-risk countries for rabies.

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?
Although we know certain bacteria and fungi can be carried on fur and hair, there is no evidence that viruses, including the virus that causes COVID-19, can spread to people from the skin, fur, or hair of pets.

However, because animals can sometimes carry other germs that can make people sick, it’s always a good idea to practice healthy habits around pets and other animals, including washing hands before and after interacting with them.

9) Are pets from a shelter safe to adopt?
Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. There is no reason to think that any animals, including shelter pets, play a significant role in spreading the virus that causes COVID-19.

10) What animals can get COVID-19?
We don’t know for sure which animals can be infected with the virus that causes COVID-19. CDC is aware of a small number of pets, including dogs and cats, reported to be infected with the
COVID-19 and Animals

virus that causes COVID-19, mostly after close contact with people with COVID-19. A tiger at a zoo in New York has also tested positive for the virus.

Recent research shows that ferrets, cats, and golden Syrian hamsters can be experimentally infected with the virus and can spread the infection to other animals of the same species in laboratory settings. Pigs, chickens, and ducks did not become infected or spread the infection based on results from these studies. Data from one study suggested dogs are not as likely to become infected with the virus as cats and ferrets. These findings were based off a small number of animals, and do not indicate whether animals can spread infection to people.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. Further studies are needed to understand if and how different animals could be affected by the virus that causes COVID-19 and the role animals may play in the spread of COVID-19.

11) Can I walk my dog?
Walking a dog is important for both animal and human health and well-being. Walk dogs on a leash, maintaining at least 6 feet (2 meters) from other people and animals, do not gather in groups, and stay out of crowded places and avoid mass gatherings. Do not go to dog parks or public places where a large number of people and dogs gather. To help maintain social distancing, do not let other people pet your dog when you are out for a walk.

12) What should I do if my pet gets sick and I think it’s COVID-19?
There is a very small number of animals around the world reported to be infected with the virus that causes COVID-19, mostly after having contact with a person with a COVID-19. Talk to your veterinarian about any health concerns you have about your pets.

If your pet gets sick after contact with a person with COVID-19, do not take your pet to the veterinary clinic yourself. Call your veterinarian and let them know the pet was around a person with COVID-19. Some veterinarians may offer telemedicine consultations or other alternate plans for seeing sick pets. Your veterinarian can evaluate your pet and determine the next steps for your pet’s treatment and care.

13) Why are animals being tested when many people can’t get tested?
Animals are only being tested in very rare circumstances. Routine testing of animals is not recommended at this time, and any tests done on animals are done on a case by case basis. For example, if the pet of a COVID-19 patient has a new, concerning illness with symptoms similar to those of COVID-19, the animal’s veterinarian might consult with public health and animal health officials to determine if testing is needed.

14) Can wild animals spread the virus that causes COVID-19 to people or pets?
Currently, there is no evidence to suggest the virus that causes COVID-19 is circulating in free-living wildlife in the United States, or that wildlife might be a source of infection for people in the United States. The first case of a wild animal testing positive for the virus in the United States was a tiger with a respiratory illness at a zoo in New York City. However, this tiger was in
COVID-19 and Animals

a captive zoo environment, and public health officials believe the tiger became sick after being exposed to a zoo employee who was infected and spreading the virus.

If a wild animal were to become infected with the virus, we don’t know whether the infection could then spread among wildlife or if it could spread to other animals, including pets. Further studies are needed to understand if and how different animals, including wildlife, could be affected by COVID-19. Because wildlife can carry other diseases, even without looking sick, it is always important to enjoy wildlife from a distance.

Take steps to prevent getting sick from wildlife in the United States:

- Keep your family, including pets, a safe distance away from wildlife.
- Do not feed wildlife or touch wildlife droppings.
- Always wash your hands and supervise children washing their hands after working or playing outside.
- Leave orphaned animals alone. Often, the parents are close by and will return for their young.
- Consult your state wildlife agency’s guidance if you are preparing or consuming legally harvested game meat.
- Do not approach or touch a sick or dead animal – contact your state wildlife agency instead.

15) Can bats in United States get the virus that causes COVID-19, and can they spread it back to people?
Other coronaviruses have been found in North American bats in the past, but there is currently no evidence that the virus that causes COVID-19 is present in any free-living wildlife in the United States, including bats. In general, coronaviruses do not cause illness or death in bats, but we don’t yet know if this new coronavirus would make North American species of bats sick. Bats are an important part of natural ecosystems, and their populations are already declining in the United States. Bat populations could be further threatened by the disease itself or by harm inflicted on bats resulting from a misconception that bats are spreading COVID-19. However, there is no evidence that bats in the United States are a source of the virus that causes COVID-19 for people. Further studies are needed to understand if and how bats could be affected by COVID-19.

16) Should I worry about my pet cat?
We are still learning about this virus and how it spreads, but it appears it can spread from humans to animals in some situations. CDC is aware of a small number of pets, including cats, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Most of these animals had contact with a person with COVID-19. A tiger at a New York zoo has also tested positive for the virus that causes COVID-19.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited data available, the risk of animals spreading COVID-19 to people is considered to be low. The virus that causes COVID-19 spreads mainly from person to person, typically through respiratory droplets from coughing, sneezing, or talking.
COVID-19 and Animals

People sick with COVID-19 should isolate themselves from other people and animals, including pets, during their illness until we know more about how this virus affects animals. If you must care for your pet or be around animals while you are sick, wear a cloth face covering and wash your hands before and after you interact with pets.
Businesses

1) What should I do if an employee comes to work with COVID-19 symptoms (fever, cough, or shortness of breath)?
Employees who have symptoms when they arrive at work or become sick during the day should immediately be separated from other employees, customers, and visitors and sent home. Employees who develop symptoms outside of work should notify their supervisor and stay home.

Sick employees should follow **CDC-recommended steps**. Employees should not return to work until they have met the criteria to **discontinue home isolation** and have consulted with a healthcare provider and state or local health department.

Employers should not require sick employees to provide a COVID-19 test result or healthcare provider’s note to validate their illness, qualify for sick leave, or return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

2) What should I do if an employee is suspected or confirmed to have COVID-19?
In most cases, you do not need to shut down your facility. But do close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

Follow the **CDC cleaning and disinfection recommendations**:

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, use **products that meet EPA criteria for use against SARS-CoV-2**external iconexternal icon, the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting.
- You may need to wear additional personal protective equipment (PPE) depending on the setting and disinfectant product you are using.

In addition to cleaning and disinfecting, employers should determine which employees may have been exposed to the virus and need to take additional precautions:

- Most workplaces should follow the **Public Health Recommendations for Community-Related Exposure**.
- Critical infrastructure workplaces should follow the guidance **Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19**.
Businesses

Sick employees should follow CDC-recommended steps. Employees should not return to work until they have met the criteria to discontinue home isolation and have consulted with a healthcare provider and state or local health department.

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).

3) If employees have been exposed but are not showing symptoms, should I allow them to work?
Employees may have been exposed if they are a “close contact” of someone who infected, which is defined as being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period of time:

- Potentially exposed employees who **have** symptoms of COVID-19 should self-isolate and follow CDC recommended steps.
- Potentially exposed employees who **do not have** symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.

All other employees should self-monitor for symptoms such as fever, cough, or shortness of breath. If they develop symptoms, they should notify their supervisor and stay home.

See Public Health Recommendations for Community-Related Exposure for more information.

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workersexternal iconexternal icon may be permitted to continue work following potential exposure to COVID-19, provided they remain symptom-free and additional precautions are taken to protect them and the community.

- Critical infrastructure businesses have an obligation to limit, to the extent possible, the reintegration of in-person workers who have been exposed to COVID-19 but remain symptom-free in ways that best protect the health of the worker, their co-workers, and the general public.
- An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not been exposed.
- A critical infrastructure worker who is symptom-free and returns to work should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees’ supplied cloth face coverings in the event of shortages.

See Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 for more information.

4) What should I do if I find out several days later, after an employee worked, that they were diagnosed with COVID-19?
Businesses

- If it has been **less than 7 days** since the sick employee used the facility, clean and disinfect all areas used by the sick employee following the CDC cleaning and disinfection recommendations.
- If it has been **7 days or more** since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.
- Other employees may have been exposed to the virus if they were in “close contact” (within approximately 6 feet or 2 meters) of the sick employee for a prolonged period of time.
  - Those who have symptoms should self-isolate and follow CDC recommended steps.
  - In most workplaces, those potentially exposed but with no symptoms should remain at home or in a comparable setting and practice social distancing for 14 days.
  - Critical infrastructure workers should follow Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19. A critical infrastructure worker who is symptom-free and returns to work should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees’ supplied cloth face coverings in the event of shortages.
- Employees not considered exposed should self-monitor for symptoms such as fever, cough, or shortness of breath. If they develop symptoms, they should notify their supervisor and stay home.

5) **When should an employee suspected or confirmed to have COVID-19 return to work?**

Sick employees should follow steps to prevent the spread of COVID-19 if you are sick. Employees should not return to work until they meet the criteria to discontinue home isolation and have consulted with a healthcare provider and state or local health department.

Employers should not require sick employee to provide a negative COVID-19 test result or healthcare provider’s note to return to work. Employees with COVID-19 who have stayed home can stop home isolation and return to work when they have met one of the following sets of criteria:

- **Option 1:** If, in consultation with a healthcare provider and local public health authorities knowledgeable about locally available testing resources, it is determined an employee **will not have a test** to determine if they are still contagious, the employee can leave home and return to work after these three conditions have been met:
  - The employee has had no fever for at least 72 hours (that is, 3 full days of no fever without the use medicine that reduces fevers) AND
  - Respiratory symptoms have improved (for example, cough or shortness of breath have improved) AND
  - At least 7 days have passed since their symptoms first appeared
Option 2: If, in consultation with a healthcare provider and local public health authorities knowledgeable about locally available testing resources, it is determined the employee will be tested to determine if the employee is still contagious, the employee can leave home after these three conditions have been met:

- The employee no longer has a fever (without the use of medicine that reduces fevers)
- Respiratory symptoms have improved (for example, cough or shortness of breath have improved)
- They received two negative tests in a row, at least 24 hours apart. Their doctor should follow CDC guidelines.

6) What should I do if an employee has a respiratory illness?
Employees who appear to have COVID-19 symptoms, such as fever, cough, or shortness of breath, upon arrival to work or become sick during the day with COVID-19 symptoms should immediately be separated from other employees, customers, and visitors and sent home.

CDC has a symptom self-checker chatbot called Clara that employers and employees may find helpful. It has a series of questions and recommends what level of medical care, if any, the user should seek. It is not intended to provide diagnosis or treatment.

7) What does “acute” respiratory illness mean?
“Acute” respiratory illness is an infection of the upper or lower respiratory tract that may interfere with normal breathing, such as COVID-19. “Acute” means of recent onset. A respiratory illness that is acute, that is, of recent onset (for example, for a few days), and is used to distinguish from chronic respiratory illnesses like asthma and chronic obstructive pulmonary disease (COPD).

8) Are allergy symptoms considered an acute respiratory illness?
No. Allergy symptoms are not considered an acute respiratory illness.

9) How do I keep employees who interact with customers safe?
To keep your employees safe, you should:
- Consider options to increase physical space between employees and customers such as opening a drive-through, erecting partitions, and marking floors to guide spacing at least six feet apart.
- At least once a day clean and disinfect surfaces frequently touched by multiple people. This includes door handles, desks, phones, light switches, and faucets.
- Consider assigning a person to rotate throughout the workplace to clean and disinfect surfaces.
- Consider scheduling handwashing breaks so employees can wash their hands with soap and water for at least 20 seconds. Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Consider scheduling a relief person to give cashiers and service desk workers an opportunity to wash their hands.
10) How can I help protect employees who may be at higher risk for severe illness?
Have conversations with employees if they express concerns. Some people may be at higher risk of severe illness. This includes older adults (65 years and older) and people of any age with serious underlying medical conditions. By using strategies that help prevent the spread of COVID-19 in the workplace, you will help protect all employees, including those at higher risk. These strategies include:

- Implementing telework and other social distancing practices
- Actively encouraging employees to stay home when sick
- Promoting handwashing
- Providing supplies and appropriate personal protective equipment (PPE) for cleaning and disinfecting workspaces

In workplaces where it’s not possible to eliminate face-to-face contact (such as retail), consider assigning higher risk employees work tasks that allow them to maintain a 6-foot distance from others, if feasible.

Employers should not require employees to provide a note from their healthcare provider when they are sick and instead allow them to inform their supervisors or employee health services when they have conditions that put them at higher risk for diseases.

11) Do my employees need to wear cloth face coverings or personal protective equipment (PPE) (such as N95 respirators, gloves) to protect themselves while working?
CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community transmission. Cloth face coverings may prevent people who don’t know they have the virus from transmitting it to others. These face coverings are not surgical masks or respirators and are not appropriate substitutes for them in workplaces where masks or respirators are recommended or required.

Employees should continue to follow their routine policies and procedures for PPE (if any) that they would ordinarily use for their job tasks. When cleaning and disinfecting, employees should always wear gloves and gowns appropriate for the chemicals being used. Additional personal protective equipment (PPE) may be needed based on setting and product.

CDC does not recommend the use of PPE in workplaces where it is not routinely recommended. Facilities can use the hierarchy of controls, such as administrative, and engineering controls – these strategies are even more effective at preventing exposures than wearing PPE.

12) How often should my employees wash their hands while at work?
CDC recommends employees protect themselves from respiratory illness with everyday preventive actions, including good hand hygiene. Employees should wash hands often with soap and water for at least 20 seconds, or use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available, especially during key times when persons are likely to be infected by or spread germs:

- After blowing one’s nose, coughing, or sneezing
Businesses

- Before, during, and after preparing food
- After using the toilet
- After touching garbage
- Before and after the work shift
- Before and after work breaks
- After touching objects that have been handled by customers

13) What can I tell my employees about reducing the spread of COVID-19 at work?
Employees should take the following steps to protect themselves at work:

- Follow the policies and procedures of the employer related to illness, cleaning and disinfecting, and work meetings and travel.
- Stay home if sick, except to get medical care.
- Maintain a distance of at least 6 ft. from all other persons
- Understand that no one with symptoms should be present at the workplace. Employees should inform their supervisor if they or their colleagues develop symptoms at work, especially fever, cough, or shortness of breath.
- Wash hands often with soap and water for at least 20 seconds, especially after blowing noses, coughing, or sneezing, or having been in a public place.
  - Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching eyes, nose, and mouth.
- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc.
- Minimize handling cash, credit cards, and mobile or electronic devices when possible.
- Practice social distancing by keeping at least 6 feet away from fellow co-workers, customers, and visitors when possible.
- Avoid all non-essential travel.

14) Should we be screening employees for COVID-19 symptoms (such as temperature checks)? What is the best way to do that?
Screening employees is an optional strategy that employers may use. There are several methods that employers can use to protect the employee conducting the temperature screening. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others), or physical barriers to eliminate or minimize the screener’s exposures due to close contact with a person who has symptoms during screening. Examples to consider that incorporate these types of controls for temperature screening include:

- **Reliance on Social Distancing**: Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace. Upon their arrival, stand at least 6 feet away from the employee and:
  - Ask the employee to confirm that their temperature is less than 100.4º F (38.0º C), and confirm that they are not experiencing coughing or shortness of breath.
  - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
Businesses

- Screening staff do not need to wear personal protective equipment (PPE) if they can maintain a distance of 6 feet.

**Reliance on Barrier/Partition Controls:** During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener’s face and mucous membranes from respiratory droplets that may be produced when the employee sneezes, coughs, or talks. Upon arrival, the screener should wash hands with soap and water for at least 20 seconds or, if soap and water are not available, use hand sanitizer with at least 60% alcohol. Then:
  - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
  - Conduct temperature and symptom screening using this protocol:
    - Put on disposable gloves.
    - Check the employee’s temperature, reaching around the partition or through the window. Make sure the screener’s face stays behind the barrier at all times during the screening.
    - **If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves before the next check. If non-contact thermometers are used, clean and disinfect them according to manufacturer’s instructions and facility policies.
  - Remove and discard PPE (gloves), and wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.

If social distance or barrier controls cannot be implemented during screening, PPE can be used when the screener is within 6 feet of an employee during screening. However, reliance on PPE alone is a less effective control and more difficult to implement given PPE shortages and training requirements.

**Reliance on Personal Protective Equipment (PPE):** Upon arrival, the screener should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with an employee is anticipated. Then:
  - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue, and confirm that the employee is not experiencing coughing or shortness of breath.
  - Take the employee’s temperature.

    - **If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves.
Businesses

before the next check. If non-contact thermometers are used, you should clean and disinfect them according to manufacturer’s instructions and facility policies.

- After each screening, remove and discard PPE and wash hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

15) How do I handle personal protective equipment (PPE) waste?
Discard PPE into a trash can. There is no evidence to suggest that facility waste needs any additional disinfection.

16) What is social distancing and how can my workplace do that?
Social distancing means avoiding large gatherings and maintaining distance (at least 6 feet or 2 meters) from others when possible. Strategies that businesses could use include:

- Allowing flexible worksites (such as telework)
- Allowing flexible work hours (such as staggered shifts)
- Increasing physical space between employees at the worksite
- Increasing physical space between employees and customers (such as a drive-through and partitions)
- Implementing flexible meeting and travel options (such as postponing non-essential meetings or events)
- Downsizing operations
- Delivering services remotely (e.g., phone, video, or web)
- Delivering products through curbside pick-up or delivery

17) I don’t provide paid sick leave to my employees. What should I do?
Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive “emergency sick leave” policies. Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.

18) Should I require employees to provide a doctor’s note or positive COVID-19 test result?
Employers should not require sick employees to provide a COVID-19 test result or a healthcare provider’s note to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

19) Should I cancel my meetings and conferences?
Carefully consider whether travel is necessary, and use videoconferencing or teleconferencing when possible for work-related meetings and gatherings. Employers should consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person. Follow CDC guidance for events and mass gatherings.
Businesses

When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces, and space chairs at least 6 feet apart. Encourage staff and attendees to stay home if sick.

20) How do I clean and disinfect machinery or equipment?
Current evidence, though still preliminary, suggests that SARS-CoV-2, the virus that causes COVID-19, may remain viable for hours to days on surfaces made from a variety of materials. 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.

If the machinery or equipment in question are not accessible to employees or have not been in contact with someone infected with COVID-19, they will not present an exposure hazard.

If machinery or equipment are thought to be contaminated and can be cleaned, follow the CDC cleaning and disinfection recommendations. First clean dirty surfaces with soap and water. Second, disinfect surfaces using products that meet EPA’s criteria for use against SARS-CoV-2 and are appropriate for the surface.

If machinery or equipment are thought to be contaminated and cannot be cleaned, they can be isolated. Isolate papers or any soft (porous) surfaces for a minimum of 24 hours before handling. After 24 hours, remove soft materials from the area and clean the hard (non-porous) surfaces per the cleaning and disinfection recommendations. Isolate hard (non-porous) surfaces that cannot be cleaned and disinfected for a minimum of 7 days before handling.

21) How can I safely use cleaning chemicals?
Follow safe work practices when using cleaning chemicals:

- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on the setting and product you are using.
- Never mix household bleach with ammonia or any other cleaner.
- Make sure that employees know which cleaning chemicals must be diluted and how to correctly dilute the cleaners they are using.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication standard (29 CFR 1910.1200).
- Follow the manufacturer’s instructions for all cleaning and disinfection products for concentration, application method, and contact time.

22) In addition to cleaning and disinfecting, what can I do to decrease the spread of disease in my workplace?
Employers can also:

- Provide tissues and no-touch disposal receptacles.
Businesses

- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that contains at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer.
- Place hand sanitizer in multiple locations to encourage good hand hygiene practices.
- Place posters that encourage staying home when sick, the importance of hand hygiene, and coughing and sneezing etiquette at the entrance to your workplace and in other workplace areas where employees are likely to see them.
- Discourage handshaking

23) Should I adjust my ventilation system?
The risk of spreading the virus that causes COVID-19 through ventilation systems has not been studied, but is likely low. Routine HVAC maintenance is recommended. Although it is never the first line of prevention, consider general ventilation adjustments in your workplace, such as increasing ventilation and increasing the amount of outdoor air used by the system. Maintain the indoor air temperature and humidity at comfortable levels for building occupants.

24) If I shut down my facility as a result of a COVID-19 case or outbreak, what is the recommended way to clean and disinfect, and what is the appropriate timeframe to resume operations?
- Follow CDC guidance for cleaning and disinfection.
- Wait 24 hours before cleaning and disinfecting to minimize potential for exposure to respiratory droplets. If 24 hours is not feasible, wait as long as possible.
- Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas including offices, bathrooms, and common areas, focusing especially on frequently touched surfaces.

- Clean dirty surfaces with soap and water prior to disinfection.
- Next, disinfect surfaces using products that meet EPA’s criteria for use against SARS-CoV-2, the virus that causes COVID-19, and that are appropriate for the surface.
- Follow the manufacturer’s instructions for all cleaning and disinfection products for concentration, application method, contact time, and required PPE.

Operations can resume as soon as the cleaning and disinfection are completed.

25) How do I know if my business is considered critical?
The Department of Homeland Security developed a list of essential critical infrastructure workers to help state and local officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety as well as economic and national security. State and local officials make the final determinations for their jurisdictions about critical infrastructure workers.

26) Should I allow critical infrastructure employees to work if they have been exposed but are not showing symptoms of COVID-19?
Functioning critical infrastructure is imperative during the response to the COVID-19 emergency, for both public health and safety as well as community well-being. When continuous remote work is not possible, critical infrastructure businesses should use strategies to reduce the likelihood of spreading the disease. This includes, but is not necessarily limited to, separating staff by off-setting shift hours or days and implementing social distancing. These steps can preserve and protect the workforce and allow operations to continue.

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community. Critical infrastructure businesses have an obligation to limit, to the extent possible, the reintegration of in-person workers who have experienced an exposure to COVID-19 but remain symptom-free in ways that best protect the health of the worker, their co-workers, and the general public.

An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not been exposed to the virus. Critical infrastructure workers who have been exposed but remain symptom-free and must return to in-person work should adhere to the following practices before and during their work shift:

- Pre-screen for symptoms
- Monitor regularly for symptoms
- Wear a face mask
- Practice social distancing
- Clean and disinfect workspaces

Sick employees should be sent home and should not return to the workplace until they have met the criteria to discontinue home isolation.

See Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 for more information.

27) Is other specific CDC guidance available for critical infrastructure workplaces?
CDC has guidance for first responders and law enforcement as well as a series of fact sheets for specific critical infrastructure worker groups. Unless otherwise specified, the CDC interim guidance for businesses and employers applies to critical infrastructure workplaces as well.

28) 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

29) What additional resources are available for businesses?

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?

In accordance with the guidelines from the President and the Centers For Disease Control and Prevention (CDC), all individuals 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) 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 facemasks 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?

COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. 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 by 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/
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:
  - 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.
  - 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.

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


Handwashing: Clean Hands Save Lives

https://www.cdc.gov/handwashing/when-how-handwashing.html
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.

Embalmig 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,
Funerals and COVID-19

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 health 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.
  - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
General Public Questions

- 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.
  - Provide tissues and no-touch disposal receptacles for use by employees.
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- 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)?
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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 recommendation for using a facemask:
  - You could spread COVID-19 to others even if you do not feel sick.
  - CDC recommends that people wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - The cloth face cover is meant to protect other people in case you are infected.
  - Do NOT use a facemask meant for a healthcare worker.
  - Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- 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) 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.

8) 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 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.
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- 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 recommendation for using a facemask:
  - You could spread COVID-19 to others even if you do not feel sick.
  - CDC recommends that people wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - The cloth face cover is meant to protect other people in case you are infected.
  - Do NOT use a facemask meant for a healthcare worker.
  - Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- 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.

9) 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 recommendation for using a facemask:
  - You could spread COVID-19 to others even if you do not feel sick.
  - CDC recommends that people wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - The cloth face cover is meant to protect other people in case you are infected.
  - Do NOT use a facemask meant for a healthcare worker.
  - Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- 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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10) 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.

11) 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.

12) 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 21** – Governor Parson directed DHSS Director Dr. Williams to require social distancing statewide
- **March 23** – 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
- 441,560 bottles of hand sanitizer
13) 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.

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

15) How can I check to see if I have symptoms of the coronavirus (COVID_19)?

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:

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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

16) 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/

17) 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

18) 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

19) Who can I call with questions or concerns about worker safety?

Contact the Missouri Department of Labor and Industrial Relations at: 573-751-3403

20) Who can I call with questions or concerns about COVID-19 in meat processing/packing plants in Missouri?

Any questions regarding meat processing/packing plants should be sent to the Missouri Department of Agriculture at aginfo@mda.mo.gov and the local public health agency for the jurisdiction in which the plant is located.
1) 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.

2) 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.

3) 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.
  - 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.

4) When is someone infectious?
Healthcare Professionals

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.

5) 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.

6) 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.

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

- Clinicians are able to access laboratory testing through state and local public health laboratories, as well as commercial and clinical laboratories across the country. The Association of Public Health Laboratories provides a list of states and territories with laboratories that are using COVID-19 diagnostic tests. For more information, see Testing in U.S. Clinicians should direct testing questions to their state health departments. Commercial reference laboratories are also able to offer a larger volume of testing for SARS-CoV-2.
- CDC has guidance for who should be tested, but decisions about testing are at the discretion of state and local health departments and/or individual clinicians.
- Healthcare providers should report positive results to their local/state health department. CDC does not directly collect these data directly.
- See recommendations for prioritization of testing, and instructions for specimen collection at Evaluating and Testing Persons for COVID-19.
8) Do existing commercially available multiple respiratory virus panels, such as those manufactured by Biofire or Genmark, detect SARS-CoV-2?

Yes. There are commercially developed respiratory panels with multi-pathogen molecular assays that can detect respiratory pathogens, including SARS-CoV-2, influenza and other human coronaviruses that can cause acute respiratory illness. The U.S. Food and Drug Administration (FDA) has a list of diagnostic tests with Emergency Use Authorization (EUA) and of tests being offered without, or prior to, EUA.

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

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.

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

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.

11) 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.

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.

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

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


The National Institutes of Health recently published guidelines on prophylaxis use, testing, and management of COVID-19 patients. For more information, please visit: National Institutes of Health: Coronavirus Disease 2019 (COVID-19) Treatment Guidelines.

13) 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. If a patient tests positive, providers should immediately report that positive result to the Missouri Department of Health and Senior Services.

14) 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).

15) 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.

16) 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.

17) 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.

18) 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.

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

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.

20) 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 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.

21) 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, the European Medicines Agency, 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.

22) Where should healthcare providers report deaths related to COVID-19?

Providers should call the Missouri Novel Coronavirus Information Hotline at 877-435-8411 and select Option 2 to report deaths to the clinical hotline staff.

23) Are there work restrictions recommended for HCP with underlying health conditions who may care for COVID-19 patients? What about for pregnant HCP?

Adherence to recommended infection prevention and control practices is an important part of protecting HCP and patients in healthcare settings. All HCP who care for confirmed or suspected COVID-19 patients should adhere to standard and transmission based precautions.

To the extent feasible, healthcare facilities could consider prioritizing HCP who are not at higher risk of developing severe illness from COVID-19 or who are not pregnant to care for confirmed or suspected COVID-19 patients.
Healthcare Professionals

If staffing shortages make this challenging, facilities could consider restricting HCP at higher risk for severe illness from COVID-19 or who are pregnant from being present for higher risk procedures (e.g., aerosol-generating procedures) on COVID-19 patients. Find more information for facilities on mitigating HCP staffing shortages.

HCP who are concerned about their individual risk for severe illness from COVID-19 due to underlying medical conditions while caring for COVID-19 patients can discuss their concerns with their supervisor or occupational health services.

People 65 years and older and people of all ages with serious underlying health conditions — like serious heart conditions, chronic lung disease, and diabetes — seem to be at higher risk of developing severe illness from COVID-19.

Information on COVID-19 in pregnancy is limited. Pregnant women are not currently considered at increased risk for severe illness from COVID-19. However, pregnant women have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza. Find more information on pregnancy and risk for severe illness from COVID-19.

24) I am a HCP living with someone who is at higher risk of severe illness from COVID-19. What precautions should I take?

Take the same precautions recommended for people at higher risk of severe illness from COVID-19. There are no additional precautions for HCP. Some HCP may choose to implement extra measures when arriving home from providing healthcare, such as removing any clothing worn during delivery of healthcare, taking off shoes, washing clothing, and immediately showering. However, these are optional personal practices because there is insufficient evidence on whether they are effective.

Additional Information/Guidance for Healthcare Providers on a variety of topics can be found at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
How COVID-19 Spreads

1) How does the COVID-19 virus spread?
The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in many 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.

Learn what is known about the spread of newly emerged coronaviruses.

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. People are thought to be most contagious when they are symptomatic (the sickest). 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. More recently the virus has also been detected in asymptomatic persons.

How long someone is actively sick can vary so the decision on when to release someone from isolation is made using a test-based or non-test-based strategy (i.e. time since illness started and time since recovery) in consultation with state and local public health officials. The decision involves considering the specifics of each situation, including disease severity, illness signs and symptoms, and the results of laboratory testing for that patient.

Learn more about CDC’s guidance on when to release someone from isolation and discharge hospitalized patients with COVID-19. For information on when someone who has been sick with COVID-19 is able to stop home isolation see Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19.

Someone who has been released from isolation is not considered to pose a risk of infection to others.

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 the incubation period for this virus is 2 to 14 days. 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?
How COVID-19 Spreads

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. 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

9) Can the virus that causes COVID-19 be spread through food, including refrigerated or frozen food?
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 at least 20 seconds for general food safety. Throughout the day use a tissue to cover your coughing or sneezing, and 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, like a packaging container, 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.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging.

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.

13) Can I get sick with COVID-19 if it is on food?

Based on information about this novel coronavirus thus far, it seems unlikely that COVID-19 can be transmitted through food – additional investigation is needed.

14) How long do coronaviruses live on surfaces?

Please see the chart below:
15) If I have recovered from COVID-19, will I be immune to it?  
CDC and partners are investigating to determine if you can get sick with COVID-19 more than once. At this time, we are not sure if you can become re-infected. Until we know more, continue to take steps to protect yourself and others.

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 posed by COVID-19 depends on characteristics of the virus, including how easily it spreads between people; the severity of resulting illness; and the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness) and the relative success of these. Because there are not yet vaccines or treatments for COVID-19, nonpharmaceutical interventions become the most important response strategy. These are community interventions that can help reduce the impact of disease, like social distancing and good hand hygiene.

When considering the risk that COVID-19 poses to Americans, it’s helpful to break down this risk into two types: risk of exposure and risk of serious illness and death.

Risk of exposure

- Cases of COVID-19 and instances of community spread are being reported in all 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 their risk depending on their 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 their level of risk depending on where they traveled.

Risk of severe illness

Based on what we know now, persons at higher risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with serious underlying medical conditions

CDC has developed guidance to help individuals and healthcare providers assess the risk and manage illness among people with potential community-related exposures to COVID-19.

2) How many cases have reported in the United States?

COVID-19 case counts for the United States are updated regularly online. 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
How To Protect Yourself

recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a **hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Avoid close contact** with people who are sick
- **Stay home as much as possible.**
- **Put distance between yourself and other people.**
  - Remember that some people without symptoms may be able to spread virus. Keeping distance from others is especially important for **people who are at higher risk of getting very sick**.

Cover your mouth and nose with a cloth face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- CDC recommends that people wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

A video demonstrating how to make a face cover at home is available at:

- [https://youtu.be/tPx1yqvJgf4](https://youtu.be/tPx1yqvJgf4)

Cover coughs and sneezes

- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
**How To Protect Yourself**

- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- **To disinfect:**
  Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

Options include:

  - Diluting your household bleach.
    To make a bleach solution, mix:
    - 5 tablespoons (1/3rd cup) bleach per gallon of water
    OR
    - 4 teaspoons bleach per quart of water

  - Alcohol solutions.
    Ensure solution has at least 70% alcohol.

  - Other common EPA-registered household disinfectants.
    Products with [EPA-approved emerging viral pathogens](https://www.epa.gov/healthy-habitats/what-disinfectants-work) 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.).

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

People who think they may have been exposed to COVID-19 should contact their healthcare provider immediately.

If you have possible or confirmed COVID-19:

1. Stay home from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.
2. Monitor your symptoms carefully. If your symptoms get worse, call your healthcare provider immediately.
How To Protect Yourself

3. Get rest and stay hydrated.
4. If you have a medical appointment, call the healthcare provider ahead of time and tell them that you have or may have COVID-19.
5. For medical emergencies, call 911 and notify the dispatch personnel that you have or may have COVID-19.

When to Seek Medical Attention

If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face
- This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

6. Cover your cough and sneezes.
7. Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
8. As much as possible, stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.
9. Avoid sharing personal items with other people in your household, like dishes, towels, and bedding.
10. Clean all surfaces that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

5) Does CDC recommend the use of facemask or face coverings to prevent COVID-19?

In light of new data about how COVID-19 spreads, along with evidence of widespread COVID-19 illness in communities across the country, CDC recommends that people wear a cloth face covering to cover their nose and mouth in the community setting. This is an additional public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but may prevent the spread of virus from the wearer to others. This would be especially important in the event that someone is infected but does not have symptoms. A cloth face covering should be worn whenever people must go into public settings (grocery stores, for example). Medical masks and N-95 respirators are reserved for healthcare workers and other first responders, as recommended by current CDC guidance.

A video demonstrating how to make a face cover at home is available at: https://youtu.be/tPx1yqvJgf4

6) Should I wear a respirator in public?
How To Protect Yourself

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 mail, packages or products?

There is still a lot that is unknown about COVID-19 and how it spreads. Coronaviruses are thought to be spread most often by respiratory droplets. Although the virus can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. However, it may be possible that people 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 more about safe handling of deliveries and mail.

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, 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) 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,
How To Protect Yourself

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.

10) 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.

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

CDC recommends handwashing with soap and water for at least 20 seconds or, using alcohol-based hand sanitizer with at least 60% alcohol when soap and water are not available. These actions are part of everyday preventive actions individuals can take to slow the spread of respiratory diseases like COVID-19.

- When washing hands, you can use plain soap or antibacterial soap. Plain soap is as effective as antibacterial soap at removing germs.
- If soap and water are not readily available, you can use an FDA-approved alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

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.

12) Should contact lens wearers take special precautions to prevent COVID-19?

- Currently there is no evidence to suggest contact lens wearers are more at risk for acquiring COVID-19 than eyeglass wearers.
- Contact lens wearers should continue to practice safe contact lens wear and care hygiene habits to help prevent against transmission of any contact lens-related infections, such as always washing hands with soap and water before handling lenses.
How To Protect Yourself

- People who are healthy can continue to wear and care for their contact lenses as prescribed by their eye care professional.

Find more information about how coronavirus spreads and how to protect yourself.

Visit CDC’s contact lens website for more information on healthy contact lens wear and care.

13) Is contact lens disinfecting solution effective against COVID-19?

- Hydrogen peroxide-based systems for cleaning, disinfecting, and storing contact lenses should be effective against the virus that causes COVID-19.
  - For other disinfection methods, such as multipurpose solution and ultrasonic cleaners, there is currently not enough scientific evidence to determine efficacy against the virus.
- Always use solution to disinfect your contact lenses and case to kill germs that may be present.
- Handle your lenses over a surface that has been cleaned and disinfected.

14) Are there any medications I should avoid taking if I have COVID-19?

Currently, there is no evidence to show that taking ibuprofen or naproxen can lead to a more severe infection of COVID-19.

People with high blood pressure should take their blood pressure medications, as directed, and work with their healthcare provider to make sure that their blood pressure is as well controlled as possible. Any changes to your medications should only be made by your healthcare provider.

Find more information about how coronavirus spreads and how to protect yourself.

Visit CDC’s contact lens website for more information on healthy contact lens wear and care.

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?

The Missouri State Public Health Laboratory conducts COVID-19 testing by utilizing the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel testing method. Reagents and supplies for this test method are approved and allocated by the CDC. All COVID-19 testing at the Missouri State Public Health Laboratory (MSPHL) must be approved by applying an epidemiological evaluation to meet the current DHSS criteria for testing located at [https://health.mo.gov/emergencies/ert/alertsadviosaries/index.php](https://health.mo.gov/emergencies/ert/alertsadviosaries/index.php) For COVID-19 testing approval, please contact the state COVID-19 Hotline at 877-435-8411. DHSS utilizes the MSPHL 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. If submitting samples to commercial laboratories, please reserve collection kits supplied by the MSPHL for those epidemiologically approved samples submitted to the MSPHL.

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](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](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](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](https://health.mo.gov/lab/ncov.php)

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

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](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](https://health.mo.gov/lab/ncov.php)

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

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) What forms need to be included with every sample shipped to the SPHL for testing?

Both the Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form and Virology Test Request Form must be submitted with a sample.

Both forms are available at: https://health.mo.gov/lab/ncov.php

10) 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

11) 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

12) 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.

13) 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

14) 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.

15) What private laboratories are approved for testing?

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
Laboratory Information

16) How do I submit a sample to a private laboratory?
   You need to contact the private laboratory and utilize their direction.

17) 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.

18) 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

19) 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

20) 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

21) 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

22) 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.

23) 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
    Missouri Capitol Police at 573-522-2222 once you arrive to gain access to the building to
    drop off your sample.

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

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.

25) What is the address of the SPHL?

101 North Chestnut Street
Jefferson City, MO 65101

26) 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/

27) 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

28) 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.

29) 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.

30) What kind of sample do I collect for approved COVID-19 testing at the SPHL?

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

31) Can I use my own collection supplies to submit an approved sample for COVID-19 testing at the SPHL?
32) 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.

33) I am a county coroner, how do I make plans to respond and possibly collect a sample?
Long-term Care Facilities/Nursing Homes

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 face masks (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?
   o 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?
   o The American Society for Testing and Materials (ASTM) has developed standards for patient examination gloves.
   o 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
   o 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?
   o CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.

4) Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?
   o 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?
   o 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.
   o 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 PB70pdf 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 4pdf iconexternal icon) can be used.
- For healthcare activities with low, medium, or high risk of contamination, surgical gowns (ANSI/AAMI PB70 Levels 1-4pdf 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 2pdf 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
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

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


13) Where can I get more information about the PPE decontamination system?

The Battelle Critical Care Decontamination System is only designed to decontaminate N95 respirator masks for healthcare providers and first responders. Interested healthcare providers or first responders should go to [www.battelle.org/decon](http://www.battelle.org/decon) for more information and to fill out the enrollment form.
Pregnant Women/Infants

1) Is it easier for pregnant women to become ill with COVID-19?

We do not currently know if pregnant people 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. Based on available information, pregnant people seem to have the same risk as adults who are not pregnant.

However, we do know that

- Pregnant people have changes in their bodies that may increase their risk of some infections.
- Pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza.

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
- Clean and disinfect frequently touched surfaces daily.

You can find additional information on preventing COVID-19 disease at CDC’s (Prevention for 2019 Novel Coronavirus).

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

- Pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza.
- It is always important for pregnant people to protect themselves from illnesses.

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

- Mother-to-child transmission of coronavirus during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.
- A very small number of babies have tested positive for the virus shortly after birth. However, it is unknown if these babies got the virus before or after birth.
- The virus has not been detected in amniotic fluid, breastmilk, or other maternal samples.

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

- Breast milk provides protection against many illnesses and is the best source of nutrition for most infants.
Pregnant Women/Infants

- You, along with your family and healthcare providers, should decide whether and how to start or continue breastfeeding
- **In limited studies, COVID-19 has not been detected in breast milk;** however we do not know for sure whether mothers with COVID-19 can spread the virus via breast milk.
- If you are sick and choose to **direct breastfeed:**
  - Wear a facemask and wash your hands before each feeding.
- If the you are sick and choose to **express breast milk:**
  - Express breast milk to establish and maintain milk supply.
  - A dedicated breast pump should be provided.
  - Wash hands before touching any pump or bottle parts and before expressing breast milk.
  - Follow recommendations for proper pump cleaning after each use, cleaning all parts that come into contact with breast milk.
  - 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 Pediatrics
- 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:

Symptoms and Testing

1) What are the symptoms and complications that COVID-19 can cause?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

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

Call your healthcare professional if you feel sick and are exhibiting the symptoms listed above. 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.

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.

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.
Testing Guidance for Call Center Staff

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. Individuals being testing for COVID-19 should be considered suspect cases and asked to self-isolate at least until test results are received. This is an important disease control step that healthcare providers can take to help control the spread of COVID-19 in our communities. Additional guidance on home isolation can be found at this link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

      vi. 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 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.

4) Who should report COVID-19 test results to DHSS?

Under the current suspension of the Missouri disease case reporting rule (19 CSR 20-20.020 (6)), when the testing for COVID-19 is conducted outside the hospital by a separate laboratory that must also report the result to DHSS, only the laboratory must make the report.

5) What is serology (antibody) testing? And can I be tested using this method?

Serology testing checks a sample of a person’s blood to look for antibodies to SARS-CoV-2, the virus that causes COVID-19. These antibodies are produced when someone has been infected, so a positive result from this test indicates that person was previously infected with the virus.
Testing and Approval

CDC is working with other federal agencies to evaluate the performance of commercially manufactured serology tests that are becoming increasingly available from healthcare providers. This evaluation is expected to be completed in late April.

We do not know yet if the antibodies that result from infection with SARS-CoV-2 can protect someone from reinfection with this virus or how long antibodies to the virus will protect someone. Scientists are conducting research to answer those questions.

Serology tests may not be able to tell you if you are currently infected because it typically takes 1 to 2 weeks to develop antibodies to SARS-CoV-2. To tell if you are currently infected, you would need a test that identifies the virus in samples from your upper respiratory system, such as a nasopharyngeal swab.

6) Who should people contact regarding getting a serology (antibody) test?
They should contact their doctor or other health care provider to see if they offer the testing. The State Public Health Laboratory does not offer COVID-19 antibody testing at this time.

7) Where should the results of COVID-19 serology (antibody) testing be sent?
Test results should be faxed to the Bureau of Reportable Disease Informatics at 573-751-6417.
### Testing and Approval

**Risk Groups to be Approved for COVID-19 Testing by DHSS**

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Definitions and Further Information</th>
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| Symptomatic close contacts to a suspect COVID-19 patient                  | Close contact is defined as—  
  a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case  
  — or —  
  b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)  
  If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. |
| Symptomatic healthcare workers, law enforcement officers, fire department staff, and others who are considered first responders | Contact with a suspected or confirmed case is not required for these individuals.                                                                                                                                                        |
| Symptomatic residents of congregate living facilities whose residents are at higher risk for poor outcomes | Those at higher risk for poor outcomes can include older adults and individuals with chronic medical conditions and/or an immunocompromised state.  
  Note: In some facilities with a large number of cases that indicate late detection of an outbreak or infection control lapses, testing for all staff and residents MAY be approved on a case-by-case basis in consultation with state epidemiology staff or DHSS Director. |
| Symptomatic hospitalized patients who have signs and symptoms compatible with COVID-19 | Testing for these individuals should be used to inform decisions regarding infection control.                                                                                                                                                 |
| Symptomatic patients who are at high risk for negative health outcomes from COVID-19 | Risk for negative health outcomes is based on the provider’s clinical judgement.                                                                                                                                                         |

**Note:** Postmortem testing can be approved through the Missouri State Public Health Laboratory if an individual would have met a criterion above prior to their death.

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Symptoms may include any of the following: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, or any other relevant symptoms per medical provider judgement.
Testing and Approval

Does the patient have a fever OR symptoms of lower respiratory illness?

Is the patient a healthcare worker, law enforcement officer, fire department staff, or other considered a first responder?

Does the patient have close contact 1 with a COVID-19 case or PUI with a pending COVID-19 test within 14 days of symptom onset?

Test approved. Provide laboratory contact information to SPHL as soon as possible. Ensure isolation while results pending and provide guidance for home care, https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

Has the patient had close contact 1 with a COVID-19 case or PUI with a pending COVID-19 test within 14 days of symptom onset?

Does not meet criteria, do not test. Direct to private laboratory testing if physician would prefer to test.

Clearance Testing: Approve clearance testing for individuals required to use test-based method to return to at-risk group setting as resident or employee, such as long-term care, corrections, adult group homes, healthcare facilities, etc. Clearance testing is 2 consecutive negative tests where specimens are taken at least 24 hours apart. ONLY FOR PREVIOUSLY CONFIRMED CASES

1Close contact is defined as—
   a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
      - OR -
   b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

if such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

2Those at higher risk for poor outcomes can include older adults and individuals with chronic medical conditions and/or an immunocompromised state (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

Note: Postmortem testing can be approved through the Missouri State Public Health Laboratory if an individual would have met a criterion above prior to their death.
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.
  - 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.

In addition, the U.S. Department of State advises travelers to not go on cruises. This is a dynamic situation and those traveling by ship may be impacted by travel restrictions affecting their itineraries or ability to disembark or may be subject to quarantine procedures implemented by the local authorities. While the U.S. government has successfully evacuated hundreds of our citizens in the previous weeks, repatriation flights should not be relied upon as an option for US citizens under the potential risk of quarantine by local authorities. U.S. citizens should evaluate the risks associated with choosing to remain in an area that may be subject to quarantine and take the appropriate proactive measures. Passengers who plan to travel by cruise ship should contact their cruise line companies directly for further information on the current rules and restrictions and continue to monitor the travel.state.gov website for updated information.

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, avoid touching your eyes, nose or mouth with unwashed hands, 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?

Follow the steps below: If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care
Travel

- **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, this is known as home isolation

- **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.

- **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 cloth covering over your nose and mouth

- CDC recommends that people wear a cloth face covering, over your nose and mouth if you must be around other people even at home).

**Note:** During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to improvise a cloth face covering using a scarf or bandana.

A video demonstrating how to make a face cover at home is available at:

[https://youtu.be/tPx1yqvJgf4](https://youtu.be/tPx1yqvJgf4)

Cover your coughs and sneezes

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May 1, 2020
Travel

- **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.
- **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.
Travel

- 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

- 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 cloth face covering (covers your nose and mouth):** Put on the cloth face covering when you leave your house or when around other people. You don’t need to wear the cloth face covering if you are alone. If you can’t put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least
- **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?

In the context of the COVID-19 pandemic, CDC recommends that everyone wear a cloth face covering over their nose and mouth when in the community setting, including during travel if they must travel. This as an additional public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but may prevent the spread of virus from the wearer to others. This would be especially important in the event that someone is infected but does not have symptoms. Medical masks and N-95 respirators are still reserved for healthcare workers and other first responders, as recommended by current CDC guidance.

A video demonstrating how to make a face cover at home is available at:

- [https://youtu.be/tPx1yqvJgf4](https://youtu.be/tPx1yqvJgf4)
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?

At this time, travel restrictions and entry screening only apply to travelers arriving from some countries or regions 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 to find the current travel health notice level for your international travel.
Travelers Returning From 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[PDF – 2 pages] 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 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 (stool)?

The virus that causes COVID-19 has been found in the feces of some patients diagnosed with COVID-19. However, it is unclear whether the virus found in feces may be capable of causing COVID-19. There has not been any confirmed report of the virus spreading from feces to a person. Scientists also do not know how much risk there is that the virus could be spread from the feces of an infected person to another person. However, they think this risk is low based on data from previous outbreaks of diseases caused by related coronaviruses, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

3) Can the virus that causes COVID-19 spread through pools, hot tubs, spas, and water play areas?

There is no evidence that the virus that causes COVID-19 can be spread to people through the water in pools, hot tubs, spas, or water play areas. Proper operation and maintenance (including disinfection with chlorine and bromine) of these facilities should inactivate the virus in the water.

While there is ongoing community spread of COVID-19 of the virus that causes COVID-19, it is important for individuals as well as owners and operators of these facilities to take steps to ensure health and safety:

- Everyone should follow local and state guidance that may determine when and how recreational water facilities may operate.
- Individuals should continue to protect themselves and others at recreational water venues both in and out of the water – for example, by practicing social distancing and good hand hygiene.
- In addition to ensuring water safety and quality, owners and operators of community pools, hot tubs, spas, and water play areas should follow the interim guidance for businesses and employers for cleaning and disinfecting their community facilities.

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

The virus that causes COVID-19 has been found in untreated wastewater. Researchers do not know whether this virus can cause disease if a person is exposed to untreated wastewater or sewerage systems. There is no evidence to date that this has occurred. At this time, the risk of transmission of the virus that causes COVID-19 through properly designed and maintained sewerage systems is thought to be low.

Researchers have analyzed the available information which suggest that standard municipal and individual septic system wastewater treatment practices should inactivate the virus that causes...
COVID-19. CDC is reviewing information on COVID-19 transmission as it becomes available. Guidance will be updated as new evidence is assessed.

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

Recently, the virus that causes COVID-19 has been found in untreated wastewater. While data are limited, there is no information to date that anyone has become sick with COVID-19 because of exposure to wastewater.

Standard practices associated with wastewater treatment plant operations should be sufficient to protect wastewater workers from the virus that causes COVID-19. These standard practices can include engineering and administrative controls, hygiene precautions, specific safe work practices, and personal protective equipment (PPE) normally required when handling untreated wastewater. No additional COVID-19–specific protections are recommended for workers involved in wastewater management, including those at wastewater treatment facilities.

6) If my utility has issued a Boil Water Advisory, can I still use tap water to wash my hands?

In most cases, it is safe to wash your hands with soap and tap water during a Boil Water Advisory. Follow the guidance issued with the boil water advisory. If soap and water are not available, use an alcohol-based hand sanitizer containing at least 60% alcohol.

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?

Cases of coronavirus disease (COVID-19) have been reported in all states, and some areas are experiencing community spread of the disease. Travel increases your chances of getting and spreading COVID-19.

**CDC recommends you stay home** as much as possible, especially if your trip is not essential, and **practice social distancing** especially if you are at **higher risk of severe illness**. Don’t **travel if you are sick** or travel with someone who is sick.

2) What things should I consider if I must travel?

CDC recommends you **stay home** as much as possible and avoid close contact, especially if you are at **higher risk of severe illness**. If you **must** travel, there are several things you should consider before you go.

Some types of travel (bus, plane, train) may require sitting next to others for a period of time. Travel may also expose you to new parts of the country with differing levels of community transmission. And, if you’re infected, your travel may put others at risk—along the way, at your destination, and when you return home.

If you **must** travel, consider the following risks you might face, depending on what type of travel you are planning:

- **Air travel**: Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on flights. However, there may be a risk of getting COVID-19 if you are seated within 6 feet of someone who has the virus.
- **Bus or train travel**: Sitting or standing within 6 feet of others for a prolonged period of time can put you at risk of getting or spreading COVID-19.
- **Car travel**: The stops you need to make along the way could put you and others in the car with you in close contact with others who could be infected.
- **RV travel**: Traveling by RV means you may have to stop less often for food or bathrooms, but RV travelers typically have to stop at RV parks overnight and other public places to get gas and supplies. These stops may put you and those with you in the RV in close contact with others who could be infected.

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

CDC recommends you **stay home** as much as possible and avoid close contact, especially if you are at **higher risk of severe illness**. If you **must** travel, follow any state and local travel restrictions currently in place. It is possible that some state and local governments may put in place travel restrictions, stay-at-home or shelter-in-place orders, mandated quarantines upon arrival, or even state border closures while you are traveling. For more information and travel guidance, check with the [state or local health department](#) where you are, along your route, and at May 1, 2020.
your planned destination. Just because there are no restrictions at the time you plan to leave does not mean there won’t be restrictions in place when you arrive.

4) What precautions should I take if I have to stay in temporary accommodations like a hotel, motel or rental properties?

CDC recommends you stay home as much as possible and avoid close contact, especially if you are at higher risk of severe illness. Staying in temporary accommodations (hotels, motels, and rental properties) may expose you to the virus through person-to-person contact and possibly through contact with contaminated surfaces and objects.

If you must stay in a hotel, motel, or rental property:

- Take the same steps you would in other public places—for example, avoid close contact with others, wash your hands often, and wear a cloth face covering.
- When you get to your room or rental property, clean and disinfect all high-touch surfaces. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, remote controls, toilets, and sink faucets.
  - Bring an EPA-registered disinfectant and other personal cleaning supplies, including cloths and disposable gloves.
- Wash any plates, cups, or silverware (other than pre-wrapped plastic) before using.

5) What factors should I consider if I must take a road trip?

CDC recommends you stay home as much as possible and practice social distancing, especially if you are at higher risk of severe illness. However, if you must travel, be aware that many businesses (such as restaurants and hotels) may be closed.

Anticipate your needs before you go:

- Prepare food and water for the road. Pack non-perishables in case restaurants and stores are closed.
- Bring any medicines you may need for the duration of your trip.
- Pack a sufficient amount of alcohol-based hand sanitizer (at least 60% alcohol) and keep it in a place that is readily available.
- Book accommodations in advance if you must stay somewhere overnight.
  - Plan to make as few stops as possible, but make sure you rest when you feel drowsy or sleepy.
  - Bring an EPA-registered disinfectant and other personal cleaning supplies.

Don’t travel if you are sick or plan to travel with someone who is sick.

If you must travel, protect yourself and others during your trip:

- Clean your hands often.
Travel Within Missouri and the United States

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth.**
  - Avoid close contact with others.
    - Keep 6 feet of physical distance from others at all times.
    - This is especially important if you are at higher risk of getting very sick from COVID-19.
  - **Wear a cloth face covering in public.**
  - Cover coughs and sneezes.
  - Pick up food at drive-throughs, curbside restaurant service, or stores. Do not dine in restaurants.

6) Is it safe to visit family or friends?

CDC recommends you **stay home** as much as possible and **practice social distancing**. Traveling to visit friends and family increases your chances of getting and spreading COVID-19. It is possible for someone to have COVID-19 and spread it to others, even if they have no symptoms. Getting infected may be especially dangerous if you or your loved ones are at higher risk for severe complications from COVID-19. People at higher risk for complications need to take extra precautions.

Although it can be hard to remain apart from loved ones during challenging or stressful times, try to connect with them in other ways, using video chats or phone calls.

7) Is it safe to travel to campgrounds/go camping?

CDC recommends you **stay home** as much as possible and avoid close contact, especially if you are at higher risk of severe illness. Going camping at a time when much of the United States is experiencing community spread of COVID-19 can pose a risk to you if you come in close contact with others or share public facilities at campsites or along the trails. This is because it is possible for someone to have COVID-19 and spread it to others, even if they have no symptoms. Exposure may be especially unsafe if you are at higher risk for severe complications from COVID-19 and are planning to be in remote areas, far away from medical care. Also be aware that many local, state, and national public parks have been temporarily closed due to 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 severe illness from COVID-19 at People who are at higher risk for severe illness.

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.

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- 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. Always wash hands with soap and water if hands are visibly dirty.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and 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.

More information on Children and Coronavirus Disease 2019 (COVID-19) is available online.

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?

CDC recommends that everyone 2 years and older wear a cloth face covering that covers their nose and mouth when they are out in the community. Cloth face coverings should NOT be put on
babies or children younger than 2 because of the danger of suffocation. Children younger than 2 years of age are listed as an exception as well as anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

Wearing cloth face coverings is a public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning, and other everyday preventive actions. A cloth face covering is not intended to protect the wearer but may prevent the spread of virus from the wearer to others. This would be especially important if someone is infected but does not have symptoms. Medical face masks and N95 respirators are still reserved for healthcare personnel and other first responders, as recommended by current CDC guidance.

A video demonstrating how to make a face cover at home is available at:

https://youtu.be/tPx1yqvJgf4
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.

6) 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](https://www.samhsa.gov/find-help/disaster-distress-helpline)

7) 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](https://dmh.mo.gov/mental-illness/program-services/behavioral-health-crisis-hotline)
Stay At Home Orders

1) Has the State of Missouri issued a stay at home order for the entire State?

Yes, a statewide stay at home order has been issued by the Director of the Missouri Department of Health and Senior Services and is effective from 12:01 a.m. on April 6, 2020, until 11:59 p.m. on May 3, 2020. A copy of that order can be found at: https://content.govdelivery.com/attachments/MOGOV/2020/04/03/file_attachments/1419322/Stay%20at%20Home%20Missouri%20Order.pdf

2) What does the statewide stay at home order direct all Missourians to do?

This Order directs all Missourians to avoid leaving their residences unless necessary and to practice social distancing when they need to travel outside their homes to work, access foods, prescriptions, health care, and other necessities, or to engage in an outdoor activity. This Order does not require all businesses statewide to close or cease operation.

Here are some examples of things you can do under this order:

- Go to grocery, convenience, or warehouse stores
- Go to the pharmacy to pick up medications and other healthcare necessities
- Go to medical appointments (check with your doctor or provider first)
- Go to a restaurant for take-out, delivery, or drive-thru
- Go to a place of worship – just make sure that no more than 10 people are in any single space at one time and keep 6 feet of distance between you and others
- Take a walk, ride your bike, hike, fish, hunt, golf and be in nature for exercise – just keep six feet of distance between you and others
- Receive deliveries from any business which delivers

Individuals shall not do the following things:

- Visit state office buildings that are closed to the public
- Stand closer than 6 feet of distance from others
- Visit loved ones in nursing homes, long term care facilities, and assisted living homes, unless you are providing critical assistance

3) Do work places that do not qualify as “essential” businesses have to close?

No. Businesses that are not covered by the guidance from the U.S. Department of Homeland Security, Cybersecurity & Infrastructure Security Agency (CISA) discussed in the Order may remain open but must comply with the social gathering and social distance requirements of the Order. This means that no more than 10 individuals can occupy a single space, this includes both employees and customers. Individuals must also maintain at least 6 feet of distance between themselves and others. Employees must also practice good hygiene and sanitation to limit the spread of COVID-19. Businesses are also encouraged to allow individuals, where feasible, to work from home to achieve optimum isolation.
Stay At Home Orders

Businesses can seek a waiver of the social gathering requirements from the Director of the Department of Economic Development.

4) What businesses are “essential” under this Order?

The Order refers businesses to guidance by CISA to assist them in determining whether the work their employees do is considered “essential” during the COVID-19 response period. Some examples include, but are not limited to:

- Healthcare workers and caregivers
- Law enforcement, fire fighters, and first responders
- Government operations
- Mental health and Social Service workers
- Pharmacy employees
- Workers supporting groceries, pharmacies and other retail sales of food and beverage products
- Restaurant carryout and quick-serve food operations and food delivery employees
- Farmworkers
- Electricity and Utility Industry Employees
- Critical Manufacturing Employees (medical supply chains, energy, transportation, food, chemicals)
- Petroleum, Natural and Propane Gas Workers
- Transportation and Logistics Workers
- Communications and Information Technology Employees

Workplaces that qualify as essential under the guidance may remain open. Workers onsite should take all necessary precautions to reduce the transmission of COVID-19, including practicing social distancing except when performance of job duties require otherwise.

5) Are there restrictions on essential businesses?

Yes. Workplaces that qualify as essential under CISA guidelines and are engaged in retail sales to the public must limit the number of customers in each retail location to the following standards based on the workplace’s fire or building code occupancy:

- For smaller locations (less than 10,000 square feet), they must maintain 25 percent or less of the authorized occupancy;
- For larger locations (10,000 square feet or greater), they must maintain 10 percent or less of the authorized occupancy.

Employees at the workplace and vendors delivering products into the store are not included in this calculation and do not count toward occupancy limitations.

6) Are grocery stores considered a business “engaged in retail sales to the public”?

Yes, and such store is subject to the occupancy limitations in the Order.
Stay At Home Orders

Grocery stores are strongly encouraged to set aside hours, outside of regular store hours, to allow third-party grocery delivery services to provide grocery shopping services for their customers. This will allow individual shoppers to shop during regular store hours, and reduce congestion during such times. This will further allow such services to function in an environment where their services may be in excessive demand.

Shoppers at all retail stores are also encouraged, when possible, to limit the number of people shopping in stores to 1 person per household at any one time. This will better enable all families to access necessary goods in grocery stores, and further reduce the number of individuals necessary to access such goods.

7) My local jurisdiction does not have a building or fire code. Do the limitations on square footage apply to my retail business?

Yes. If your business is not subject to fire or building code occupancy limitations set by your local jurisdiction, you should calculate your occupancy limits based on the following formula:

For a business with a retail location less than 10,000 square feet:
A. Building Square Feet divided by 30 = Quotient
B. Quotient x .25 = Occupancy Limit

For a business with the retail location of 10,000 square feet or more:
A. Building Square Feet divided by 30 = Quotient
B. Quotient x .10 = Occupancy Limit

Examples:
A 40,000 square foot grocery store would be able to have 133 customers in the store at any one time.
An 8,000 square foot retail store would be able to have 66 customers in the store at any one time.

8) My local fire or building code occupancy limitation calculation is lower than that allowed for businesses without any fire or building code limits, or is lower than a neighboring jurisdictions fire or building code limitations. Can I apply the same formula for calculating occupancy for my business as those without a code?

Yes. You may use either the calculation set forth above for businesses without a fire or building code occupancy limitation, or the calculation applied to your business based upon your specific local jurisdiction fire and building code occupancy limitation, whichever is greater.

Example:

My 30,000 square foot retail business has a local jurisdiction fire or building occupancy limitation of 700 people. Using the formula allowing only 10% of the local jurisdiction, I would be able to have 70 customers in my store at any one time. For an identical business without a local fire or occupancy limitation, they would be able to have 100 customers in their store at any one time. Under this guidance, you may have up to 100 customers in your store at any one time.
My 6,000 square foot retail business has a local jurisdiction fire or building occupancy limitation of 150 people. Using the formula allowing only 25% of the local jurisdiction, I would be able to have 37 customers in my store at any one time. For an identical business without a local fire or occupancy limitation, they would be able to have 50 customers in their store at any one time.

Under this guidance, you may have up to 50 customers in your store at any one time.

9) Can childcare places continue operations?

Yes. Daycares, child care providers, or schools providing child care for working families can continue operations but should follow the U.S. Centers for Disease Control and Prevention guidance targeted for those operations.

10) Do restaurants have to close?

No. Restaurants can be open for delivery, drive-thru, or carryout services as long as the other requirements of the Order are being followed and individuals are encouraged to use those options. Restaurants may provide dine-in services, but can only have 10 people or less within the restaurant for dining service and shall maintain at least 6 feet of distance between all individuals that are not family members. The 10 person limitation includes both employees and customers together.

11) How will this order be enforced?

The State is working with local health authorities to support the order. Local health authorities and law enforcement maintain the same jurisdiction and authority they have always had.

12) Can my local health authority impose more restrictive requirements?

Yes. This Order establishes the minimum requirements that must be complied with statewide. Local health authorities may enforce more restrictive public health requirements for businesses or individuals.

13) When is the Stay at Home order going to be lifted?

The Stay at Home order is in place until 11:59 p.m. on Sunday, May 3, 2020.

14) What local jurisdictions have enacted stay-at-home orders?

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

May 1, 2020
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. However, children do get the virus and become ill. Many schools across the country have announced dismissals for temporary periods. 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.

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.
In Case of an Outbreak In Your Community

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 for the remainder of the 2019-2020 academic school year. 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 practice social distancing. 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.
- To help children maintain social connections while social distancing, help your children have supervised phone calls or video chats with their friends.
- 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 external icon and The Yale Center for Emotional Intelligence external icon, have resources for social and emotional learning. Check
School Dismissals and Children

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 trips to see older family members and grandparents. Connect virtually or by writing letters and sending via mail.
Coroners and Medical Examiners

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.
1) **Who should people contact if they want to make or sell or donate PPE or ventilators?**

People should go to the Department of Economic Development (DED) website at: [https://ded.mo.gov/howtohelp](https://ded.mo.gov/howtohelp) This link will take them to a webpage where 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](mailto:Stacy.kempker@health.mo.gov)
Cloth Face Coverings

1) **What is being recommended for cloth face coverings?**
In accordance with Centers for Disease Control and Prevention (CDC) recommendations, all individuals in the State of Missouri may choose to wear a cloth face covering when in a public setting where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission. Due to a nationwide shortage of facemasks (also known as surgical masks) and N-95 respirators, these should be reserved for healthcare workers and others in direct contact with known or suspected COVID-19 patients.

2) **Why is this being recommended now?**
Studies are beginning to show that individuals in close proximity to others may transmit the virus that causes COVID-19 without having developed symptoms themselves. Homemade cloth face coverings offer some degree of protection against large infectious droplets, such as mucus or saliva, when speaking, sneezing, or coughing. This particularly protects those around the person wearing the face covering and helps people who may have the virus and do not know it from transmitting it to others. Face coverings may also limit the wearer from touching their own mouth and nose.

3) **How should I wear a cloth face covering?**
A cloth face covering should fit snugly but comfortably over the mouth and nose and against the side of the face, and be secured with ties or ear loops.

4) **How do I make a cloth face covering?**
A cloth face covering should include multiple layers of fabric but still allow for breathing without restriction (generally 3-4 or fewer layers). It should also be able to be laundered and machine dried without damage or change to shape. The CDC has a good resource for making a cloth face covering here: https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf. Numerous other sources are available on the internet. Various materials have been tested to see how well they filter particles and typical materials around the house, like a pillow case or cotton t-shirt, have been shown to block some particles and provide some protection.

5) **How do I take off and clean my face covering?**
Individuals should be careful not to touch their eyes, nose, or mouth when removing their cloth face covering. Remove when hand washing or hand sanitizer is available to immediately perform hand hygiene after removing. Routine laundering of the face covering is recommended.

6) **What precautions should I know about?**
Even simple cloth face coverings can make it harder to breathe. Individuals should take care not to use materials or excessive layers that restrict breathing ability. All individuals should take care to monitor their own health while wearing a mask or face covering, and consult a doctor with any concerns.

7) **How should an employer use this guidance?**
Identifying and mitigating exposures to the virus that causes COVID-19 before work begins should be an initial step taken in any facility. Engineering and administrative controls that
prevent or reduce exposures should be used with any policy that considers use of face coverings
by employees. Face covering use does not replace good business practices to maintain a healthy
work environment, including encouraging sick employees to stay home, supporting good
respiratory etiquette and hand hygiene, and performing routine environmental cleaning and
disinfection. Employee policies should include considerations for good contamination control as
well as employee’s medical conditions that may preclude use of face coverings. Consult with
infection control, industrial hygiene, or a public health agency for guidance or facility-specific
recommendations.
1) 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/results.php

2) Why do some state’s COVID-19 case numbers sometimes differ from what is posted on CDC’s website?

CDC’s overall case numbers are validated through a confirmation process with jurisdictions. The process used for finding and confirming cases displayed by different places may differ.

3) How do CDC’s COVID-19 case numbers compare with those provided by the World Health Organization (WHO) or Johns Hopkins?

CDC’s COVID-19 case numbers include many publicly reported numbers, including information from state, local, territorial, international and external partners.

4) Why do the number of cases listed on the CDC’s webpage for previous days increase?

Delays in reporting can cause the number of COVID-19 cases reported on previous days to increase. (Sometimes this effect is described as “backfill.”) State, local, and territorial health departments report the number of cases that have been confirmed and share these data with CDC. Since it takes time to conduct laboratory testing, cases from a previous day may be added to the daily counts a few days late.
Testing Sites Information

1) 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: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/mobile-testing.php

2) Who can I contact about test results for tests done at private test sites?

Please contact the medical provider who operated the test site to get your results. A partial list of providers is below:

- Capital Region Urgent Care Clinics 573-893-7848
- Freeman/Mercy – Thousand Oaks Testing Site 417-623-6122
1) **Does CDC recommend use of facemasks or respirators for healthcare personnel (HCP) caring for pregnant patients with known or suspected COVID-19 infection?**

When available, respirators (or facemasks if a respirator is not available), eye protection, gloves, and gowns should be used for the care of patients with known or suspected COVID-19 infection, including women who are pregnant. For more information, please see Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

2) **How should the use of N95 respirators be prioritized within obstetric healthcare settings during shortages?**

During respirator shortages, care should be taken to ensure that N95 respirators are reserved for situations where respiratory protection is most important, such as performance of aerosol-generating procedures on patients with suspected or confirmed COVID-19 infection. In such shortage situations, facemasks might be used for other types of patient care.

Alternatives to N95 respirators might be considered where feasible. These include other classes of NIOSH-approved filtering facepiece respirators, half facepiece or full facepiece elastomeric respirators, and powered air-purifying respirators (PAPRs) where feasible. All of these alternatives will provide equivalent or higher protection than N95 respirators when properly worn. However, PAPRs and elastomeric respirators should **not** be used in surgical settings due to concerns that exhaled air may contaminate the sterile field. For more information please see: Strategies for Optimizing the Supply of N95 Respirators: Conventional Capacity Strategies.

When respirator supplies are restored, the facility can switch back to use of N95 respirators for all care of patients with known or suspected COVID-19 infection. For more information, please see Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

3) **Is forceful exhalation during the second stage of labor considered an aerosol-generating procedure for respirator prioritization during shortages?**

Based on limited data, forceful exhalation during the second stage of labor would not be expected to generate aerosols to the same extent as procedures more commonly considered to be aerosol generating (such as bronchoscopy, intubation, and open suctioning. Forceful exhalation during the second stage of labor is not considered an aerosol-generating procedure for respirator prioritization during shortages over procedures more likely to generate higher concentrations of infectious respiratory aerosols.

When respirator supplies are restored, as with all clinical care activities for patients with known or suspected COVID-19, HCP should use respirators (or facemasks if a respirator is not available), eye protection, gloves, and gowns during the second stage of labor, in addition to other personal protective equipment that may be typically indicated for labor and delivery. For more information please see: Healthcare Infection Prevention and Control FAQs.
4) Is use of high-flow oxygen considered an aerosol-generating procedure for respirator prioritization during shortages?

Based on limited data, high-flow oxygen use is not considered an aerosol-generating procedure for respirator prioritization during shortages over procedures more likely to generate higher concentrations of infectious respiratory aerosols (such as bronchoscopy, intubation, and open suctioning). Patients with known or suspected COVID-19 should receive any interventions they would normally receive as standard of care. When respirator supplies are restored, as with all clinical care activities for patients with known or suspected COVID-19, respirators (or facemasks if a respirator is not available), eye protection, gloves, and gowns should be used by HCP for the care of pregnant patients with known or suspected COVID-19. For more information please see: Healthcare Infection Prevention and Control FAQs

5) Should intrapartum fever be considered as a possible sign of COVID-19 infection?

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Fever is the most commonly reported sign; most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (cough, difficulty breathing).

Data regarding COVID-19 in pregnancy are limited; according to current information, presenting signs and symptoms are expected to be similar to those for non-pregnant patients, including the presence of fever.

Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections. As part of evaluation, clinicians are strongly encouraged to test for other causes of respiratory illness and peripartum fever. For more information please see: Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

6) What guidance is available for labor and delivery HCP with potential exposure in a healthcare setting to patients with COVID-19 infection?

HCP in labor and delivery healthcare settings should follow the same infection prevention and control recommendations and personal protective equipment recommendations as all other HCP. If HCP are exposed to patients with COVID-19 infection, guidance is available for HCP and healthcare facilities on steps to take. For more information, please see: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)
Plasma Donations

1) What is the purpose of donating plasma?
Historically, convalescent plasma has been used to prevent or treat new viral diseases when other treatments or vaccines were not available. People who have fully recovered from COVID-19 have antibodies in their plasma that can work against the virus.

The plasma obtained from the blood of people who recovered from COVID-19 (convalescent plasma) is being evaluated as treatment for patients with serious or immediately life-threatening COVID-19 infections or those judged by a health care provider to be at high risk of progression to severe or life-threatening disease. Blood specimens may also be used to better understand patients’ immune responses to COVID-19 to assist development of new therapies and vaccines.

2) Who can be evaluated for eligibility to donate plasma?
Those who are fully recovered from a verified coronavirus (COVID-19) diagnosis can contact the health care institution in their area to be evaluated for eligibility. These are unpaid, voluntary donations.

3) Who should I contact about donating plasma?
Interested candidates are encouraged to reach out to the nearest participating provider for instructions. More partners are expected to be added to this project in the coming days and weeks.

- Cape Girardeau
  Red Cross

- Columbia
  MU Health, Physicians can register patients or patients can register here with the American Red Cross

- Jefferson City
  Red Cross

- Kansas City
  Community Blood Center of Greater Kansas City

- Springfield
  CoxHealth, CoxHealthAccountableCare@coxhealth.com, 417-269-6756
  Mercy, Community Blood Center of the Ozarks, Red Cross

- St. Joseph
  Community Blood Center of Greater Kansas City

- St. Louis
  Washington University School of Medicine, IDCRU@wustl.edu, 314-454-0058
  Mercy, Mississippi Valley Regional Blood Center and the American Red Cross

4) Where can I get more information about plasma donation?
See the American Red Cross’s frequently asked questions about the COVID-19 convalescent plasma program.

More information can also be found at the National COVID-19 Convalescent Plasma Project website and the American Association of Blood Banks website
1) **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 on what we know now, those at high-risk for severe illness from COVID-19 are:

- **People aged 65 years and older**
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
    - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
  - People with severe obesity (body mass index [BMI] ≥ 40)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease

2) **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.

3) **What about underlying medical conditions that are not included on this list?**

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:
Groups at Higher Risk for Severe Illness

- 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.

4) 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.

5) 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.

6) 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.

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

- If there is an outbreak in your community, stay home as much as possible and keep away from anyone who is sick.
- Continue your medications and do not change your treatment plan without talking to your doctor.
- Have at least a 2-week supply of prescription and non-prescription medications. Talk to your healthcare provider, insurer, and pharmacist about getting an extra supply (i.e., more than two weeks) of prescription medications, if possible, to reduce trips to the pharmacy.
- Talk to your healthcare provider about whether your vaccinations are up-to-date. People older than 65 years, and those with many underlying conditions, such as those who are immunocompromised or with significant liver disease, are recommended to receive vaccinations against influenza and pneumococcal disease.
Groups at Higher Risk for Severe Illness

- **Do not delay getting emergency care for your underlying condition** because of COVID-19. Emergency departments have contingency infection prevention plans to protect you from getting COVID-19 if you need care for your underlying condition.
- **Call your healthcare provider if you have any concerns** about your underlying medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911.

8) **Am I at higher risk if I have moderate to severe asthma and what actions should I take?**

COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and serious illness. You should take the following actions:

- Follow your [Asthma Action Plan](#).
- Keep your asthma under control.
- Continue your current medications, including any inhalers with steroids in them (“steroids” is another word for corticosteroids).
- Know how to use your inhaler.
- Avoid your [asthma triggers](#).
- If possible, have another member of your household who doesn’t have asthma clean and disinfect your house for you. When they use cleaning and disinfecting products, have them:
  - Make sure that people with asthma are not in the room.
  - Minimize use of disinfectants that can cause an asthma attack.
  - Open windows or doors and use a fan that blows air outdoors.
  - Always follow the instructions on the product label.
  - Spray or pour spray products onto a cleaning cloth or paper towel instead of spraying the product directly onto the cleaning surface (if the product label allows).

9) **Am I at higher risk if I have chronic lung disease and what actions should I take?**

Based on data from other viral respiratory infections, COVID-19 might cause flare-ups of chronic lung diseases, such as COPD, idiopathic pulmonary fibrosis, and cystic fibrosis, leading to severe illness. You should take the following actions:

- Keep taking your current medications, including those with steroids in them (“steroids” is another word for corticosteroids).
- Avoid triggers that make your symptoms worse.

10) **Am I at higher risk if I have diabetes and what actions should I take?**

People with diabetes whose blood sugar levels are often higher than their target are more likely to have [diabetes-related health problems](#). Those health problems can make it harder to overcome COVID-19. You should take the following actions:

- Continue taking your diabetes pills and insulin as usual.
Groups at Higher Risk for Severe Illness

- Test your blood sugar every four hours and keep track of the results.
- Make sure that you have at least a two-week supply of your diabetes pills and insulin.
- Follow the sick day guidelines for people with diabetes.

11) Am I at higher risk if I have a serious heart condition and what actions should I take?

COVID-19, like other viral illnesses such as the flu, can damage the respiratory system and make it harder for your heart to work. For people with heart failure and other serious heart conditions (coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension) this can lead to a worsening of COVID-19 symptoms. You should take the following actions:

- Take your medication exactly as prescribed. Continue angiotensin converting enzyme inhibitors (ACE-I) or angiotensin-II receptor blockers (ARB) as prescribed by your healthcare provider for indications such as heart failure or high blood pressure. This is recommended by current clinical guidelines.
- Make sure that you have at least a two-week supply of your heart disease medications (such as those to treat high cholesterol and high blood pressure).
- People with hypertension should continue to manage and control their blood pressure and take their medication as directed.

12) Am I at higher risk if I have a chronic kidney disease and what actions should I take?

Patients with chronic kidney disease being treated by dialysis are more prone to infection and severe illness because of weakened immune systems; treatments and procedures to manage kidney failure; and coexisting conditions such as diabetes. You should take the following actions:

- If you are on dialysis, you should NOT miss your treatments.
- Contact your dialysis clinic and your healthcare provider if you feel sick or have concerns.
- Plan to have enough food on hand to follow the KCER 3-Day Emergency Diet Plan for dialysis patients in case you are unable to maintain your normal treatment schedule.

13) Am I at higher risk if I am severely obese and what actions should I take?

Severe obesity (body mass index of 40 or above) increases the risk of a serious breathing problem called acute respiratory distress syndrome (ARDS), which is a major complication of COVID-19 and can cause difficulties with a doctor’s ability to provide respiratory support for seriously ill patients. People living with severe obesity can have multiple serious chronic diseases and underlying health conditions that can increase the risk of severe illness from COVID-19. You should take the following actions:

- Take your medications for any underlying health conditions exactly as prescribed.

14) Am I at higher risk if I am aged 65 years and older and what actions should I take?
Groups at Higher Risk for Severe Illness

Although COVID-19 can affect any group, the older you are, the higher your risk of serious disease. Eight out of 10 deaths reported in the U.S. have been in adults 65 years or older; risk of death is highest among those 85 years or older. The immune systems of older adults weaken with age, making it harder to fight off infections. Also, older adults commonly have chronic diseases that can increase the risk of severe illness from COVID-19. You should take the following actions:

- Take your medications for any underlying health conditions exactly as prescribed.
- Follow the advice of your healthcare provider.
- Develop a care plan that summarizes your health conditions and current treatments.
- Prepare yourself to stay home for long periods using this checklist

15) Am I at higher risk if I live in a nursing home or long-term care facility and what actions should I take?

The communal nature of nursing homes and long-term care facilities, and the population served (generally older adults often with underlying medical conditions), put those living in nursing homes at higher risk of infection and severe illness from COVID-19. You should take the following actions:

- Carefully follow your facility’s instructions for infection prevention.
- Notify staff right away if you feel sick.
- Ask your caretakers about the actions that are being taken at your nursing home or long-term care facility to protect you and your loved ones, including if and how they are limiting visitors.

16) Am I at higher risk if I am immunocompromised and what actions should I take?

People with a weakened immune system have reduced ability to fight infectious diseases, including viruses like COVID-19. Knowledge is limited about the virus that causes COVID-19, but based on similar viruses, there is concern that immunocompromised patients may remain infectious for longer than other COVID-19 patients. You should take the following actions:

- If you are immunocompromised, continue any recommended medications or treatments and follow the advice of your healthcare provider.
- Call your healthcare provider if you have concerns about your condition or feel sick.

 Am I at higher risk if I have liver disease and what actions should I take?

Severe illness caused by COVID-19 and the medications used to treat some severe consequences of COVID-19 can cause strain on the liver, particularly for those with underlying liver problems. People living with serious liver disease can have a weakened immune system, leaving the body less able to fight COVID-19. You should take the following actions:

- Take your medications exactly as prescribed
1) Is my child with an underlying medical condition or special healthcare need at higher risk for severe illness from COVID-19?

Children with complex, chronic medical conditions, including children with physical, developmental, behavioral, or emotional differences, can have special healthcare needs. It’s not known yet whether all of these children are at higher risk for severe illness from COVID-19.

Although most COVID-19 cases in children are not severe, serious illness that needs to be treated at the hospital still happens. Some data on children reported that the majority who needed hospitalization for COVID-19 had at least one underlying medical condition. The most common underlying conditions reported among children with COVID-19 include chronic lung disease (including asthma), heart disease, and conditions that weaken the immune system. This information suggests that children with these underlying medical conditions may be at risk for more severe illness from COVID-19.

More data are needed to learn which underlying or complex medical conditions may put children at increased risk. CDC is monitoring new information as it becomes available and will provide updates as needed.

Learn more about caring for children with special health care needs during a disaster and people who are at higher risk for severe illness from COVID-19.

2) What additional steps should families that have a child with an underlying medical condition or special health care need take?

In addition to following the recommendations to prevent getting sick and running essential errands, families should take extra steps recommended for persons with higher risk of severe COVID-19 illness and steps outlined for those with potential COVID-19 exposure or confirmed illness.

- Identify potential alternative caregivers, if you or other regular caregivers become sick and are unable to care for your child. If possible, these alternative caregivers would not be at higher risk of severe illness from COVID-19 themselves.
- Try to have at least one month of medication and medical supplies on hand. Some health plans allow for a 90-day supply of prescription medications. Consider discussing this option with your child’s healthcare provider.
- Review any care plans for your child, such as an asthma action plan, and make sure caregivers and backup caregivers are familiar with these plans.
- If you do not have care plans or an emergency notebook, try to make them. They typically include important information about your child’s medical conditions, how to manage those conditions, how to get in touch with your child’s doctors, allergies, information on medications (names, dosages, and administration instructions), preferences (food and other) or special needs, daily routines and activities, friends, and details about routines that are important to support behavioral and emotional health.
• Learn if your child’s healthcare providers, including doctors and therapists, have new ways to be contacted or new ways of providing appointments. If they offer telemedicine visits, find out how those are arranged and any additional information you need.

• If your child receives any support care services in the home that need to be continued, make plans for what you will do if those direct care providers get sick, or if persons in your household are sick.

• Discuss with the support care agencies and the providers ways to minimize risk for exposure to the virus that causes COVID-19.
  o If your child or other persons in your household are sick with COVID-19 and are able to recover at home, inform your direct care providers and consider postponing or rescheduling services until the criteria for discontinuing home isolation have been met.
  o Ask service providers if they are experiencing any symptoms of COVID-19, or if they have been in contact with someone who has COVID-19.
  o Tell the service provider to:
    ▪ Wear a cloth face covering if they will be close (less than 6 feet) to you or persons in your household. Their cloth face covering helps protect you if they are infected but do not have symptoms.
    ▪ Ask them to wash their hands with soap and water or, if unavailable, use hand sanitizer with at least 60% alcohol when they enter your home, before and after helping your child (dressing, bathing/showering, transferring, toileting and/or diapering, feeding), after handling tissues, and after changing linens or doing laundry. Learn more about proper handwashing.
  o Service providers and families should:
    ▪ Routinely clean and disinfect frequently touched objects and surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables), and equipment such as wheelchairs, scooters, walkers, oxygen tanks and tubing, communication boards, and other assistive devices. Refer to CDC’s recommendations for Cleaning and Disinfecting Your Home.

3) What can I do if my child has difficulties adjusting to new routines and following recommendations?

Helping children understand and follow recommendations, like social distancing and wearing cloth face coverings, can be challenging if your child has intellectual disabilities, sensory issues, or other special healthcare needs.

• Keeping children at home and sheltering in place can lower stress created by social distancing and cloth face covering recommendations. Reach out to others for help in running essential errands.

• Behavioral techniques can be used to address behavioral challenges and to develop new routines. These include social stories, video modeling, picture schedules, and visual cues. Try rewarding your child in small ways with his or her favorite non-food treat or activities to help switch routines and to follow recommendations.
Children and Youth with Special Healthcare Needs

- Many of the organizations you turn to for information and support around your child’s complex, chronic medical condition may have information on their websites to help families address issues related to COVID-19.
- Your child’s therapist(s) and/or teachers may also have resources to help successfully introduce new routines to your child.

Additional information on caring for children and on child development specific conditions are available.

4) How can my family cope with the added stress?

Supporting children with special healthcare needs can put additional demands and stress on families, especially during emergency situations. You have likely found ways to manage the stress and challenges unique to your family’s situation. It is important to continue your family’s coping methods, including reaching out to other family members, friends, support groups, and organizations that have been helpful in the past.

See information on ways to cope with stress (such as visiting parks, trails, or open spaces) and making your family stronger.

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
- Visit the Disaster Distress Helplineexternal icon, call 1-800-985-5990, or text TalkWithUs to 66746
- Visit the National Domestic Violence Hotlineexternal icon or call 1-800-799-7233 and TTY 1-800-787-3224

5) What if my child or someone else in the home is sick with symptoms of COVID-19?

If your child with special healthcare needs becomes sick with symptoms of COVID-19, contact your child’s healthcare provider. If your child has new or worsening emergency warning signs, such as trouble breathing, pain or pressure in the chest, confusion or inability to wake them up, or bluish lips or face, call 911. If you think your child may have COVID-19, notify the operator so that first responders may be appropriately prepared to protect themselves and others.

Notify your child’s healthcare provider if someone else in your house becomes sick with COVID-19, so they can provide any advice specific for your child.

See additional information if someone in the home is sick with COVID-19 or suspected of having COVID-19.

6) What if my child’s symptoms of their underlying medical condition or complex, chronic medical condition get worse?
• Call your child’s healthcare provider if you have any concerns about your child’s medical conditions. If you need emergency help, call 911.
• Emergency departments have infection prevention plans to protect you and your child from getting COVID-19 if your child needs care for medical conditions not related to COVID-19. Do not delay getting emergency care for your child’s underlying condition or complex medical condition because you are afraid of getting exposed to COVID-19 when visiting the healthcare setting.

7) What if my child needs to go to the hospital?

If your child’s healthcare provider tells you to go to the hospital for any health problem, including COVID-19:

• Ask the healthcare provider to let the hospital know you are coming and to share the important information the hospital will need to know to care for your child.
• Visiting policies may have changed due to COVID-19. If your child’s hospital policy does not allow an adult to stay with a child, ask your child’s healthcare provider for a statement explaining your child’s need for a familiar adult to be present.
• Bring your care plans/emergency notebook with you along with paper and pen to write down questions you have during your time at the hospital.
Show-Me Strong Recovery Plan: Phase I

1) When does the order implementing Phase I of the plan start?

Phase I goes into effect at 12:01 a.m., Monday, May 4, 2020. The current Stay at Home Order applies until then.

2) When does Phase I end?

The order lasts until Sunday, May 31, 2020, unless extended further by order of the Director of the Department of Health and Senior Services.

3) What are the general guidelines to re-open Missouri’s economy in the plan?

During Phase I, we can gradually start to reopen economic and social activity. This will be a deliberate process, and is flexible to adapt to the situation. Some communities may be able to reopen at a faster rate, while others may need to continue restrictions to keep the virus from spreading. During Phase I, we should limit our activity and interactions and continue to maintain social distancing and practice good hygiene to protect our neighbors and ourselves.

The plan to reopen the economy and get Missourians back to work is based on ensuring a healthy workforce by:

- Flattening the curve and expanding healthcare capacity, while utilizing federal programs and deploying state resources;
- Making decisions based on Missouri-specific data and medical expertise;
- Protecting healthcare workers, first responders, and other direct care workers so that our citizens have access to the care they need;
- Looking after our most vulnerable and at-risk populations;
- Partnering with community leaders and incorporating flexibility based on each community’s circumstances;
- Slowing and containing the spread of COVID-19; and
- Implementing a measured approach to mitigate risk of a resurgence.

The ability to reopen Missouri’s economy rests on both our healthcare system and our healthcare suppliers. Together, we will accomplish the following goals:

- Rapidly expand testing capacity and volume in the state, including testing for those who are currently contagious and those who have developed immunity to the virus;
- Expanding reserves of personal protective equipment (PPE) by opening public and private supply chains, and continuing to utilize Missouri businesses in that effort;
- Continuing to monitor and, if necessary, expanding hospital and health care system capacity, including isolation and alternate care facilities for those that cannot self-quarantine at home; and
- Improving the ability to predict potential outbreaks using Missouri’s public health data.

4) What general guidelines for all Missourians are in the plan?

- Citizens who feel sick should stay home!
- Continue to practice good hygiene, including:
Show-Me Strong Recovery Plan: Phase I

- Washing hands with soap and water, or using hand sanitizer, especially after touching frequently used items or surfaces;
- Avoiding touching your face;
- Sneezing or coughing into a tissue, or the inside of your elbow; and
- Disinfecting frequently used items and surfaces as much as possible.

• Avoid socializing in groups that do not readily allow for appropriate physical distancing (receptions, trade shows, etc.). When in public (parks, outdoor recreation spaces, shopping malls, etc.), individuals should maximize physical distance from others.
• Minimize travel to the extent possible.

5) What general guidelines for Businesses are in the plan?

- Prepare to implement basic infection prevention measures informed by industry best practices, regarding:
  - Protective equipment;
  - Temperature checks;
  - Testing, isolating, and contact tracing; and
  - Sanitation, including disinfection of common and high-traffic areas (entrances, breakrooms, locations where there is high-frequency employee interaction with the public/customers).

• Modify physical workspaces to maximize social distancing.
• Minimize business travel.

• Develop an infectious disease preparedness and response plan, including policies and procedures for workforce contact tracing when an employee tests positive for COVID-19.

• Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.

• Develop, implement, and communicate about workplace flexibilities and protections, including:
  - Encouraging telework whenever possible and feasible with business operations;
  - Returning to work in phases and/or split shifts, if possible;
  - Limiting access to common areas where personnel are likely to congregate and interact; and
  - Ensuring that sick leave policies are flexible and consistent with public health guidance.

6) What general guidelines for communities are in the plan?
• Closely monitor and track the containment, spread, and any resurgence of COVID-19, and adjust plans as necessary.
• Limit situations where citizens cannot maintain social distancing.
• Facilitate widespread testing of symptomatic and asymptomatic citizens.
• Work to protect the most vulnerable populations.

7) Under guidance from the federal government, we are considered an “essential business.” How does this order affect me?

This order applies to ALL Missouri businesses. Businesses that are categorized as “essential” by the federal government should continue current operations, and incorporate our General Guidelines for Business outlined above.

Businesses that were considered “non-essential” by the federal government may resume operations in Missouri in accordance with the Order and these guidelines.

8) What if my job requires me to be within six feet (6’) of another employee and/or customer?

The social distancing requirements do not apply to individuals performing job duties that require contact with other people closer than six feet (6’).

Businesses and employees should work together to implement public health and safety measures for employees and customers, using the above direction as a guide, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC). Under these conditions, businesses such as barber and cosmetology shops, hair salons, and tattoo parlors are allowed to operate.

Gyms and hotel swimming pools can also open if they adhere to strict social distancing and sanitation protocols.

9) Are there restrictions on businesses?

Yes. Workplaces that are engaged in retail sales to the public must limit the number of customers in each retail location to the following standards based on the workplace’s fire or building code occupancy:

- For smaller locations (less than 10,000 square feet), they must maintain 25 percent or less of the authorized occupancy;
- For larger locations (10,000 square feet or greater), they must maintain 10 percent or less of the authorized occupancy.

Employees at the workplace and vendors delivering products into the store are not included in this calculation and do not count toward occupancy limitations.

10) Are grocery stores considered a business “engaged in retail sales to the public?”
Yes, and such stores are subject to the occupancy limitations in the Order.

Grocery stores are strongly encouraged to set aside hours, outside of regular store hours, to allow third-party grocery delivery services to provide grocery shopping services for their customers. This will allow individual shoppers to shop during regular store hours, and reduce congestion during such times. This will further allow such services to function in an environment where their services may be in excessive demand.

Shoppers at all retail stores are also encouraged, when possible, to limit the number of people shopping in stores to one person per household at any one time. This will better enable all families to access necessary goods in grocery stores, and further reduce the number of individuals necessary to access such goods.

11) My local jurisdiction does not have a building or fire code. Do the limitations on square footage apply to my retail business?

Yes. If your business is not subject to fire or building code occupancy limitations set by your local jurisdiction, you should calculate your occupancy limits based on the following formula:

For a business with a retail location less than 10,000 square feet:
- Building Square Feet divided by 30 = Quotient
- Quotient x .25 = Occupancy Limit

For a business with the retail location of 10,000 square feet or more:
- Building Square Feet divided by 30 = Quotient
- Quotient x .10 = Occupancy Limit

Examples:
- A 40,000 square foot grocery store would be able to have 133 customers in the store at any one time.
- An 8,000 square foot retail store would be able to have 66 customers in the store at any one time.

12) My local fire or building code occupancy limitation calculation is lower than that allowed for businesses without any fire or building code limits, or is lower than a neighboring jurisdictions fire or building code limitations. Can I apply the same formula for calculating occupancy for my business as those without a code?

Yes. You may use either the calculation set forth above for businesses without a fire or building code occupancy limitation, or the calculation applied to your business based upon your specific local jurisdiction fire and building code occupancy limitation, whichever is greater.

Examples:
- My 30,000 square foot retail business has a local jurisdiction fire or building occupancy limitation of 700 people. Using the formula allowing only 10% of the local jurisdiction, I would be able to have 70 customers in my store at any one time. For an identical business without a
local fire or occupancy limitation, they would be able to have 100 customers in their store at any one time. Under this guidance, you may have up to 100 customers in your store at any one time.

• My 6,000 square foot retail business has a local jurisdiction fire or building occupancy limitation of 150 people. Using the formula allowing only 25% of the local jurisdiction, I would be able to have 37 customers in my store at any one time. For an identical business without a local fire or occupancy limitation, they would be able to have 50 customers in their store at any one time. Under this guidance, you may have up to 50 customers in your store at any one time.

13) My business has a public waiting room with congregate seating. Should I limit access to it?
Implementing a system where customers/citizens can wait inside their vehicles prior to entering the business is strongly encouraged, as are pre-scheduled appointments to minimize interaction between people. In situations where this is not feasible, such as public transit, medical offices, and parks, entities should develop public health and safety measures using the above direction as a guide, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC).

14) Does this order prevent me from receiving non-emergency healthcare, such as a routine eye exam or dental care?
Medical providers, such as dentists and optometrists, may provide usual services at their discretion. The social distancing requirements do not apply to individuals performing job duties that require contact with other people closer than six feet (6’).

Medical providers should develop and implement public health and safety measures for employees and patients, using the above direction as a guide, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC).

Implementing a system where patients can wait inside their vehicles prior to entering the office is strongly encouraged, as are pre-scheduled and spaced out appointments to minimize interaction between people.

15) May restaurants open their dining rooms?
Yes. In concert with the Missouri Restaurant Association, we are strongly encouraging restaurants to prioritize public health and safety by implementing measures including, but not limited to, regulating self-serve options such as salad bars and buffets, using disposable menus, and employee use of personal protective equipment if available. Tables and seating shall be spaced out according to social distance requirements.

The continued use of drive-thru, pickup, or delivery options is encouraged.

Food court establishments may operate, but the social distancing and communal seating requirements will prevent them from offering seating.
16) How do these guidelines apply to childcare facilities?

Daycares, childcare providers, or schools providing childcare for working families can continue operations, but should follow the CDC guidance targeted for those operations found at: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html.

17) May I attend service at my place of worship?

Yes. As long as the social distancing requirements are followed, places of worship are allowed to hold in-person services. Common practices that may occur with worship services, such as hand shaking and shared communion cups, should be avoided. Places of worship are also encouraged to continue use of alternative means of services through streaming services and other opportunities.

18) I am a member of a fraternal organization. Are we allowed to open our building and meet?

Yes. Fraternal organizations such as the Knights of Columbus and the Fraternal Order of Eagles may gather, but must adhere to the social distancing and communal seating areas requirements.

19) Will I still be able to participate in my local parks and recreation organized activities and/or camps this summer?

Yes. Traditional summer activities such as utilizing aquatic facilities, community centers, fitness centers, libraries, organized athletics, and camps offer a variety of recreational opportunities for Missouri citizens. If these services are offered, we encourage adjustments be considered to mitigate the risks of contracting or spreading COVID-19 between participants, patrons, and staff, such as limiting the number of participants, modifying activities, restructuring programs, and increasing sanitization measures for facilities and participants.

We also advise areas of high touch or high traffic, such as playgrounds, remain closed.

20) Can I attend an event at a large venue or stadium, or go to a movie theater?

Yes. However, seating shall be spaced out according to social distancing requirements.

This will apply to events such as amusement parks and attractions, concerts, funerals, museums, school graduations and weddings.

21) How will this order be enforced?

The State is working with local health authorities to support the order. Local health authorities and law enforcement maintain the same jurisdiction and authority they have always had.

22) Can my local health authority impose requirements that are more restrictive?
Show-Me Strong Recovery Plan: Phase I

Yes. This Order establishes the minimum requirements that must be complied with statewide. Local health authorities may enforce more restrictive public health requirements for businesses or individuals.

The only exception is the Order from the Director of the Department of Health and Senior Services dated March 24, 2020, removing the authority of a local health authority from closing or restricting the operations of a business which is a part of the food supply, whether that be agricultural production, manufacturing, distribution, or sale of food. This limited waiver does not limit the authority of a local health authority from closing or restricting the operations of a retail food establishment.
Cleaning and Disinfection

1) What is the difference between cleaning and disinfecting?

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection. Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

2) What is routine cleaning? How frequently should facilities be cleaned to reduce the potential spread of COVID-19?

Routine cleaning is the everyday cleaning practices that businesses and communities normally use to maintain a healthy environment. Surfaces frequently touched by multiple people, such as door handles, bathroom surfaces, and handrails, should be cleaned with soap and water or another detergent at least daily when facilities are in use. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use. Cleaning removes dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it reduces the number of germs on a surface.

3) Is cleaning alone effective against the virus that causes COVID-19?

Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. If a surface may have gotten the virus on it from a person with or suspected to have COVID-19, the surface should be cleaned and disinfected. Disinfecting kills germs on surfaces.

4) Who should clean and disinfect community spaces?

Regular cleaning staff can clean and disinfect community spaces. Cleaning staff should be trained on appropriate use of cleaning and disinfection chemicals and provided with the personal protective equipment (PPE) required for the chemicals used.

5) How long do companies need to close for disinfection after an exposure? How long before other workers can come back to work?

Companies do not necessarily need to close after a person with confirmed or suspected COVID-19 has been in a company facility. The area(s) used or visited by the ill person should be closed for 24 hours or as long as possible. Open outside doors and windows as much as possible ensuring that doing so does not pose a safety risk to children using the facility (i.e. make sure that children are not able to enter the closed off area through any windows or doors). and use ventilating fans to increase air circulation in the area. Once the area has been appropriately disinfected, it can be opened for use. Workers without close contact with the person with confirmed or suspected COVID-19 can return to work immediately after disinfection is completed.

6) How effective are alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light?
Cleaning and Disinfection

The efficacy of these disinfection methods against the virus that causes COVID-19 is not known. EPA only recommends use of the [surface disinfectants identified on List Nexternal icon](https://www.epa.gov/coronavirus/disinfectants-to-use-prevent-spread-covid-19) against the virus that causes COVID-19. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

7) **Should outdoor playgrounds, like those at schools or in parks, be cleaned and disinfected to prevent COVID-19?**

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on outdoor playgrounds is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas. If practical, high touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely. Cleaning and disinfection of wooden surfaces (e.g., play structures, benches, tables) or groundcovers (e.g., mulch, sand) is not recommended.

8) **Can sanitizing tunnels be used at building entrances or exits to prevent the spread of COVID-19?**

CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.

9) **Should sidewalks and roads be disinfected to prevent COVID-19?**

CDC does not recommend disinfection of sidewalks or roads. Spraying disinfectant on sidewalks and roads is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. The risk of spreading the virus that causes COVID-19 from these surfaces is very low and disinfection is not effective on these surfaces.