

COVID-19 Frequently Asked Questions for Health Care Providers

If you're a health care provider, you may have questions about how to handle issues related to COVID-19 in regards to your patients and employees. Below are answers to common questions we've received from providers on treating COVID-19 patients and protecting the health of their staff.

For more information about the novel coronavirus disease (COVID-19), please visit the Centers for Disease Control and Prevention at www.cdc.gov/coronavirus/. For the most recent updates on COVID-19 in Ohio, please visit the Ohio Department of Health at <https://coronavirus.ohio.gov/>. For more COVID-19 resources from Columbus Public Health – including resources for health care providers – please visit www.columbus.gov/coronavirus (see under Resources > For Health Care Providers).

A facility is running low on personal protective equipment (PPE). Where can they go to get more?

Refer them to their distributor. If their distributor does not have any PPE available for them, they can [fill out a 213rr form](#) and submit it to [Franklin County Emergency Management and Homeland Security](#) for assistance. A PPE request form can also be found on [Franklin County's COVID-19 webpage](#). If you are from a neighboring county, please reach out to your local county's emergency management agency (EMA) for assistance. More information about this process can be found on the [Ohio Department of Health's website](#).

How are COVID-19 patients 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. There are no routinely available pharmaceutical products that are FDA-approved for the prevention or treatment of COVID-19.

Corticosteroids are not routinely recommended for treatment of viral pneumonia or acute respiratory distress syndrome (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](#).

Which bodily fluids can spread COVID-19?

SARS-CoV-2 virus has been found in saliva from the upper respiratory tract, Broncho-Alveolar lavage fluid from lower in the lungs, and in the stool of some individuals. SARS-CoV-2 RNA has been detected in blood and stool 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. Take standard precautions and assume every bodily fluid is contaminated.

Are pregnant healthcare personnel at an 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.

For more information please review our [Pregnancy Specific FAQ](#).

If an individual tests positive for another respiratory virus, should that exclude SARS-CoV-2 (the virus that causes COVID-19) 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.

Can someone who has recovered from COVID-19 be re-infected with SARS-CoV-2?

The immune response, including duration of immunity, to SARS-CoV-2 infection (the virus that causes COVID-19), is not yet understood. Patients with MERS-CoV 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.

Should post-exposure prophylaxis be used for people who may have been exposed to a person with COVID-19?

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

Should medical waste or general waste from healthcare facilities treating people under investigation and patients with confirmed COVID-19 be handled any differently or need any additional disinfection?

Medical waste (trash) coming from healthcare facilities treating COVID-2019 patients is no different than waste coming from facilities without COVID-19 patients. CDC's guidance states that management of laundry, food service utensils and medical waste should be performed in accordance with routine procedures. There is no evidence to suggest that facility waste needs any additional disinfection.

More guidance about environmental infection control is available in section 7 of CDC's [Interim Infection Prevention and Control Recommendations](#) for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

How can I decontaminate my filtering face piece respirator (FFR) or N95 mask?

According to guidelines from the Centers for Disease Control and Prevention (CDC), **decontamination is not approved as standard of care** for disposable filtering face piece respirators (FFRs), such as N95 masks, used to protect healthcare personnel from the spread of COVID-19. However, the agency says this may need to be considered to ensure availability during a pandemic. The CDC offers extensive guidance at its [Decontamination and Reuse of Filtering Face Piece Respirators](#) web page.

Some information to note:

- The CDC says one option is to issue five masks to each healthcare worker who may care for patients with suspected or confirmed COVID-19. The healthcare worker will wear one respirator each day and store it in a breathable paper bag at the end of each shift, leaving five days between use of each mask to potentially allow the virus to die. Masks still should be handled as if they are contaminated.
- Limited research is available on decontamination, but potential methods showing promise include ultraviolet germicidal irradiation, vaporous hydrogen peroxide and moist heat. Steam treatment and liquid hydrogen peroxide show promise with some limitations.
- Decontamination using autoclaves, dry heat, alcohol, microwave irradiation, or soap and water is not recommended because they cause significant filter degradation. Bleach is not recommended because it causes filter degradation and creates an odor rendering masks unsuitable for use. Disinfectant wipes also

may alter performance.

- Battelle Memorial Institute, a science and technology development firm based in Columbus, has developed the Critical Care Decontamination System to decontaminate N95 respirator masks, allowing them to be used up to 20 times. The technology uses concentrated, vapor phase hydrogen peroxide, exposing masks to an adequate concentration level over an adequate period of time. The use of this system has been authorized by the U.S. Food and Drug Administration. Check the [FDA website](#) for other systems authorized for use.
- A recent study by Stanford University researchers has gained attention following reports that it indicates that N95 masks can be decontaminated in a home oven. However, the study used bacteria different from the virus that causes COVID-19 and involved only one type of fabric used for N95 masks. The method is not approved by the U.S. National Institute for Occupational Safety and Health (NIOSH), and study authors stress: “Our reports do not advocate for people to disinfect masks for reuse by heat treatment in home ovens.”
- The CDC and NIOSH offer [guidance](#) on the extended use and limited reuse of N95 masks in healthcare settings.

What is convalescent plasma and is this something I should consider for my patient?

The U.S. Food and Drug Administration is leading an effort to develop a new protocol to provide plasma from recovered COVID-19 patients (referred to as convalescent plasma) to patients who are acutely ill. Convalescent plasma is rich in antibodies that could possibly attack the virus that causes COVID-19. It shows promise to lessen the severity or shorten the length of COVID-19. The treatment of COVID-19 patients with convalescent plasma remains **in the investigation stage**.

The FDA has focused on allowing the use of convalescent plasma to treat COVID-19 through an emergency investigational new drug application process with academic institutions to evaluate its safety and efficacy. The FDA also wishes to assure that this potentially helpful treatment is available to individuals who are unable to participate in clinical trials and in single patient emergency situations. Healthcare providers should [submit these applications](#) for individual patients.

People who have been fully recovered from COVID-19 for at least two weeks are encouraged to consider donating plasma. For more information or to sign up to donate, visit [the Red Cross' website](#) or contact a local blood donor or plasma collection center. Donors should not use the regular appointment scheduling tool on the Red Cross website or mobile app.

For more information about convalescent plasma treatment, please visit the [FDA's web page](#) or the [Ohio Department of Health's web page](#).