

# COVID-19 FAQs

## Responses to Vizient member questions

Updated: March 30, 2020

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Category	Question	Answer
	<b>Laboratory Q&amp;A</b>	
	<p><b>3/30/20</b> We are having trouble obtaining viral transport media/universal transport media (VTM/UTM) and a flocced nasopharyngeal swab to collect and transport patient samples. Are there alternatives that I can use?</p>	<p>The FDA believes that a nasopharyngeal specimen is the preferred choice for swab-based SARS-CoV-2 testing. If a nasopharyngeal specimen is not available, then any of the following are acceptable:</p> <ul style="list-style-type: none"> <li>• oropharyngeal specimen collected by a healthcare professional (HCP)</li> <li>• mid-turbinate specimen by onsite self-collection or HCP (using a flocced tapered swab); or</li> <li>• anterior nares specimen by onsite self-collection or HCP (using a round foam swab).</li> </ul> <p><a href="#">CDC Coronavirus/2019 Lab/Guidelines</a> <a href="#">FDA.gov Medical-Devices Emergency-Situations</a></p>
<b>Testing</b>	<p><b>3/30/20</b> Which organizations have received FDA EUAs for COVID-19 testing?</p>	<p>As of March 25, the following organizations have received EUAs. Please note that allocation varies by the supplier and the types of testing. Some of these organizations are coordinating with the Federal government to prioritize where limited resources should be focused to protect public health.</p> <ul style="list-style-type: none"> <li>• <a href="#">Xpert Xpress SARS-CoV-2 test (Cepheid)</a></li> <li>• <a href="#">Primerdesign Ltd COVID-19 genesig Real-Time PCR assay (Primerdesign Ltd)</a></li> <li>• <a href="#">ePlex SARS-CoV-2 Test (GenMark Diagnostics, Inc.)</a></li> <li>• <a href="#">Simplexa COVID-19 Direct (DiaSorin Molecular LLC)</a></li> <li>• <a href="#">Abbott RealTime SARS-CoV-2 assay (Abbott Molecular)</a></li> <li>• <a href="#">Quest SARS-CoV-2 rRT-PCR (Quest Diagnostics Infectious Disease, Inc.)</a></li> <li>• <a href="#">Lyra SARS-CoV-2 Assay (Quidel Corp.)</a></li> <li>• <a href="#">COVID-19 RT-PCR Test (Laboratory Corporation of America)</a></li> <li>• <a href="#">Panther Fusion SARS-CoV-2 (Hologic, Inc.)</a></li> <li>• <a href="#">TaqPath COVID-19 Combo Kit (Thermo Fisher Scientific, Inc.)</a></li> <li>• <a href="#">cobas SARS-CoV-2 (Roche Molecular Systems, Inc.)</a></li> </ul>

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		<ul style="list-style-type: none"> <li>New York SARS-CoV-2 Real-time Reverse Transcriptase (RT)-PCR Diagnostic Panel (Wadsworth Center, NYSDOH)</li> </ul>
	<b>3/23/20</b> What should I do if I can't obtain certain laboratory supplies?	The FDA has posted information, linked <a href="#">here</a> on what providers and laboratories should do if they cannot obtain certain supplies. This includes information on viral transport media/universal transport media (VTM/UTM).
	<b>3/23/20</b> Can laboratories produce their own viral transport medium if none are available?	The FDA has provided a recipe from the CDC for making the product if it remains unavailable. The document states that "While VTM/UTM remains the preferred transport media, FDA recommends that, in their absence, the following alternative transport media be used to collect and transport patient samples for molecular RT-PCR SARS-CoV-2 assays. These recommendations apply to collection by healthcare providers. The best available evidence indicates that these transport media will stabilize the SARS-CoV-2 RNA without meaningful degradation." That information is available <a href="#">here</a> .
	<b>3/23/20</b> Is Vizient adding suppliers that are performing COVID-19 testing?	Vizient is working with suppliers to add available COVID-19 testing to existing contracts where applicable. However, this may not occur right away due to supplier availability and current allocation. Once more supplies and testing become available, they will be added.
	<b>3/23/20</b> Where are tests and supplies being focused currently by Vizient?	Currently, Vizient and suppliers are focused on getting tests to the authorized testing entities. Additionally, please check for reimbursement rates for EAU authorized testing as some may not be reimbursable.
	<b>3/23/20</b> Is there a list of current and terminated Emergency Use Authorizations (EUAs) from the FDA that make available diagnostic and therapeutic medical devices to diagnose and respond to public health emergencies?	Yes, the FDA has made that link available <a href="#">here</a> .
	<b>3/23/20</b> Does Vizient have contracted reference laboratories conducting COVID-19 testing?	Yes, and links are provided below. Since Vizient Contracted Reference Labs testing for COVID-19 frequently change, members should visit the supplier's dedicated web page (below) for current information. Please note that only Quest and LabCorp were providing testing nationally as of March 20; ARUP paused testing due to an earthquake in the area, and Mayo is only working with its members during this time. <ul style="list-style-type: none"> <li>Quest</li> <li>LabCorp</li> <li>ARUP</li> <li>Mayo Clinic</li> </ul>
<b>Testing Q&amp;A</b>		
	<b>3/30/20</b> What is your stance on testing G6PD in patients planning to be treated with chloroquine/hydroxychloroquine? Do you screen for G6PD for hydroxychloroquine?	Vizient asked the presenters of the March 25th pharmacotherapy update and none of them are presently checking for glucose 6 phosphate dehydrogenase deficiency since the populations they serve would be considered low risk. Therefore, consideration of pharmacogenomic variations in your patient populations should guide this strategy.
	<b>3/30/20</b> How about the Cepheid new tests that can be done locally with results in 45 min without the need to send to a centralized lab?	The FDA approved the first rapid POC coronavirus diagnostic test from Cepheid through the EUA process on March 20. It is an RT-PCR test and has a reported test turnaround time of about 45 minutes. This test is only available to run on the benchtop analyzers from the same manufacturer and reports in the press suggest there are about 5,000 of these machines in the U.S. and 23,000 in use worldwide.

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		As with all the SARS-CoV-2 tests, there may be supply limitations in the early phase of dissemination. The manufacturer expects to begin roll out of this test in the last week of March.
	<b>3/23/20</b> How are you getting test kits due to the shortage of tests, since “test of cure” before SNF DC doesn’t meet testing criteria?	CDC guidance recommends contact with state health departments for obtaining test kits. For test developers and labs who have questions about the EUA process or spot shortages of testing supplies. Contact our toll-free line 24 hours a day: 1-888-INFO-FDA, choose option * <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html</a> <a href="https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html">https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html</a>
	<b>3/23/20</b> For drive through clinics and COVID-19 clinics, how do you determine who to swab?	<a href="https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html</a>
	<b>3/16/20</b> What’s the latest information on testing?	
	<b>3/16/20</b> For accredited hospitals looking at opening a site specific for evaluating patients, what regulatory items must be completed first?	Assuming this would be an outpatient service, it would be surveyed as such. They would also survey to their infection control plan and possibly their emergency management plan depending on the circumstances. Send questions to <a href="mailto:accreditationservices@vizientinc.com">accreditationservices@vizientinc.com</a> .
	<b>3/16/20</b> Do we know the accuracy/specificity of the COVID-19 viral testing?	Refer to <a href="#">CDC page</a> on interim guidance and resources for laboratory professionals working with specimens from persons under investigation (PUI) for coronavirus disease 2019 (COVID-19).
	<b>3/16/20</b> Is this PCR that is being used available to others across the nation for testing?	<a href="#">CDC Research Use Only Real-Time RT-PCR Protocol for Identification of 2019-nCoV Webpage</a>
<b>Emerging Clinical Evidence and Clinical Practices</b>	<b>3/30/20</b> What about patients on suboxone/methadone, will they be able to access telehealth or have to go in?	This decision is based on an organization by organization basis. There is not a national recommendation.
	<b>3/30/20</b> What percentage of patients with diabetes have severe disease and death?	Please refer to the following link from the American Diabetes Association. <a href="https://www.diabetes.org/coronavirus-covid-19">https://www.diabetes.org/coronavirus-covid-19</a>
	<b>3/30/20</b> Are they washing hands before removing gloves?	Nebraska has built into some of their protocols to have staff gel their gloves when donning and doffing.
	<b>3/30/20</b> I saw a report that Wash U Med has looked at blood transfusions from previously infected patients as being a potential prophylaxis. Has anyone else looked into this? Any comments on convalescent plasma use in severely ill COVID-19 patients?	Please refer to the link below. This new therapy was approved by the FDA under an investigational drug process. <a href="#">Vaccines-Blood-Biologics/Investigational</a>

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	<b>3/30/20</b> Was there formal guidance for outpatient providers for treatment (and restriction of hydroxychloroquine prescribing)?	There is no specific guidance regarding outpatient use of hydroxychloroquine and/or restrictions. However, many state boards of pharmacy have begun implementing restrictions/additional requirements to minimize the amount of product diverted from the most critically ill COVID-19 patients and those who are receiving treatment for well-established conditions such as rheumatoid arthritis and lupus. Vizient encourages members to monitor for such changes within their state pharmacy practice acts.
	<b>3/30/20</b> Are you concerned with Hydroxychloroquine being used as a prophylaxis for COVID-19 considering its activity to suppress the immune system response in other conditions like RA and Lupus?	Yes, Vizient is concerned about the attempted use of hydroxychloroquine and chloroquine in a prophylaxis manner. As stated in the response to the previous question, many state boards of pharmacy have enacted more stringent requirements to limit use of less critical circumstances. To draw additional attention and corrective action to this issue, Vizient has sent a series of formal recommendations to the White House Coronavirus Task Force regarding this challenge, which can be found at <a href="#">Vizient Newsroom</a>
	<b>3/30/20</b> Has anyone been using baricitinib for prophylaxis of ARDS?	Please follow the link to an article from the <a href="#">NEJM Journal Watch</a> regarding patients with ARDS.
	<b>3/30/20</b> Does your ED staff use N95 masks when triaging patients with resp symptoms for COVID-19? Use of N95 for COVID swabbing?	Please refer to <a href="#">CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings Webpage</a> - Section 1. Minimize Chance for Exposures
	<b>3/30/20</b> To the ID staff: 1. Are we still in the early phase of this virus affecting the states? In your opinion, do you think any states have reached the peak of the curve? 2. How much extra drug stock have you recommended your hospital pharmacy to have on hand?	<ol style="list-style-type: none"> <li>Nationally the CDC notes the United States as a whole remains in the initiation stage of the pandemic. Please refer to this article from the CDC which provides a "situation summary" <a href="#">CDC Article</a></li> <li>There are no definitive guidelines regarding inventory levels to maintain given how quickly situations can change as well as the pressure on the supply chain to provide products to areas most critically impacted by COVID-19. Vizient is working with all contracted suppliers and distributors to encourage increased manufacturing and availability. Vizient is also communicating with the White House Coronavirus Task Force regarding strategies to increase manufacturing.</li> </ol>
	<b>3/23/20</b> What is the best practice for Imaging Services COVID-19 patients scans?	The <a href="#">resources</a> from ACR can be used to offer comprehensive medical guidelines to help protect patients and health care providers: <ul style="list-style-type: none"> <li>Rescheduling non-urgent care</li> <li>ACR statement on use of CT and radiology for suspected COVID-19 infection</li> <li>Reducing risk of on-site COVID-19 infection</li> <li>Breast Imaging</li> <li>Other Radiologic Articles and Collections</li> </ul>
	<b>3/16/20</b> Are there any recommendations for differential handling of the deceased that have tested positive or were suspect for COVID-19?	Link: <a href="#">CDC Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19</a> See the <a href="#">UW Medicine Covid-19 Resource Site</a> for examples of policies for Autopsy After Death Services (AADS) COVID-19 response, morgue surge capacity plan and autopsy recommendations.
	<b>3/16/20</b> How should post-acute providers (HH, SNF, LTAC, etc.) best prepare for testing and possible outbreaks?	<a href="#">CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes Webpage</a>

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	<p><b>3/16/20</b> We're a physician clinic with an ASC and a large Oncology infusion unit. What are your recommendations for these types of facilities?</p>	<p><a href="#">CDC Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States webpage</a></p>
	<p><b>3/16/20</b> How do you care for breastfeeding moms who may be a PUI or positive?</p>	<p><a href="#">CDC Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings webpage</a></p>
<p><b>Surge Capacity</b></p>	<p><b>3/30/20</b> What is being done about individuals that are told they are 'not priority'? Individuals are dying after being told this.</p>	<p>Most organizations are in the process of developing guidance for prioritizing COVID-19 tests and treatment yet have not made this information publicly available. For example, state and healthcare officials in Washington state are drafting a statewide plan for care rationing: The goal in developing criteria for prioritizing care is to provide fair and evenly applied practices across the region, reducing the likelihood of variation in care depending on which hospital a patient goes to. Another goal of drafting the plan is to avoid putting responsibility on individual physicians and nurses to make such decisions and reduce the anguish they would experience in denying care. One leader noted the crisis strategies are not something anyone wants to anticipate, but it would be worse to be unprepared in the event they are needed. The Centers for Disease Control and Prevention have developed interim guidance for healthcare facilities <a href="#">CDC Coronavirus Healthcare-Facilities Guidance</a> which describes actions facilities can take to prepare for a COVID-19 outbreak, responses to a spread of COVID-19 in the community, and setting-specific considerations. The guidance also describes shifting healthcare delivery modes during a COVID-19 outbreak. To start prioritizing: consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill. Consider accelerating the timing of high priority screening and intervention needs for the short-term, in anticipation of the possible need to manage an influx of COVID-19 patients in the weeks to come.</p>
	<p><b>3/30/20</b> Have sites created scarcity of resources policies and criteria regarding patients access to vents, ICU bed, etc.?</p>	<p>Develop and implement a crisis standard of care plan through your state's Department of Health (DOH) that addresses legal, ethical, critical care, palliative care and mental health issues, etc. View Northwest Healthcare Response Network scarce resource management and crisis standards of care on critical care algorithms, scarce resource cards and triage team guidelines and worksheets. View Crisis Standards of Care example from Minnesota DOH <a href="#">here</a>.</p>
	<p><b>3/30/20</b> When treatment is not provided for outpatients, we continue to get patients progressing to severe illness. So, people can't get care until they're so bad that they need hospitalization and ventilator. What is the status of testing availability?</p>	<p>To monitor patients in outpatient settings, organizations are developing self-assessment tools and triaging symptoms through RN phone calls and videoconferencing visits to preserve PPE supplies, protect healthcare workers, and provide alternatives to the ED, etc. Based on management of symptoms, healthcare providers will decide the best decision for treatment. Organizations are looking to create a predictive tool which could be a real-time guide for physicians to get the right patient to ICU at the right time and discharge when ready. These prediction tools would support not replace clinical judgment. Pneumonia calculators are a great example of a clinical care management approach as seen in this example <a href="#">here</a>. In terms of testing, the Infectious Diseases Society of America on Thursday created a four-tier system to determine whether patients should be tested for coronavirus <a href="#">ID Society COVID-19 Prioritization-of-Dx-Testing</a>.</p>

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	<p><b>3/23/20</b> Are hospitals cohorting patients in one unit?</p>	<p>Recommendation from CDC: Inpatient facilities</p> <ul style="list-style-type: none"> <li>• Reschedule elective surgeries as necessary</li> <li>• Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible</li> <li>• Limit visitors to COVID-19 patients</li> <li>• Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:               <ul style="list-style-type: none"> <li>• Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients</li> <li>• Separating known or suspected COVID-19 patients from other patients (“cohorting”)</li> <li>• Identifying dedicated staff to care for COVID-19 patients</li> </ul> </li> </ul> <p>Cohorting is occurring in Emergency Departments. Patients with any flu-like symptoms or respiratory illness are sent to a specified part of the ED away from other patients. This includes meeting patients outside of the entrance to triage which area they should go. Most organizations are still creating a plan on how to cohort the COVID-19 inpatients.</p> <p>Bethesda, a long-term care hospital in St. Paul, is actually being converted into a COVID-19 treatment center. They are part of Fairview UM, so they are cohorting in a way of a separate facility.</p> <p>Johns Hopkins has an <b>isolation bed algorithm</b> that includes cohorting of droplet patients, which COVID-19 would apply.</p>
	<p><b>3/23/20</b> Did you close your urgent care center?</p>	<p>Some organizations are keeping their urgent care centers open to help triage patients, so they are not flooding the emergency departments. It’s recommended that patients are met by a staff greeter outside of the urgent care center. The greeter will assess all patients and guests prior to entering the building to ensure the health and safety of all. It is critical to limit the number of people entering the urgent care buildings, so create policy restriction about guests. If patient needs to come into the urgent care, patients are given a mask and are utilizing specific exam rooms. It’s important to create protocols and plan for when these patients show up because they will.</p> <p>Some organizations are having patients that have illness or injury other than fever and upper respiratory illness, including cough or shortness of breath, who need urgent care evaluation to go to specific locations for this care. Some urgent care locations are closing temporarily if they are adjacent to a primary care practice in order to protect patients going to their primary care practice. We’ve also heard organizations are creating COVID clinics for providers to evaluate patients with flu-like symptoms, upper respiratory illness, fever and cough. It is recommended that patients with symptoms of fever and upper respiratory illness, including dry cough or shortness of breath, complete an online COVID-19 screening and have their symptoms reviewed by a provider, who will recommend additional treatment if appropriate and where to go for this care. Leverage phone triage and virtual health platforms as much as possible.</p>
<p><b>Staff Impact</b></p>	<p><b>3/30/20</b> Are pharmacists still responding to codes? If responding but remaining in the hallway, is the pharmacist wearing any PPE?</p>	<p>The pharmacist is a valued member of the code team, but with the limited availability of PPEs, where and how they participate has changed at many organizations. Here are some options:</p> <ul style="list-style-type: none"> <li>• Pharmacist attends code with PPE in the room, but not at the bedside</li> <li>• Pharmacist supports code care, but not in the room unless the need arises</li> <li>• Pharmacist manages medications outside the room, and passes them to the nurse for administration</li> </ul> <p>A "PPE Bag" with two sets of PPE is placed on an emergency drug box for pharmacists to take to codes</p>

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	<p><b>3/23/20</b> How are organizations able to monitor the wellness of the healthcare givers? Our facility trained non-clinical and clinical background colleagues as Safety Officers a few weeks ago and we are assisting providers caring for COVID-19 positive patients or PUI, patients pending results, etc.? Are there concerns for the volunteers? Any recommended length of exposure with this process?</p>	<p>Staff Monitoring: Organizations are redeploying non-clinical or underutilized staff to monitor employee temperatures and symptom screening. Others provide drive-thru testing sites for staff and telephone triage hotlines for employees.</p> <p>Length of Exposure: CDC Guidance on close contact: “Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction remain important.” CDC link <a href="#">here</a></p>
	<p><b>3/23/20</b> Are you recommending pulling nonclinical staff for screening?</p>	
	<p><b>3/23/20</b> What are others doing to operationalize an employee hotline number to address employee questions?</p>	<p>Build upon similar or established platforms (flu-hotline reverted to COVID-19 questions). Hotlines at other organizations are offering support for employees and next steps based on symptoms, known exposure with someone with confirmed COVID-19, and other issues. Instead of hotlines, some are using FAQ documents and posting them on employee websites (intranet or share point drives) that address return to work criteria, along with criteria for employee screening, travel and work-from-home policies.</p>
	<p><b>3/23/20</b> Is there a study/information that how long after contracting the virus, one can still be a carrier or contagious?</p>	<p>This is not known at this time. Refer to guidelines on staff who have been in contact with a PUI or someone who has tested positive. <a href="#">CDC How COVID-19 Spreads</a>  <a href="#">UW Medicine COVID-19 Resource Site for examples of staff policies</a></p>
	<p><b>3/23/20</b> Are hospitals restricting all nursing and medical student rotations from their institutions or just restricting students from isolation areas?</p> <p><b>3/23/20</b> What is resident GME?</p>	<p><a href="#">AAMC Statement: Medical Students and Patients with COVID-19: Education and Safety Considerations</a></p> <p>Graduate Medical Education (GME) refers to any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. This refers to a resident and is no different than any other resident undergoing training.</p>
<p><b>Managing Critical Supplies</b></p>	<p><b>Pharmacy</b></p>	
	<p><b>3/30/20</b> Is it appropriate to utilize a common canister method of administration for MDI's with individual spacers for patients with COVID 19? If so, how to you clean the MDI between patients?</p>	<p>The information about the choice of MDI vs. nebulizer during the COVID-19 outbreak and the available literature related to risks and benefits are covered in detail in our clinical evidence resource posted on our Vizient Pharmacy Disaster Preparedness web page. Information on cleaning considerations are also included. <a href="#">DISASTER PREPAREDNESS</a></p>
	<p><b>3/30/20</b> Has anyone used Hydroxychloroquine in a pregnant patient that is pending COVID-19 confirmation with symptoms?</p>	<p>Our March 25th COVID-19 webinar, presenters weighed in on this question. None had prescribed and/or recommended the use of hydroxychloroquine in pregnant patients. However, they recommended consideration of the following:</p> <ul style="list-style-type: none"> <li>• WHO and CDC consider risk of malaria infection to the fetus greater than the risk of treatment with hydroxychloroquine</li> <li>• Rheumatology societies consider lupus flares a greater risk to the fetus than hydroxychloroquine use</li> </ul>

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		<ul style="list-style-type: none"> <li>• With no definitive guidance on COVID-19, the decision to use should involve OBGYN, infectious disease, the patient, and a consideration of the patient's status.</li> </ul>
	<p><b>3/30/20</b> Is Actemra SQ can be given for COVID patients?</p>	<p>The limited data regarding the use of tocilizumab has been associated with the injectable formulation. However, the subcutaneous formulation could be a consideration for rheumatoid arthritis patients still receiving intravenous treatment (to preserve access for approved indications).</p>
	<p><b>3/30/20</b> What medications are available from the federal stockpile? Is Fentanyl available?</p>	<p>To our knowledge, there is not a detailed enumeration of the pharmaceuticals included in the Strategic National Stockpile. At a high-level categorization, it is disclosed that broad spectrum antibiotics, vaccines, antitoxins, and IV solutions are some of the things included in the stockpile check <a href="#">here</a>.</p>
	<p><b>3/30/20</b> Any insight on India exported hydroxychloroquine/chloroquine? The following article came out on FiercePharma: The Indian government said on Wednesday that it is banning the export of hydroxychloroquine and formulations made from the medication, as experts test the efficacy of the drug in helping treat patients infected with COVID-</p>	<p>The Vizient pharmacy sourcing team is working with its supplier and distributor partners to assess the potential impact of this announcement. We will provide updated information as it becomes available.</p>
	<p><b>3/30/20</b> Patients with Lupus on hydroxychloroquine are being turned away from pharmacies because the pharmacies are out of stock. What is the plan for these patients?</p>	<p>Vizient has communicated directly to the White House Coronavirus Task Force the challenge of preserving access to hydroxychloroquine/chloroquine for existing patients and those affected by COVID-19. We will continue to advocate at the federal level to address this threat to the care of existing patients. We would encourage you to reach out to state boards of pharmacy and other state health organizations. Many state boards of pharmacy have begun implementing limitations on the prescribing requirements needed to access hydroxychloroquine/chloroquine. <a href="#">Vizient Newsroom Release</a></p>
	<p><b>3/23/20</b> How do you make hand sanitizer?</p>	<p>To assist with the alleviation of the shortage of aseptic hand sanitizing products, the FDA will temporarily allow pharmacists in state-licensed pharmacies or federal facilities and registered outsourcing facilities to compound alcohol-based hand sanitizers according to their <a href="#">policy</a>. An email address, <a href="mailto:compoundingpolicy@fda.hhs.gov">compoundingpolicy@fda.hhs.gov</a>, has been established for compounders to submit questions regarding the preparation of hand sanitizers.</p> <p>The hand sanitizer is compounded using only the following United States Pharmacopoeia (USP) grade ingredients in the preparation of the product (percentage in final product formulation) consistent with World Health Organization (WHO) recommendations:</p> <ol style="list-style-type: none"> <li>Alcohol (ethanol) (80%, volume/volume (v/v)) in an aqueous solution denatured according to Alcohol and Tobacco Tax and Trade Bureau regulations in 27 CFR part 20; <b>or</b> Isopropyl Alcohol (75%, v/v) in an aqueous solution.</li> <li>Glycerol (1.45% v/v).</li> <li>Hydrogen peroxide (0.125% v/v).</li> <li>Sterile distilled water or boiled cold water.</li> </ol> <p>USP has developed a <a href="#">Compounding Alcohol-Based Hand Sanitizer During COVID-19 Pandemic</a> document which provides three formulations for compounding alcohol-based hand sanitizers.</p>

Category	Question	Answer
		<p>Due to increased demand for USP-grade ethanol, isopropyl alcohol and glycerol, these ingredients have become harder to procure. Fisher Healthcare (contract #) has the products reportedly available. Vizient is currently engaging other contracted suppliers as alternative sources.</p> <p>A non-contracted supplier, Professional Compounding Centers of America (PCCA), is also seeing an increase demand for hydroxychloroquine sulfate USP, ethyl alcohol USP (190 proof and 200 proof), isopropyl alcohol 99% USP, hydrogen peroxide 3% USP, and glycerin USP (glycerol). Their inventory of these products is continuously being qualified and replenished. In order to purchase these ingredients, members will need to open a purchasing account by either calling <b>800-331-2498</b>, emailing <a href="mailto:customerservice@pccarx.com">customerservice@pccarx.com</a>, or visiting <a href="https://www.pccarx.com/ApplyNow">https://www.pccarx.com/ApplyNow</a>. Pre-order allocations are allowed and when inventory is received and qualified, the order will be fulfilled.</p>
	<p><b>3/23/20</b> Do you have any updates available regarding vaccine development? As well as any information surrounding treatment options for COVID-19?</p>	<p>The last <b>update</b> by the NIH was on March 16, 2020.</p>
	<p><b>3/23/20</b> Our pharmacy supply issues are clean room related-- gowns, masks, sterile alcohol. Any update on availability?</p>	<p>On Monday, March 23, information was made available on the Disaster Preparedness web site related to the supply of these products. Also, if you have additional questions, please send them to the <a href="mailto:DisasterResponse@vizientinc.com">DisasterResponse@vizientinc.com</a> e-mail box for additional follow-up.</p>
	<p><b>3/23/20</b> How are sites addressing the recent statement from the CDC about NSAIDs?</p>	<p>The WHO released a statement on Twitter 5:46 PM on March 18, 2020 stating, "Based on currently available information, WHO does not recommend against the use of ibuprofen." They went on to state that they are not aware of published clinical or population-based data on this topic at this time.</p> <p>The decision to us NSAIDs or acetaminophen should be a patient-specific decision made by the clinical care team. Vizient will be including this information in its pharmacotherapy summary document that will be published March 25.</p>
	<p><b>3/23/20</b> What are you doing with medication supply?</p>	<p>Vizient's pharmacy sourcing team is in contact with all distributors and suppliers to monitor the supply of essential medications and important drugs during this outbreak. We are continuing to expand the depth of knowledge we have about manufacturing sites and origination sources of active pharmaceutical ingredients. We are also working with our public policy office on advocacy efforts to promote needed legislative and regulatory changes.</p>
	<p><b>3/23/20</b> For code responses to COVID + or COVID suspected patients, are you taking any measures to decrease contamination with equipment or supplies, such as leaving the drugs tray outside the room?</p>	<p>Below are responses to this question posted on ASHP Connect:</p> <ul style="list-style-type: none"> <li>●We have quarantined the trays (rsi kits too) with drugs in a biohazard bag. We will clean them and wipe down vials once we get the test results back.</li> <li>●EPA List N has 24 pages of approved surface disinfectants, what they are effective against and dwell times for each product. We're considering the use of bleach wipes with a one-minute dwell time for corona virus for code tray returns.</li> <li>●Here are a few things mentioned to date:             <ol style="list-style-type: none"> <li>1. A smaller RSI box which contains Etomidate, Succ, Roc, Vec, and Propofol are available for RNs to take in the room away from the patient. After use, this box and items within are wiped down and must sit for 3 minutes (according to the dwell time of the product we are using). This is only used for emergent airway response, with priority placed on #2 workflow.</li> <li>2. The pharmacist airway box (more med options), code cart, and backup bag with shortage code stuff will remain outside of the room. Pharmacist (wearing a</li> </ol> </li> </ul>

Category	Question	Answer
		<p>surgical mask) prepares the medications, will hand in any medications requested through the door.</p> <ul style="list-style-type: none"> <li>●In the past few days, we are learning more about the integrity of COVID-19 on surfaces.</li> </ul> <p>Keep in mind to protect the trays and the non-used tray contents while addressing the immediate needs of the patients.</p> <p>Touch contamination of healthcare personnel during the hand off process of drugs/supplies should be considered.</p> <p>All items open to the environment during the code event, should be wiped down with the infection control-approved disinfectants.</p> <p>There is a recent article in the New England Journal of Medicine: "Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1". March 12, 2020 <a href="http://www.nejm.org/doi/full/10.1056/...">www.nejm.org/doi/full/10.1056/...</a></p>
	<p><b>3/23/20</b> Any commentary on the other drug treatments you have utilized at your institutions? Plaquenil, Kaletra (with or without ribavirin?), any observations or advice would be very helpful.</p>	<p>The Vizient Clinical pharmacy team is developing a summary of clinical trial information that will be published on March 25th and will continue to be updated. We are also sending out a survey to the membership to assess which products members are using, how they are being dosed, and what criteria are directing use.</p>
	<p><b>3/23/20</b> We are seeing a shortage on albuterol and all related products (DuoNeb, MDIs, unit doses, etc.).</p> <p><b>3/23/20</b> Is anyone using shared canisters for the inhalers? If you are, are you suspending the policy for now? Cleaning a different way?</p>	<p>The Vizient clinical pharmacy team is developing a white paper summarizing the information regarding the relative use of MDI vs. nebulizers. This information will be published this next week. Also, we are working with distributors and manufacturers to assess the current status of supply and availability.</p>
	<p><b>3/23/20</b> USP released a memo today stating reusing PPE for sterile compounding was not recommended. I've seen conflicting information regarding this topic. Can Vizient provide clarification and or strategies?</p>	<p>The USP Compounding Expert Committee developed the following <a href="#">informational resources</a> that may be of assistance during this public health emergency: You can also view the FDA's <a href="#">policy</a> for temporarily compounding of certain alcohol-based hand sanitizer products during the public health emergency:</p>
	<p><b>3/23/20</b> How can we overcome allocation issues with Actemra to treat our RA patients?</p>	<p>Genentech has conveyed to us that ensuring supply to existing Actemra patients is their priority. Genentech as established a phone number and e-mail address that Vizient members can use, (800) 551-2231 or go to <a href="http://www.gene.com/covid19">www.gene.com/covid19</a>. If you continue to have issues, please notify us at the Disaster Response e-mail box - <a href="mailto:DisasterResponse@vizientinc.com">DisasterResponse@vizientinc.com</a></p>
	<p><b>3/23/20</b> Is there a link to the 11 essential meds list?</p>	<p>Yes, we have it listed on our disaster preparedness website. The list includes I: Protamine, Oxytocin, Magnesium sulfate, Thiamine, Phenylephrine, Levothyroxine, Glucagon, Octreotide, Propofol, Meropenem, Enoxaparin</p>
	<p><b>PPE Conservation</b></p>	
	<p><b>3/30/20</b> Have other communities reached out to seamstresses in their communities for homemade</p>	<p>A number of provider organizations are accepting homemade masks, but others are still restricting sourcing of such supplies through their standard manufacturing channels.</p> <p>Vizient recommends following the <a href="#">CDC Guidelines</a></p>

Category	Question	Answer
	masks? If so, how do they prepare for sterilization/autoclave?	
	<b>3/30/20</b> What are the options for sterilizing N95s?	<p>Reported sterilization options include UVGI, ethylene oxide (EtO), hydrogen peroxide gas plasma (HPGP), hydrogen peroxide vapor (HPV), microwave-generated steam (MGS), bleach, liquid hydrogen peroxide (LHP), alcohol and dry/moist heat.</p> <p>Many hospitals considering alternative sterilization techniques are looking at UVGI. As shared by Nebraska Medicine, they are using UV light and they do a rigorous fit test prior to donning to ensure the straps and mask still works and the straps fit. If the straps still work and the masks fit properly, the masks can go through the UV cycle up to 7 times. Here is information from:</p> <ul style="list-style-type: none"> <li>• University of Nebraska: <a href="#">Nebraska Med</a></li> <li>• Guidelines from Journal of Patient Safety: <a href="#">Journal Patient Safety</a></li> <li>• ClordiSys decontamination: <a href="#">Clordisys</a></li> </ul>
	<b>3/23/20</b> For a caregiver using an N95 respirator, what is the useful life for that respirator before the mask loses effectiveness? How many hours?	<p>First, it is recommended to follow the manufacturers' standards. For extended use or reuse, it is recommended to follow the CDC guidelines, which can be found <a href="#">here</a>.</p>
	<b>3/23/20</b> Has any other organization been contacted by unfamiliar and potentially suspicious vendors offering N-95/surgical masks @ \$2.50 each for orders over 100k? In past pandemics was there the threat of fraudulent medical supplies?	<p>We must remain vigilant to ensure that products are from properly FDA registered establishments and include the accompanying FDA device listing. For Vizient to contract with a supplier, we require the following up-front information from a supplier:</p> <ul style="list-style-type: none"> <li>• A copy of the Establishment Registration Number or Firm Establishment Number as assigned by FDA.</li> <li>• A copy of the Device Listing along with the Regulation Number of the specific device.</li> </ul> <p>Both above documents can be printed in pdf form directly from FDA's website. Without this information, we are unable to determine that the supplier is properly registered, and the device is available for commercialization by that specific supplier. Lack of this basic documentation is a "red flag" of potential gray market activity.</p>
	<b>3/23/20</b> Do you have a reference for guidelines regarding mask sterilization and face shield disinfection?	<p>Sterilization of a single use device, such as PPE, is not a standard practice, so guidance is limited. We have included regulatory links from the CDC and FDA on these topics.</p> <p><a href="#">CDC: Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies</a></p> <p><a href="#">FDA: Surgical Mask and Gown Conservation Strategies—Letter to Healthcare Providers</a></p> <p><a href="#">FDA March 2 Letter Regarding Emergency Use Authorization for emergency use of all disposable filtering facepiece respirators</a></p> <p><a href="#">FDA Clarification to March 2 Letter</a></p> <p><a href="#">Appendix B: Authorized respirators</a></p>
	<b>3/23/20</b> Can Lifespan share their policy/guidelines on their reuse of N95s and CAPR/PAPR face shields?	<p><a href="#">Lifespan Policy: Reuse of Face Shield and N95 Mask</a></p>

Category	Question	Answer
	<p><b>Food Service</b></p> <p><b>3/30/20</b> Where can Vizient members find accurate COVID-19 information that applies to food service?</p> <p><b>3/30/20</b> What are best practices food service managers are implementing into operation considering reduced staff, limited culinary skills, implementing CDC guidelines and social distancing?</p>	<p>A variety of sources are available for the food service operator. On March 18<sup>th</sup> an <a href="#">FDA briefing</a> highlighted an overview of current activities, to respond to stakeholders concerns and share important FDA resources in response to COVID-19 pandemic. Other resources for food service include:</p> <ul style="list-style-type: none"> <li><a href="#">Steps for Healthcare Facilities to Prepare for COVID19</a></li> <li><a href="#">Disinfectants for Use against SARS-CoV2</a></li> <li><a href="#">Planning Resources for Acute Care Public Health Emergencies_Planning Resources for LTC and Chronic Care</a></li> <li><a href="#">Ecolab COVID19 Resources</a></li> <li><a href="#">NRA Coronavirus Information and Resources</a></li> </ul> <p><u>Patient Services/Operations:</u></p> <ul style="list-style-type: none"> <li>• Dust off the disaster plan</li> <li>• Ensure menu can be covered with minimally skilled employees as staffing can change as this continues</li> <li>• Monitor high temp dish machine closely for compliance to correct temps in rinse tank</li> <li>• Coordinate with Infection Control regarding tray distribution and determine standard isolation procedures vs possibly new COVID19 isolation practices</li> <li>• Post handwashing signage everywhere – include both printing and pictures</li> <li>• Monitor that handwashing is consistent with procedure as well as timely</li> </ul> <p><u>Retail/Operations</u></p> <ul style="list-style-type: none"> <li>• Eliminate self-serve stations</li> <li>• Limit steamtable service to only food service personnel</li> <li>• Eliminate hot food line</li> <li>• If staff is limited, consider eliminating low volume day parts</li> <li>• Move to disposables only to encourage carry out to better meet social distancing guidelines</li> <li>• Increase grab and go offerings</li> <li>• Limit catering to pre-packaged items</li> <li>• Eliminate fountain beverages due to touch buttons or spigots</li> <li>• Remove bulk condiments from general areas and go to portion control</li> <li>• Use wrapped or individually dispensed disposable flatware</li> <li>• Consider partnering with local restaurants for production – helps restaurant keep workers with jobs, helps you with skilled meal prep and the community overall.</li> <li>• Post handwashing signage everywhere – include both printing and pictures</li> <li>• Monitor that handwashing is consistent with procedure as well as timely</li> <li>• Consider going cashless – reduces time in queue</li> <li>• If seating area will be opened, mark floor with tape to indicate appropriate table/chair placement to comply with social distancing recommendations</li> <li>• In cafeteria line, mark floor with tape for line queue to meet social distancing guidelines</li> <li>• Provide hand sanitizer at entrance, exit and throughout the retail space</li> </ul> <p><u>Deliveries:</u></p> <ul style="list-style-type: none"> <li>• Create vendor log for future reference for exposure</li> <li>• Communicate screening precautions required for vendors on campus. Note: most employers are not requiring screening without symptoms and an employee can decline to meet to your location requirements. If that is the case, the vendor will identify an alternative driver, however, delivery times may be impacted.</li> <li>• If written communication/documentation is required for entrance inform vendor prior to delivery time</li> <li>• Coordinate with suppliers to ensure timely access to dock space.</li> </ul>

Category	Question	Answer
		<ul style="list-style-type: none"> <li>If deliveries are simple drops on the dock, ensure there is adequate refrigeration and dry storage space to safely store products until staff can bring to department</li> <li>Determine how suppliers who general check inventory, put product in place or cover various areas in the facility (i.e. vending machines, fresh milk, fresh bread, multiple coffee stations) should be handled</li> </ul> <p><u>Supply Chain:</u></p> <ul style="list-style-type: none"> <li>Disposable manufacturers do not anticipate supply shortages as a result of the Covid-19 outbreak, but there may be short term shortages on select sku's due to general increased market demand</li> <li>Distributors are adjusting par levels of products such as disposables and grab n go items as purchasing patterns have rapidly veered from pre-COVID19 purchasing</li> <li>Poultry Chicken is in ample supply. You may find distributors out of a specific size or pack, but an alternative product is available for the short term</li> <li>Water Vizient has been advised bottled water purchases are currently at mid-summer levels. Nestle is adjusting production to meet increased demand and improve pipeline of water.</li> <li>Grab n Go - Vizient has many grab n go as well as retail items on contract. Those suppliers have indicated that inventory is ample and available.</li> </ul>
<b>Managing Critical Supplies</b>		
	<p><b>3/30/20</b> Beyond UV decontamination, are hospitals using gaseous ozone decontamination? Such devices are used in agricultural applications and presumably effective in the health care setting.</p>	<p>No reports of gaseous ozone decontamination for COVID-19 were identified in the clinical literature. There has been mention of use in hospitals for MRSA decontamination, but results were reportedly sub-optimal: <a href="https://linkinghub.elsevier.com/retrieve/pii/S0195670198900263">https://linkinghub.elsevier.com/retrieve/pii/S0195670198900263</a></p> <p>University of Nebraska mentioned research use of gaseous ozone and vaporized hydrogen peroxide in their biocontainment unit during their Ebola experience: <a href="#">The-Nebraska-Ebola-Experience</a></p>
	<p><b>3/30/20</b> Any response from Vizient about using personal 3-D printers to manufacture ventilators, masks, etc.?</p>	<p>There are many anecdotal reports of 3D printed ventilator components, nasal swabs, face shields, surgical masks and respirators. In particular, some hospitals have reported creation of 3D printed elastomeric respirator prototypes. CDC considers some types of commercially available elastomeric respirators to be feasible alternatives to N95 masks during pandemic condition. <a href="#">CDC Niosh</a>.</p>
	<p><b>3/30/20</b> What type of response is given to a hospital that submits a survey for specific product?</p>	<p>The response is dependent on the product and allocations for that week. Unfortunately, Vizient manufacturers and distributors are either under allocation constraints or out of stock on key products needed for this COVID-19 challenge. They have assured us that there isn't any excess of supply in the system. Demand is out pacing supply. Vizient is working to pass on the information to the suppliers and distributors and trying to assist where we can. Where there are alternatives, Vizient is supplying that information.</p>
	<p><b>3/30/20</b> Is there additional update regarding the Medline product air shipped from China?</p>	<p>China-based factories, including those in Hubei province, are gradually increasing production. Medline will be air-freighting products as they come available, in the short term.</p>
	<p><b>3/23/20</b> Is anyone experiencing shortages on disinfectant wipes? If so, what alternative method is being used?</p>	<p>Vizient cannot speak for all providers, but we are sure many members are experiencing shortages. Regarding our contracted supplier, PDI, they are currently offering 110% allocation on all their disinfecting wipe products but expect that to increase in the coming months. Allocation is presently based off September, October and November sales. Information regarding alternatives can be found <a href="#">here</a>.</p>
	<p><b>3/23/20</b></p>	<p>As of March 20, 2020, all 50 states, the District of Columbia, five territories and one tribe are working directly with FEMA under the Nationwide Emergency Declaration</p>

Category	Question	Answer
	How would you access the national emergency stockpile?	<p>for COVID-19. FEMA is coordinating the full federal response along with the U.S. Department of Health and Human Services and the White House Coronavirus Task Force to ensure states local, tribal and territorial governments receive the supplies and support they need, including medical supplies. See more info <a href="#">here</a>. Make a request through your state and make sure to develop a “case of need” for those supplies once they arrive at the state level. Include how many cases you currently have, how many you anticipate caring for, how many are currently under investigation and use rate.</p> <p>Link: <a href="#">ASTHO Authorization Toolkit</a>            Link: <a href="#">HHS Strategic National Stockpile</a>            3M has also provided additional <a href="#">information</a> on N95 availability.</p>
Visitation	<p><b>3/23/20</b>            How are you handling screening for third party staff that are delivering products through docks of your facilities?</p>	<p>CDC recommends the following. Screen all visitors, staff and vendors with deliveries.</p> <ul style="list-style-type: none"> <li>• Ask screening questions such as:               <ul style="list-style-type: none"> <li>○ Have you had a fever, shortness of breath, sore throat, runny nose, or a new cough in the last 14 days?</li> <li>○ Have you traveled internationally or to any US cities with high levels of ongoing transmission of COVID-19 (mainland China, South Korea, Iran, Italy, New York City, Seattle, etc.) in the last 14 days?</li> <li>○ Have you been in close proximity to someone who is currently sick with COVID-19 or any other respiratory illness within the past 14 days?</li> </ul> </li> </ul> <p>Conduct temperature checks (where possible). See the <a href="#">CDC Guidance on Personnel Risk Assessment</a> for more information.</p>