



QIPMO's COVID ACCOUNTABILITY TEAM (CAT)

Facility-wide Testing and Reopening Guidance for Missouri Long Term Care Facilities: A Phased-In Approach

"The Department of Health and Senior Services would like to notify Missouri health care providers of changes in guidance due to expanded COVID-19 testing availability within the state. The testing landscape has shifted significantly in the past eight weeks, and through partnerships with private laboratories, we encourage testing of both symptomatic and asymptomatic individuals. DHSS does not need to approve testing when performed outside of the State Public Health Laboratory" ([DHSS, 2020](#)).

"As availability of diagnostic PCR testing and rapid testing methodologies continue to increase through the private marketplace, DHSS is advising clinicians to consider a wider scope of testing utilization for Missouri citizens. DHSS recently expanded testing criteria requirements for COVID-19 PCR diagnostic tests that are conducted at the Missouri State Public Health Laboratory. Although these criteria limit testing completed by the State Public Health Laboratory, it is not intended as a substitute for the clinical judgment of physicians and medical Practitioners" ([DHSS, 2020](#)).

There are three phases Missouri Long-Term Care Facilities will be graduated through in order to ease restrictions in long-term care facilities. Please refer to the guidance [HERE](#) for a full explanation of the DHSS Guidance. Below is a collection of guidelines, policies and procedures for you to consider and/or implement during your phased-in approach to reopening your facility.

This guidance applies to SNFs, ICFs, hospital SNFs, (both levels of) ALFs, and (both levels of) RCFs. It does not apply to swing beds.

SUMMARY OF PHASED APPROACH TO REOPENING

Current and Phase 1 (as of July 6, 2020):

Vigilant infection control practices during heightened virus spread. Staffing, PPE, testing and hospital capacity limitations are or may be present in communities.

Phase 2:

A facility must meet *all of the following criteria* before entering Phase 2:

- The facility has not had any COVID-19 staff or resident cases, or
- It has been two incubation periods (28 days total) since the last facility-acquired COVID-19 positive case.
 - Facility-acquired cases include all staff who test positive and residents who test positive *while residing in the facility*. Facility-acquired does *not* include residents admitted to the facility with a known positive diagnosis or residents who test positive upon admission as part of the facility's admission criteria, as long as these residents have resided in a designated COVID-19 unit since admission.
- The facility completes baseline, facility-wide testing for *all residents and staff*. Facilities that have completed baseline, facility-wide testing for all residents and staff within 14 days of this guidance are not required to complete another round of baseline testing.
 - If there were no positive test results in the entire facility, ongoing bi-monthly (**twice a month or approximately every two weeks**) testing of 10% of staff (refer to testing policy on page 7 of this document and the [MO DHSS Guidance on Reopening Long-Term Care Facilities](#)).



- The facility has adequate staffing levels.**
- The facility has adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.**
- There is a downward trend in number of cases over the past 14 days in the county in which your facility resides. For counties with 5 or less cases in the last 2 weeks or no cases ever, there should be no rebound or no growth for the last 2 weeks. Facilities should consult with their local public health officials and the Department in making this determination.

Phase 3:

A facility must meet *all of the following criteria* before entering Phase 3:

- The facility has spent a minimum of 14 days in Phase 2.
- The facility completes bi-monthly (**twice a month or approximately every two weeks**) testing for a minimum of ten percent of staff. The facility should make every attempt to *randomize* sampling of staff to be tested, i.e., the same staff should not be tested consecutively, to the extent possible. Considerations should be given for more expansive testing when conditions in the community indicate a need for increased testing. Positive test results must be reported to the department through the [online reporting portal](#). (Refer testing policy on [page 8](#) of this document and the [MO DHSS Guidance on Reopening Long-Term Care Facilities](#).)
- The facility has adequate staffing levels.**
- The facility has adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.**
- There continues to be a downward trend in number of cases over the past 14 days in the county. For counties with 5 or less cases in the last 2 weeks or no cases ever, there is no rebound or no growth for the last 2 weeks. Facilities should consult with their local public health officials and the Department in making this determination.

*****For Medicare/Medicaid certified facilities, information needs to be consistent with data reported through NHSN.***

GUIDELINES FOR CHOOSING A PRIVATE LABORATORY FOR COVID-19 TESTING

A PCR test looks for the viral RNA in the nose, throat, or other areas in the respiratory tract to determine if there is an *active infection* with SARS-CoV-2, the virus that causes COVID-19. A positive PCR test means that the person has an active COVID-19 infection. Private labs can provide a variety of test-related services.

Things to consider when choosing a laboratory service for COVID-19 Testing:

Capabilities:

- What COVID-19 testing related services can the lab provide?
 - Full service: Lab can provide onsite/offsite sample collection (including supplies like PPE and sample collection kits), facilitates logistics to collect and process specimens, and conduct diagnostic testing;
 - Lab can provide sample collection kits, manage inbound logistics (i.e. preprinted shipping labels), and conduct diagnostic testing;
 - Lab can conduct diagnostic testing. Submitter must supply their own collection kits.



- Testing kits may be obtained through the Missouri State Lab by clicking [here](#). Verify with the lab the type of kits and media needed before placing the order.

Readiness:

- The laboratory has obtained all necessary licensing and certifications in Missouri;
- Lab is running FDA EUA RT-PCR, other molecular, or antigen-based tests approved for clinical diagnostic use;
- PCR testing readily available.

Capacity:

- Are you actively testing Missouri residents? If yes, what's your daily throughput?
- What additional capacity can be dedicated to our facility (current vs. max)?

Reimbursement:

- Does the laboratory bill Medicare/Medicaid for COVID-19 testing?
- What insurance does the laboratory accept?
- What are the payment terms?

FACILITY GUIDELINES FOR PERSONAL PROTECTIVE EQUIPMENT

Inventory:

- The facility should conduct an initial inventory of available PPE to include masks, gowns, gloves, face shields, N95, hair coverings and shoe covers to include location(s) and how to access.
- A person(s) and system should be identified for listing and logging supply inventory, tracking supply usage and restocking of used items.
- Inventory should be reviewed at least every shift with more frequent monitoring and restocking of high traffic areas.

Burn Rate:

- The facility should utilize the **CDC PPE Burn Rate Calculator** to anticipate PPE usage and need <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>.
- To use the calculator:
 - Enter the number of full boxes of each type of PPE in stock (gowns, gloves, surgical masks, respirators, and face shields, for example) and the total number of patients at your facility.
 - The tool will calculate the average consumption rate, also referred to as a **"burn rate,"** for each type of PPE entered in the spreadsheet.
- The facility should use the information to estimate how long the remaining supply of PPE will last, based on the average consumption rate.

The facility should use the calculator to help make order projections for future needs (e.g. census increase, facility wide testing for residents/staff projected 4 sets per tester).

Supply Chain:

- Upon completing the initial inventory, the facility should contact appropriate vendors to discuss potential need and availability of PPE/supplies including delivery options.
- The facility should maintain open lines of communication with any/all vendors, coalition and/or DHSS on the need and availability of PPE.



- The facility should utilize strategies to manage PPE use to ensure adequate supplies (e.g. staff education to ensure appropriate use/reuse when applicable).
- If and/or when necessary, the facility should utilize the CDC's guidance for Optimizing the Supply of PPE and Equipment. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

CDC's optimization strategies for PPE offer a continuum of options for use when PPE supplies are stressed, running low, or absent.

Surge Strata Capacity Definitions:

- **Conventional capacity:** measures consisting of engineering, administrative, and PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity:** measures that may be used temporarily during periods of expected PPE shortages.
- **Crisis capacity:** strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known PPE shortages.
- The facility should visit the MO DHSS Covid-19 site Missouri PPE Marketplace to obtain necessary PPE from vendors, including partial shipments

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ppe.php>

FACILITY GUIDELINES FOR COHORTING RESIDENTS IN NURSING HOMES

Definition – Cohorting residents having the same condition and are managed in adjacent beds, in a dedicated area of the nursing home.

Purpose – To protect residents and other people from getting ill. To minimize the infectious disease and reduce the spread of the disease in non-infected individuals as much as possible. Cohort patients based on symptoms and/or test results (symptomatic residents away from asymptomatic residents, COVID-19 positive patients away from negative residents, etc.)

Follow State and Federal Regulations – work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.

Options for Cohorting in Nursing Homes:

- Creation of separate wing, units, floors, or use fire doors and/or other structure barriers to create a natural physical barrier.
- Creation of dedicated and non-dedicated buildings working in cooperation with neighboring or sister facilities.
- Identify spaces not normally used for resident bedrooms that could be used for cohorting, such as a therapy gym or enclosed dining room. Utilizing non-licensed buildings or spaces do require rapid certification from DHSS.

Physical Environment:

- Ensure at least 6 feet of space between beds.
- Provide physical barrier between beds (such as a privacy curtain) and ensure resident privacy during care.



- Provide sufficient designated space for clean and dirty storage on the COVID unit.
- Ensure that air exchange is sufficient in rooms and take necessary steps to increase air flow as needed.
- When possible, care should be provided in a single-person room with the door closed.
- Residents should have dedicated bathrooms, as applicable, and should be restricted to their room to the extent possible.
- Ensure access to supplies for hand hygiene in resident rooms, as well as easy availability for staff and encourage frequent use.
- Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.
- If possible, dedicate entry/exit to minimize exposure to other parts of the building.

Utilize meal service, including food prep, cooking, dining, cleanup, to minimize exposure to the other parts of the building.

Staffing:

- To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability.
- Long-term care facilities should exercise as best as possible consistent assignment (meaning the assignment of staff to certain patients and residents) for all patients and residents regardless of symptoms or COVID-19 status.
- Assess training needs of staff (hand hygiene, donning and doffing of PPE, infection control measures, etc.) and provide as needed. Include audits and spot checks for hand hygiene. See CDC references and videos and DHSS references and videos on PPE training and guidance.

PPE (Personal Protective Equipment):

- Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.
- For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.
- Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.
- If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
- Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.
- When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.



Procedure:

- Isolate all admitted residents (including readmissions) in their room in the COVID19-positive facility for 14 days if their COVID-19 status is unknown.
- Quarantine: If a resident who has no symptoms consistent with COVID-19 or who has tested negative for COVID-19 is required to enter the facility, ensure the resident is assigned to a single room and restricted from communal activities with the rest of the resident population for 14 days.
- Continuously monitor for the development of symptoms.
 - If the resident remains asymptomatic and testing is available, consider COVID-19 testing for the resident at the end of the quarantine period before returning them to the general population.
 - If the resident develops any symptoms, arrange for COVID-19 testing as soon as possible.

Environmental Management:

- Ensure training and access to appropriate supplies and PPE for environmental staff.
- Ensure that appropriate EPA disinfectants are being used according to instructions for dilution and contact times.
- Implement at least daily cleaning and disinfection of resident rooms.
- Implement cleaning and disinfection several times a day for high touch surfaces in the facility, such as doorknobs and countertops.
- Consider dedicated environmental services staff for specific zones in the facility, at a minimum assigning according to cohort (well, ill) status.
- Use dedicated medical equipment where possible for each resident and sanitize rental and shared equipment prior to use.
- Ensure personnel providing laundry services are using appropriate PPE and performing hand hygiene after gathering clothing and linens.

Waivers: Emergency 1135 for COVID-19:

- Moving residents throughout the building
- Utilizing non-licensed buildings or spaces, which require state approval and rapid certification
- Regulations related to resident activities, physical environment and resident transfer and discharges.

VISITATION GUIDELINES

Phase 1:

Visits may occur in accordance with the Department's guidance at

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/visitation-guidance.pdf>.

Other visitation generally restricted, except for compassionate care situations. Ensure proper infection control procedures are followed in these limited visiting situations:

- provide instruction on hand hygiene
- limit surfaces touched
- visitors must wear a cloth face covering or facemask for the duration of the visit; provide 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.
- *Compassionate care situations are not strictly limited to end-of-life situations. Other situations that may be considered compassionate care situations include, but are not limited to:
 - A resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.”
 - Allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.

While compassionate care situations may extend past end-of-life situations, these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation. For additional information, please refer to the [CMS FAQ document](#).

Phase 2:

In addition to Phase 1 guidelines, the following visitations will be allowed:

Limited indoor visits may occur in facility-designated visitor areas that are outside resident rooms and that are easily accessed without visitors traversing through the building. Visits in a private resident room may be permitted, upon request and at the facility’s discretion, for bedbound residents or those who, for health reasons, cannot leave their room. Guidelines for infection control procedures such as screening, hand hygiene, social distancing, use of facemasks, number of visitors and disinfection between visits should be in accordance with the Department’s guidance for outdoor visits listed above.

Phase 3:

Visitation, including volunteers, allowed with screening and additional precautions. Ensure proper infection control procedures are followed in these situations.

- provide instruction on hand hygiene
- limit surfaces touched
- Visitors must wear a cloth face covering or facemask for the duration of the visit; provide 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.



POLICY FOR FACILITY WIDE COVID TESTING IN MISSOURI LONG-TERM CARE FACILITY

It is the policy of _____ to implement the policy for testing SARS-CoV-2 of the staff and residents.

Purpose:

- To rapidly detect asymptomatic positive residents and staff in the nursing home in order to prevent the transmission of COVID-19 in the nursing home.
- The universal testing or the baseline testing prompt the nursing home to develop strategies to establish the comprehensive plan to mitigate the spreading of COVID-19 and manage the care for asymptomatic positive person who contributes to ongoing spread of virus in the facility or on a specific unit.
- The testing policy to satisfy the CMS and DHSS requirements for accessing adequate testing of staff and residents per CMS and CDC guidance.

Definition:

Terminology	Interpretation
Asymptomatic	No Signs or symptoms of respiratory or other listed COVID-19
Symptomatic	new-onset fever, SOB, cough, sore throat, chills, muscle pain, new loss of taste or smell, persistent pain or pressure in the chest, lethargic or for any decrease in pulse oximetry from resident baseline level or any pulse oximetry reading < 92%
Baseline testing (universal testing)	Baseline testing for asymptomatic resident and staff
Retest	Repeat testing after the first test
Person under investigation (PUI)	Person who is suspected to have COVID-19
SARS-CoV-2 test	The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly
Other working visitors	People who visit the nursing home frequently weekly or more than weekly, i.e. therapist, hospice, physician, NP, counselors, pastor, volunteers, vendors, consultants
High risk areas (community risks)	Nursing home settings and multiple positive cases in the surroundings areas



TESTING FOR SYMPTOMATIC PERSONS

Policy: This policy is implemented and adhered to by all staff and residents in the nursing home

- Staff and/or resident who displays or complains of symptoms of COVID-19 will be tested immediately.
- Contact physician, laboratory, health department or other state provided testing places to obtain the test for symptomatic person.
- Follow the CDC guidance to establish isolation or cohorting residents (see MO DHSS, CMS and CDC's guidance for residents).
- Follow the CDC guidance, CMS and MO DHSS for excluding staff from working/returning to work.
- The isolation is lifted after two negative results from retests that are at least 24-hour apart.
- Continue to apply the droplet transmission prevention.

TESTING FOR ASYMPTOMATIC PERSONS

Policy: This policy is implemented and adhered to by all staff and residents in the nursing home

Baseline Testing:

- MO is mandating baseline testing for all residents and staff.
- Establish an arrangement/contract with laboratories to process tests.
- Universal testing is applied for all staff and residents. It's voluntary and is not mandatory requirement for CMS. Missouri requires baseline testing; however, those residents or staff that refuse should be treated the same as a positive result.
- The baseline testing is performed by the facility staff, contracted lab company or by a resource provided by DHSS (i.e. DMAT.)
- Staff and residents have the consent agreement for testing performance. If the residents refuse to consent for baseline testing, the individual will be placed as person under investigation (PUI) and should be cared for in an area dedicated to exposed residents until at least 14 days after exposure.
- Staff are mandated by the corporation and the facility to take the test if they wish to continue working in the nursing home. Staff who refuse will be excluded for working for 14 days.
- Residents and staff who have already tested positive do not need to have the baseline again and advance to phase 2 of testing.
- Testing does not exclude daily screening for incoming staff, residents, visitors, or vendors. Everyone entering the building will be screened.

Method of Testing: For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen. The test should have EUA status and should be able to detect SARS-CoV-2 virus (i.e., polymerase chain reaction (PCR)) with greater than 95% sensitivity and greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). The following are acceptable specimens:

- A nasopharyngeal (NP) specimen collected by a healthcare provider; or
- An oropharyngeal (OP) specimen collected by a healthcare provider; or
- A nasal mid-turbinate swab collected by a healthcare provider or by a supervised onsite self-collection (using a flocked tapered swab); or



- An anterior naris (nasal swab) specimen collected by a healthcare provider or by onsite or home self-collection (using a flocked or spun polyester swab); or
- Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare provider.

Handling Specimen: If the nursing home chooses to obtain the test kits and test staff and residents, the person who obtain the test should be properly trained in specimen collection. Refer to [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#) for additional guidance.

- **Storage:** Store specimens at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below (lab contractor may have additional guidance as well).
- **Shipping:** Follow CDC guidance for packing, shipping, and transporting specimens can be found at [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 \(COVID-19\)](#) (lab contractor may have additional guidance as well).
- Missouri DHSS-testing and packaging of COVID-19 samples video available at <https://www.youtube.com/watch?v=ksGqd9qSNqA&feature=youtu.be>

Documentation:

- Tracking the time and date of collection and result.
- Separate logging sheets for individual tracking.
- Testing of staff: Collection date and result to be filed in the employee's file.
- Testing of resident: Collection date and result will be stored in the medical record.

Repeat Testing (Frequency/Subsequent Testing):

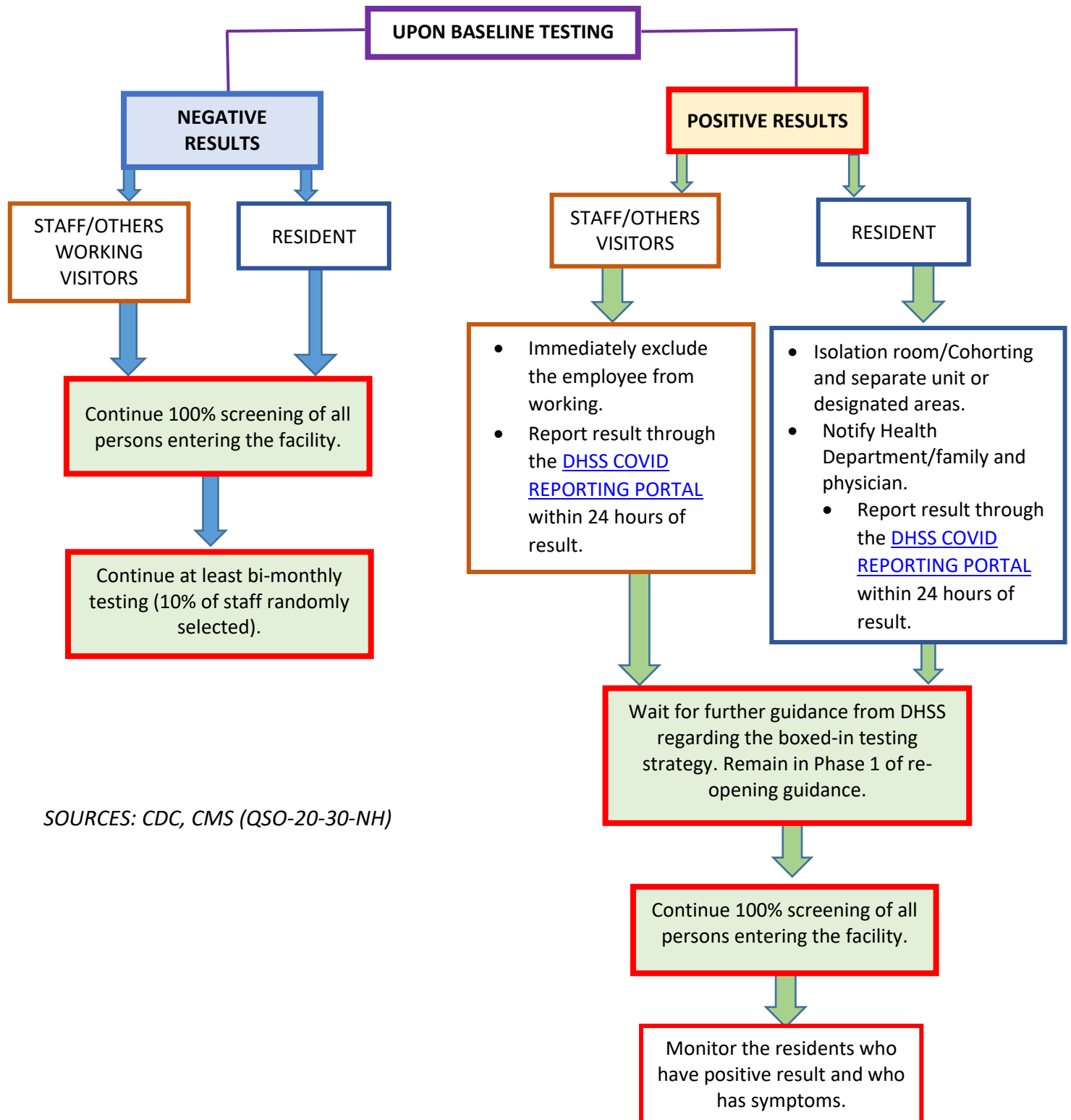
- Upon completion of the baseline testing, re-testing of 10% of staff will continue bi-monthly (every two-weeks-including volunteers and vendors who are in the facility on a weekly basis). Re-testing will be done using a randomized sample of staff (i.e. the same staff will not be tested consecutively to the extent possible-see sample schedule below under PROCEDURE).
- Consult with the Local Public Health Authority (LPHA) and/or DHSS to identify the high-risk areas (community risks) and provide more frequent testing as indicated by community conditions. Follow the diagram below for frequency of testing
- If baseline testing or bi-monthly testing results in any positive results for residents or staff, the facility must follow the Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltnf.php> - and the facility reverts back to Phase 1. Contact DHSS Regional Office for additional guidance.

Procedure:

- Arrange the lab visit or provide training for nurses (RN and LPN) how to use the test kit including collection of the sample; or
- Arrange commercial laboratories to do facility-wide testing in the nursing homes.
- Obtain the consent agreement for the person to be tested.
- Resident's family and DPOA is informed of baseline testing and communication of the result. Document result in medical record.



- Establish the tracking log for each individual to get test. The log or tracking sheet has the date, time of collection and date and of the result.
- Arrange the bi-monthly testing schedule orderly. Depending on the number of staff and the availability and capacity, the priority testing should be for all nursing staff and those with the most contact with the residents. **Testing must be 10% of total staff.** Below is an example:
 - ***First testing period:*** *Nursing department (all nursing staff in all shifts or stagger staff as necessary by shifts to achieve random sampling/meet 10% threshold)*
 - ***Second testing period:*** *Administrator Social Services, activity and dietary,*
 - ***Third testing period:*** *Ancillary department: Maintenance, housekeeping, laundry persons,*
 - ***Four testing period:*** *Therapist, other clinicians, physicians, vendors, volunteers, other working visitors*



SOURCES: CDC, CMS (QSO-20-30-NH)



RESOURCES

- AHCA. (April 4, 2020). Cohort Plan Cohorting Residents to Prevent the Spread of COVID-19
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf
- AHCA. Preparing for Widespread Testing in Long Term Care. (May 22, 2020).
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Testing-in-LTC.pdf
- CDC. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. (May 2020)
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html
- CDC. Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19). (June 2020). https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html
- CDC. Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs). (May 21, 2020).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- CDC. Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes. (May 19, 2020).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>
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- CMS. COVID-19 Long-Term Care Facility Guidance. (April 2, 2020).
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>
- DHSS. Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 Cases. (May 2020).
<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltrcf.php>
- DHSS. Specimen Collection Supplies Order Form. (July 2020).
<https://survey123.arcgis.com/share/dd69ce9e4cfe48f8bd4b54c3412548a6?portalUrl=http://mo.phep.maps.arcgis.com>
- Health Guidance April 10, 2020 DHSS Interim Recommendations for PPE Sterilization, Re-use and Extended Use <https://www.health.mo.gov>
- Healthcare Coalition ordering online
<https://survey123.arcgis.com/share/35c0d11050b04a809028d2caf9fd45fd?portalUrl=http://mo.phep.maps.arcgis.com>
- Nursing Home Help. (May, 2020). <https://nursinghomehelp.org/educational/important-information-helpful-links-on-coronavirus-covid-19/>



Responding to Coronavirus (COVID-19) in Nursing Homes. (May, 2020).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

Strategies to Optimize the Supply of PPE and Equipment (May, 2020).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>