GUIDANCE: INFECTION CONTROL PROTOCOLS FOR NON-COMPLIANT PATIENTS IN ALASKA

Information and guidance related to COVID-19 is changing rapidly. Please refer to the Physicians Insurance website for the most up-to-date information.

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Hospitals and clinics are starting to resume non-urgent care and as part of their resumption of services, they are requiring patients to wear masks, they are screening patients prior to or on arrival, and they are routinizing COVID-19 testing pre-chemotherapy or pre-procedure (testing not screening).

This guidance document addresses the situation where a patient is not cooperative or declines to participate in the workflow or process that an organization has implemented to minimize the risk to both patients and staff. Entities have legal obligations to keep hospital staff, patients, and visitors safe. At the same time, health care entities have legal obligations to accommodate those who cannot wear masks, in very limited circumstances, based on an individual assessment.

The requirement that patients and visitors wear masks is entirely consistent with public health guidance across the board.

An important exception: all hospitals governed by EMTALA must comply with EMTALA obligations to screen and stabilize patients presenting to their emergency departments, regardless of patients' compliance with COVID-19 processes. Those obligations are covered in detail in the prior EMTALA guidance that was posted.

I. Use of Masks in the Healthcare Setting.

There are helpful regulatory and professional society position statements and guidelines on the use of universal masking in the health care setting. The pertinent information from these papers is summarized below.

A. The Joint Commission: Statement on Universal Masking of Staff, Patients, and Visitors in Health Care Settings, April 23, 2020[1].

Citing the CDC's revised infection prevention and control recommendations related to COVID-19, the Joint Commission (TJC) has issued a statement that healthcare facilities "…implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors) regardless of symptoms . . . "The statement goes on to say that such measures will help to contain respiratory secretions and thus reduce the dispersion of droplets from an infected individual. This is a necessary and prudent measure, given the instances of asymptomatic transmission.

[1] https://www.jointcommission.org/-/media/tjc/documents/covid19/universal-masking-statement-04232020.pdf

The statement further provides, "The Joint Commission believes that universal masking within healthcare settings is a critical tool to protect staff and patients from being infected by asymptomatic and presymptomatic individuals and should be implemented in any community where coronavirus is occurring."

With respect to patients and visitors, the statement reads, "All patients and visitors should be instructed to wear a cloth mask when entering any healthcare building. If they arrive without a cloth mask, one should be provided."

Consistent with CDC recommendations, the statement indicates, "facemasks and cloth face covering should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance."

B. Alaska State Hospital and Nursing Home Association (ASHNHA) Recommendation on Health Care System Policies for Universal Masking.

Consistent with TJC, ASHNHA recommends universal masking for all patients and visitors consistent with the requirements of Health Mandate 015.[2] ASHNHA notes that Health Mandate 015 states that all health care facilities must deploy universal masking procedures in coordination with the facility infection control program.

On July 9, 2020, ASHNHA endorsed the letter issued by the American Hospital (AHA), the American Medical Association (AMA), and American Nurses Association (ANA),[3] urging the public to wear face masks, maintain physical distancing, and wash their hands.

II. Screening for COVID-19.

Many Alaska facilities are screening patients for symptoms of COVID-19 prior to entering the facility or engaging in treatment, either through pre-screening telephonically, or, at a minimum in person prior to entering the facility.[4]

Many facilities are conducting telephonic or secure portal pre-screening prior to treatment where the patient is asked to complete a questionnaire or respond to a series of questions. Some facilities are electing to conduct this screening onsite, prior to treatment.[5] There are other ways to comply as well, and the screening should be tailored to the nature and resources of the facility.

III. Application Processes for Universal Masking and Pre-Screening for COVID-19.

[2] https://covid19.alaska.gov/wp-content/uploads/2020/06/06032020-COVID-MANDATE-015.pdf
[3] https://www.aha.org/system/files/media/file/2020/07/aha-ama-ana-issue-open-letter-urging-public-wear-mask-stop-covid-19-spread-7-6-20.pdf
[4] https://www.pmcak.org/covid-19-updates.html
[5] https://alaskaregional.com/covid-19/visitor-policy.dot

Whatever process the facility develops and implements, it should be applied consistently and documented where necessary, particularly where some kind of modification is made for a patient. The facility will want to have a record as to the legitimate health and safety reasons for any modification.

IV. Management of Patients Who Refuse to Comply with COVID-19 Related Safety Protocols.

First, to reduce these issues on the front end, advise patients at the time they make an appointment of the safety precautions in place at the facility, CAH, or hospital, including the requirement to wear a mask and that they will be screened for potential COVID-19 symptoms, including temperature checks, or other measures. Post the same information on the facility's website and in signage at the facility. In those postings, advise that those without a mask will not be permitted into the facility.

Next, have a process in place that is uniformly applied to discern if there is a genuine medical reason the individual cannot wear a mask. Uniformity is crucial, as that will protect the facility against any charges of disparate treatment or discrimination. This process would effectively serve as a type of screen for possible disability accommodation issues. (This is discussed in more detail below).

As an example of putting this into practice, the facility, CAH, or hospital can have a CMO, CNO, or their delegate authorize exceptions to the requirements of the neutral safety policy. And again, such exceptions should be infrequent and as limited as possible.

V. General obligations under the ADA regarding public accommodations.

A. Prohibition of discrimination on the basis of disability in places of public accommodation.

Title III of the ADA prohibits discrimination on the basis of disability in places of public accommodation. Professional offices of health care providers and hospitals are specifically included as entities covered by this title.[6]

1. Reasonable modifications in policies, practices and procedures.

Those covered under Title III of the ADA[7] must provide "*reasonable modifications* in policies, practices and procedures, when such modifications are necessary to afford such goods, services, facilities, privileges, advantages, or accommodations to *individuals with disabilities*, unless the entity can demonstrate that making such modifications would fundamentally alter the nature of such goods, services, facilities, privileges, advantages, or accommodations."[8]

[6] *See* 28 CFR 36.102 definition of "health care provider," (6); ADA Technical Assistance Manual (TAM) III-1.2000 Public accommodations.

[7] 42 U.S.C. 12182(b)(2)(A)(ii) & (iii).

[8] 42 U.S.C. 12182(b)(2)(A)(ii) (emphasis added).

a) Reasonable modifications will depend on the overall circumstances[9]

b) Definition of "disability":[10]

(i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
A record of such an impairment; or

(ii) Being regarded as having such an impairment as described by law.

2. Modifications do not need to fundamentally alter the service being offered.

Entities may not fail to take such steps as may be necessary to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services," unless the entity can demonstrate that taking such steps would fundamentally alter the nature of the good, service, facility, privilege, advantage, or accommodation being offered or would result in an undue burden.[11]

3. "Direct Threat" exception.

General Rule: generally applicable, neutral policies do not need to be modified where doing so would create a "direct threat" to the health or safety of others. The term "direct threat" means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services.[12]

COVID-19 presents a direct threat: although not specifically applicable to Title III, in the employment context, the EEOC, has recognized that COVID-19 poses a "direct threat" under Title I of the ADA to health or safety.[13] Accordingly, it is likely safe to assume that a business need not modify its neutral safety policies that protect workers unless reasonable measures could be taken

[9] *See* WSHA Recommendation on HealthCare System Policies for Universal Masking ("WSHA Recommendations"), which may be downloaded from the WSHA website. It may be found under the first bullet point under "PPE," at the following link, as of June 17, 2020: https://www.wsha.org/for-patients/coronavirus/coronavirus-resources-for-hospitals/. These recommendations advise health care systems to involve the CMO, CNO or their delegate to authorize exceptions to the requirements of the policy to determine if wearing a mask is clinically inappropriate.

[10] 28 CFR 36.105; https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=2ab2aab2d3d2fd0f544a5ce7aad8f04c&rgn=div5&view=text&node=28:1.0.1.1.37&idno=28#se28.1.36_1105

[11] 42 U.S.C. 12182(b)(2)(A)(iii) (emphasis added); "undue burden" is a term of art; whether the requested modification is an undue burden is a fact-specific inquiry.

[12] 42 U.S.C. 12182(b)(3).

[13] https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws ("What You Should Know About COVID-19 and the ADA, the Rehabilitation Act and other EEO Laws, Technical Assistance Questions and Answers – Updated on June 11, 2020) ("The ADA requires that any mandatory medical test of employees be "job related and consistent with business necessity." Applying this standard to the current circumstances of the COVID-19 pandemic, employers may take steps to determine if employees entering the workplace have COVID-19 because an individual with the virus will pose a direct to the health of others. Therefore an employer may choose to administer COVID-19 testing to employees before they enter the workplace to determine if they have the virus.")

to mitigate the threat. However, how this would apply where the patient does not have a confirmed case of COVID-19 is unclear.

4. Interactive process.

Whether, and what kind of reasonable modification should be made is determined through an interactive process. The "interactive process" is an ADA Title I concept, clearly laid out in the employment section of the ADA. However, case law has, to a limited degree, extended it beyond that title. Further, the balancing required in Title III is, by its nature an interactive process.

For the patient evaluation, the patient's individual circumstances must be considered, along with the generally applicable neutral safety policies of the health care center. As an option, any patient who declines to wear a mask can be asked to be evaluated by the care team to determine if wearing a mask is clinically inappropriate. Whether and when such evaluation should take place depends on the overall circumstances. If the care team determines that the patient should not be required to wear a mask, alternative infection control measures should be implemented and enforced.

VI. OSHA.

OSHA has issued Guidance on Preparing Workplaces for COVID-19.[14] Like many resources, OSHA cites to CDC guidance. The highlights include developing policies and procedures for prompt identification and isolation of sick people, if appropriate, and taking steps to limit the spread of the respiratory secretions of a person who may have COVID-19. The guidance, consistent with the above, says to provide a facemask, if feasible and available, and ask the person to wear it, if tolerated.

OSHA also recommends for healthcare facilities to follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. The guidance further recommends posting signs "requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks."

VII. Alaska Law.

A. Governor's Health Mandates.

As of July 14, 2020, Governor Mike Dunleavy has issued 18 Health Mandates. The State of Alaska COVID-19 (Coronavirus) Information web page states that theses Health Mandates "must be followed."[15] Health Mandates 001 through 013, and 016, have expired, been superseded, or rescinded and are no longer valid.[16]

[14] https://www.osha.gov/Publications/OSHA3990.pdf (OSHA: Guidance on Preparing Workplaces for Covid-19).

[15] http://dhss.alaska.gov/dph/epi/id/pages/COVID-19/business.aspx

[16] https://covid19.alaska.gov/health-mandates/

As of July 14, 2020, the State of Alaska does not mandate the general use of masks, limit group size, or business operations, but does encourage all Alaskans to minimize the risk of COVID-19 by washing their hands, wearing a face mask when around others, staying at least 6 feet away from others when possible, keeping interactions and circles small when possible, and getting tested even for mild symptoms.[17]

Private companies and entities can enact their own requirements and local communities can enact more restrictions than required by the state.[18]

Health Mandate 015 provides guidance for health care professionals on safely providing elective health care services while preventing the spread of COVID-19. This Mandate also provides Personal Protective Equipment (PPE) guidelines for health care practices.[19] It was originally issued on April 15, 2020, and was revised on June 1, 2020.[20]

Health Mandate 015 has five major sections:

- Section I—Delivery of Routine Health Care Services
- Section II—Provision for Resuming Non-Urgent/Non-Emergent Elective Surgeries and Procedures
- Section III—Urgent and Emergent Services, Surgeries, and Procedures
- Section IV—Perioperative and Periprocedural PPE and Workflow Guidance When COVID-Unknown or Testing is Unavailable Within the Preferred 48-Hour Timeline
- Section V—Visitation Policies

SECTION I—Delivery of Routine Health Care Services.

Section I went into effect on April 20, 2020 and was updated on June 1, 2020. Section I applies to low-risk, routine-type services which require minimal protective equipment and do not require special or invasive procedures such as annual physical examinations, prenatal appointments, and routine dental cleanings.

Providers and facilities are directed to make every effort to minimize physical contact to the extent possible using means such as telehealth, phone consultation, and physical barriers between providers and patients.

All health care delivered both in and out of healthcare facilities (this includes hospitals, surgical centers, long-term care facilities, clinic and office care, as well as home care) must deploy universal masking procedures in coordination with the facility infection control program. Facilities may approve their own masking requirements as long as all employees and visitors wear masks at all times. Providers are directed to Health Alert 010 which details recommendation regarding the use of face coverings.[21]

Health care providers are told to ensure the health considerations of staff and patients by making sure that providers and staff do not come to work ill, minimize travel of providers and staff, and provisioning adequate PPE. Providers are also encouraged to utilize the following means of protection:

- Pre-visit telephonic screening and questionnaire.
- Lobbies and waiting rooms with defined and marked social distancing and limited occupancy.

[17] *Id.*
[18] *Id.*
[19] https://covid19.alaska.gov/wp-content/uploads/2020/06/06032020-COVID-MANDATE-015.pdf
[20] *Id.*
[21] http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/SOA_04032020_HealthAlert010_ClothFaceCoverings.pdf Note: This is a Health Alert and not a Governor's Health Mandate.

- Other personal and environmental mitigation efforts such as gloves, exceptional hand hygiene, environmental cleaning, and enhanced airflow.
- Regardless of symptoms, all healthcare facilities **must** screen all patients for recent illness, travel, fever, or recent exposure to COVID-19, and, to the extent that it is reasonably possible, begin testing all admitted patients.

Every reasonable effort shall be made to minimize aerosolizing procedure (such as a nerve block over deep sedation or intubation).

SECTION II—Provision for Resuming Non-Urgent/Non-Emergent Elective Surgeries and Procedures.

Section II went into effect on May 4, 2020 and was updated on June 1, 2020. Surgeries and intensive procedures are permitted to proceed if delay is deemed to cause impact on health, livelihood, daily activities, or quality of life and the precautionary measures detailed in Section II are met. The precautionary measures detailed include, but are not limited to:

- Health care delivery must meet all the standards listed in Section I of Health Mandate 015, including deploying universal masking procedures.
- Prioritizing procedures based on whether their continued delay will have an adverse outcome.
- Cancer screening and other health maintenance should not be delayed.
- Strongly consider the balance of risks versus benefits for patients in higher risk groups such as those over age 60 and those with compromised immune systems or lung and heart function.
- Maintain a plan to reduce or stop performing surgeries and procedures should a surge or resurgence of COVID-19 cases occur, or a shortage of PPE or testing in their facility or region occur.
- Health care can safely be done with a surgical mask, eye protection, and gloves.
- Facility has adequate PPE supplies on hand.
- Facility has access to adequate testing capacity as required under this Mandate.
- To reduce risk of exposure after testing, patients must self-isolate after being tested until the time of the procedure.
- Providers are directed to the Department of Health and Social Services (DHSS) Section of Epidemiology guidance for COVID-19 testing which must be followed.[22]
- Workers must maintain social distancing of at least 6 feet from non-patients and must minimize contact with the patient.
- Exceptional environmental mitigation strategies must be maintained, including the protection of lobbies and front desk staff.

SECTION III—Urgent and Emergent Services, Surgeries, and Procedures.

- Urgent or emergent health care services that cannot be delayed without significant risk to life should continue provided that the care delivered must meet all the standards listed in Section I of Health Mandate 015, including deploying universal masking procedures.
- Where the urgent or emergent procedure poses an increased risk of exposure, the patient should be tested for SARS-CoV-2 prior to the procedure to the extent that is reasonably possible after considering available testing capacity and other relevant constraints.

[22] http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/AKCOVIDTestingGuidance.pdf

- If a facility is unable to test patients within the preferred 48-hours of their procedure, facilities should use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19.
- To reduce risk of exposure after testing, patients must self-isolate after being tested until the time of the procedure.

SECTION IV—Perioperative and Periprocedural PPE and Workflow Guidance When COVID-Unknown or Testing is Unavailable Within the Preferred 48-Hour Timeline.

Section IV presents a table listing various scenarios and detailing the PPE that should be worn by the Anesthesia Provider and Surgery/Nursing/Scrub Providers.

SECTION V—Visitation Policies.

The Visitation Policies guidelines apply to all healthcare facilities **except** nursing homes and long-term acute care hospitals. Visitation policies must allow, at a minimum:

- End-of-life visits;
- Parents of a patient who is a minor;
- A legal guardian of an adult patient;
- A support person for labor and delivery settings; and
- One spouse or caregiver that resides with the patient allowed on the day of surgery or procedure and at the time of the patient discharge.

The Visitation Policy must establish clear protocols for reducing possible exposure and spread of COVID-19. All visitors must wear a fabric face covering or be provided with a surgical mask if the hospital policy does not allow cloth face coverings. All visitors must be screened for symptoms and exposure prior to visiting the patient. Visitors traveling from out-of-state or with known exposure must quarantine for 14-days or test negative for COVID-19 within 48-hours.

Records of the screening and visitor contact information must be kept that are sufficient for contact tracing, if it becomes necessary.

Visitation Policies at healthcare facilities may also, but are not required to, allow visitation to occur outside the day of a surgery or procedure or the time of patient discharge under extenuating circumstances such as:

- One visitor for inpatients with a terminal disease when the patient does not test positive for COVID-19 and is not under investigation for having COVID-19.
- One visitor to aid in establishing and supporting a plan of care for the patient including visits that are necessary to educate one caregiver about at-home instructions that are necessary for the ongoing support of the patient after discharge.

B. Alaska Department of Health and Social Services (DHSS) General Guidance.

DHSS has issued 11 Health Alerts. All of the Health Alerts have expired, been rescinded, or superseded except Health Alert 004 and 010.[23] Health Alert 004 provides guidance on community mitigation for COVID-

[23] https://covid19.alaska.gov/health-alerts/

19.[24] Health Alert 010 provides recommendations regarding the use of cloth face coverings.[25] The DHSS webpage states that the Health Alerts "should be followed."[26]

C. City and Borough-Specific Guidance.

1. Municipality of Anchorage.[27]

Effective June 29, 2020, the Municipality of Anchorage mandated the use of cloth face coverings or masks. Everyone in Anchorage must wear a face covering when in a public space. Exceptions include:

- Children under 2-years old
- Individuals with health conditions who are unable to tolerate wearing a face mask due to a physical or mental disability
- Individuals performing an activity that cannot be accomplished, or accomplished safely while wearing a mask

2. City and Borough of Juneau.[28]

Effective May 28, 2020, a person entering, riding, or using a Capital Transit Bus or in a City and Borough of Juneau indoor facility open to the public must wear a cloth face covering. Exceptions include:

- Any child aged 2-years or less;
- Any child aged 12-years or less unless a parent or guardian supervises the use of the face covering;
- Any individual who has a physical disability that prevents the wearing or removing of a face covering;
- Any individual who is deaf and uses facial and mouth movements to communicate;
- Any individual who has been advised by a medical professional that wearing a face covering may pose an unreasonable risk;
- Any individual who has trouble breathing or is otherwise unable to remove a face covering without assistance; and
- Individual offices where people can easily stay six feet apart.

3. City of Nome.[29]

All travelers who wish to leave or enter Nome via the airports must complete an Essential Air Travel Services Use Permit. Anyone entering Nome must self-isolate for 14-days at home.

[24] https://covid19.alaska.gov/wp-content/uploads/2020/04/SOA_03122020_HealthAlert_CommunityMitigation.pdf
[25] http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/SOA_04032020_HealthAlert010_ClothFaceCoverings.pdf
[26] https://covid19.alaska.gov/health-alerts/
[27] www.muni.org/covid-19
[28] www.Juneau.org/covid19
[29] https://www.nomealaska.org/department/index.php?structureid=111

D. Exemplar Policies in Alaska Healthcare Facilities.

Virtually all facilities in Alaska are requiring that patients and visitors follow their safety processes during COVID-19 as required by the Governor's Health Mandate 015. Some examples of this include:

1. Alaska Regional Hospital.[30]

Access to Alaska Regional Hospital is restricted unless you meet an exception:

- Children under 18 may have 1 caregiver present;
- NICU patients may have 1 parent present;
- OB Patients may have 1 labor partner; and
- Family of patient who are end-of-life.

Entering the facility, check point staff will ensure your name is on the approved list. You will receive a health screening which includes questions and having your temperature checked. You will have a blue visitor band placed on you which you must wear throughout your visit. You will receive a mask to wear when you are going to and from the room.

2. Providence Alaska Medical Center.[31]

- SCREENING. We conduct routine coronavirus symptom screening on patients, visitors and employees.
- MASKING. Our facilities have adopted policies that align with recommendations from the Centers for Disease Control and Prevention.
- DISTANCING. We're taking steps to ensure appropriate distance between you and other patients, visitors and staff.
- SANITIZING. Our staff are regularly cleaning waiting areas and exam rooms in between visits, and hand sanitizer stations are located throughout our facilities.
- SEPARATING. COVID-19 patients, as well as those caring for them, are safely isolated from the rest of the population.
- VISITORS. We are limiting people coming into our facilities to those deemed essential. This helps maintain appropriate physical distancing and reduces spread of germs.
- VIRTUAL VISITS. For on-demand and routine medical care, we offer virtual visits – a reliable way to see your provider from the comfort your own home.

3. Bartlett Regional Hospital.[32]

Each patient is allowed one designated visitor. This visitor is expected to be a spouse or caregiver that resides with the patient in their home. All visitors are required to comply with universal masking policies. Patient visitation will be limited to the day of admission, and the day or time of discharge as per Health Mandate 15.

[30] https://alaskaregional.com/covid-19/visitor-policy.dot
[31] https://coronavirus.providence.org/ak-updates
[32] https://www.bartletthospital.org/

VIII. Alternatives to Wearing Masks or Screening for COVID-19 Symptoms.

There are several alternatives to consider to wearing a mask or patient screening onsite, which include: (1) telehealth appointments; (2) rescheduling to another time, or potentially the first appointment of the day; (3) more extensive testing or questionnaires for patients who cannot wear a mask; and (4) face shields.[33]

IX. Summary.

A. Maintain Neutral Policies that protect health care workers, patients and visitors.

Facilities may have neutral policies designed to protect the public that are consistent with public health guidelines. Any exception to that, based on the health of the patient, should be handled by designated staff, in consultation with the Primary Care Provider team, as needed.

The interactive process will guide the decision about whether any reasonable modifications are warranted. For a patient with mild asthma, rescheduling as the first appointment in the morning before other patients come in may be appropriate. For someone with a post-surgical infection, figuring out how to get them in right away, maybe through a different access route, or allowing for curbside check-in would be advisable.

And finally, if the neutral policies are adjusted, document the reasons in each case as to why such modifications were made.

B. Make Reasonable Modifications Where Truly Warranted.

Those with breathing difficulties are at greater risk of developing serious illness from COVID-19, and thus should probably be wearing a mask for health care visits. This is consistent with the recommendations of many of the sub-specialty associations that involve conditions with breathing or airway compromise, including the American Lung Association[34], the American Academy of Allergy, Asthma & Immunology[35], and the Cystic Fibrosis Foundation[36].

This information should be modified based on individual circumstances, professional judgment, and local resources. This document is provided for educational purposes and is not intended to establish guidelines or standards of care. Any recommendations contained within the document is not intended to be followed in all cases and does not provide any medical or legal advice.

Our risk management services and expertise helps members reduce their risk of exposure through customized and collaborative consultation, education, and targeted risk management offerings.

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[33] *See* Washington Office of Superintendent of Public Instruction: Reopening Washington Schools 2020 https://www.k12.wa.us/sites/default/files/public/workgroups/Reopening%20Washington%20Schools%202020%20Planning%20Guide.pdf (Recommendation not for health care facility, but in the educational context. Still may be an option.)

[34] https://www.lung.org/lung-health-diseases/lung-disease-lookup/covid-19/faq

[35] https://education.aaaai.org/resources-for-a-i-clinicians/prepare-your-practice_covid-19

[36] https://www.cff.org/Life-With-CF/Daily-Life/Germs-and-Staying-Healthy/CF-and-Coronavirus/COVID-19-Community-Questions-and-Answers/