



POST-COVID-19 RESUMING ENDOSCOPY

ASKED & ANSWERED

Questions from ACG Webinar “COVID-19: Roadmap to Safely Resuming Endoscopy” April 27, 2020 Answers by the ACG Endoscopy Resumption Task Force

These answers to questions from participants in the ACG April 27, 2020 Webinar “COVID-19: Roadmap to Safely Resuming Endoscopy” reflect the expert opinions of the members of the ACG Endoscopy Resumption Task Force based upon their clinical experience drawing upon available guidance at the time these answers were written.

1. Question

For ASC where you have RNs and MDs work at the hospital and care for COVID patient, how do you comply with CMS recommendations?

Answer

The CMS recommendations regarding this issue are vague. You and your center and board need to define a policy, write it down, and follow it. Some centers interpret this to mean one day others five days or seven days or even 14 days. CMS has not defined the actual days.

2. Question

Once you have a list for your ASC for appropriate cases, how do you enforce that?

Answer

Your Center Director (typically MD) and Center Manager (typically RN) are in charge; they enforce scheduling

3. Question

How does the doffing and donning work when you are keeping the N95 mask on for the entire day?

Answer

Donning and doffing refers to putting the PPE on and taking it off. This would apply more to gowns and gloves and the initial putting on and taking off the mask if one kept it on.

4. Question

Understand that N95 should be used by everyone in the procedure room? Does additional staff such as reception, recovery, cleaning room staff also need N95?

Answer

Just the personnel in the procedure room not the rest of the staff.

5. Question

Are PAPRs preferred over CAPRs?

Answer

CAPR are a less cumbersome version of standard PAPR but not necessarily preferred just reportedly easier to use.

6. Question

Any benefit of general anesthesia/intubation for doing EGDs to help with aerosolization

Answer

This is not advised.

7. Question

Any advice on gowning?

Answer

Try to ensure it covers as much of the body as possible and put it on and take it off correctly trying to not touch the front of it.

8. Question

Can you comment about use of negative pressure rooms vs non-negative pressure?

Answer

The general consensus appears to be to utilize negative pressure rooms for patients that are known to have or suspected of having COVID-19.

9. Question

How would you categorize patients that have had a positive fit test or Cologuard test? How long can they wait to have their colonoscopies?

Answer

There is no finite cutoff; risk increases the longer you wait, but most authorities believe, based on some data, that waiting 3 months on a FIT test won't be consequential for most patients. Cologuard unknown, but perhaps sooner. That positive tests need to be evaluated somewhat sooner than screening exams, but not as urgently as emergent care, alarm symptoms, etc. These cases may be 'in the middle' bucket of resuming cases.

10. Question

Is 14 day quarantine required before elective endoscopy?

Answer

No.

11. Question

Is the take home message that we wait on federal and state authorities and then follow your guidelines mostly on PPE, but no testing is recommended at this time? Is it being suggested that it is open season for all elective cases to begin including doubles? I'm more concerned about safety than economics as money is of no value without life.

Answer

Our first concern is safety as well. It depends on prevalence in your community. If available testing should be done 48-72 prior to procedure. We recommend ramping up slowly to insure safety. Would not start with screening/surveillance.

12. Question

What exactly is meant by "terminal cleaning"?

Answer

The room cleaning protocol at the end of a day, which is more intense than the protocol between cases mid-day.

13. Question

Should patients be taken directly to the procedure room and remain for pre intra and post procedure or can we utilize holding areas?

Answer

It is important to individualize, but if you have ample distancing (6+ feet) holding is OK.

14. Question

Is it absolutely necessary from a medical legal standpoint to have the criteria for determining the urgency of procedures to be written down?

Answer

We recommend checking with your legal counsel, but we think it is good clinical practice and the standard in most centers.

15. Question

Consent for procedure: Do we need add the possible COVID-19 risk to the consent? If so, does ACG have any Language/Template for this?

Answer

We recommend you check with legal counsel. It is likely not required, but many think it's good practice.

16. Question

Do we need to get all staff sign an acknowledgement about potential risk of COVID-19 at work? Is there a template for such a document?

Answer

We recommend you check with legal counsel.

17. Question

Should we do COVID testing on staff or not?

Answer

COVID testing on staff is not recommended but screening, including the temperature checks every day is recommended.

18. Question

Our center is planning on letting the room settle - in place of a terminal clean between patients. Would you recommend terminal clean in addition to letting the room settle?

Answer

Each center should review the air exchange survey that is usually completed annually to evaluate the time required for airborne-contaminant removal. This is assuming the doors are closed for the time. The touch surfaces can then be wiped down.

19. Question

Is the hospital GI lab by definition a COVID zone?

Answer

The CMS recommendations do not define what a COVID zone actually is; It is up for interpretation. Some say it is the ICU that has COVID+ patients; other say it is the entire hospital that has COVID+ patients; definitions vary.

20. Question

Is anyone adding a "COVID consent" form for patients to sign prior to procedures?

Answer

Yes, we believe many centers are doing this.

21. Question

What about the capillary IgM/IgG antibody testing?

Answer

FDA has just approved a POC antibody test, but I would caution you against using this test for active infection. For active infection, only test to be used is Nucleic Acid Amplification Test (NAAT)

22. Question

Can you please comment on the Anesthesiologist Society's recommendations to intubate all EGDs? Is this necessary? Is there any data to support this practice?

Answer The GI societies have advised against this.

23. Question

How many procedures would you start with per room? How do you ramp up?

Answer

We recommend usually one room only for a week or two, then slowly expand. Expand case times from typical 30' to 45 or 60'.

24. Question

Can you comment on resuming capsule endoscopy?

Answer

This is a case-by-case determination, based on risk to patient of further delay.

25. Question

If the patient is Ab negative (no exposure) shouldn't we use this to determine that the patient is likely safe to undergo elective procedure? Same with staff.

Answer

Antibody test should not be used for determining active infection. Antibody test is negative in first 7 days of infection and IgM positive in only 50% of patients at 7 days.

26. Question

If patient comes from a high prevalence area to your ASC area that is in a low prevalence area, how do you use the use the PPE decision tree?

Answer

Depends on how long the patient was in the low prevalence area. 10-14 days in the low area makes the risk c/w the low prevalence area.

27. Question

What about using air purifiers with HEPA in the procedure room? Does that help with turnover?

Answer

We will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

28. Question

OSHA has a protocol for fit testing and a complicated and lengthy questionnaire. Has this been waived?

Answer

Fit testing is recommended but not required.

29. Question

Why not to eliminate antibody from protocol and press authorities?

Answer

We are not aware of any authority recommending antibody test for the endoscopy procedures.

30. Question

Any recommendations re: how to best document staff screening issues? I think it was in the CDC guidelines that states that healthcare providers at a minimum need to have twice daily temperature readings as part of the overall staff plan.

Answer

No template for this but certainly all staff should to be screened on entry as do patients. We have not heard of subsequent same-day repeated screening requirements, although this may be helpful.

31. Question

Earlier in the presentation, it was mentioned to let the procedure room settle for roughly 45mins. Is the suggested for "low risk" patients as well?

Answer

It will depend on each center's plan. The task force will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

32. Question

Do you think ramping up to perform diagnostic cases on symptomatic patients (without urgent need-like abdominal pain, worsening reflux, minor rectal bleeding) should be considered "elective procedures"?

Answer

Elective procedures are screening or surveillance colonoscopies, or screening or surveillance upper endoscopies for Barrett's disease. In my view, patients that have symptoms have emergent, urgent, or semi-urgent indications for procedures.

33. Question

When would it be appropriate to start screening or surveillance procedures?

Answer

It would be appropriate to start screening or surveillance procedures once all of one's patients that have symptoms have had their procedure or endoscopic care first. Only then should one perform procedures on patients for elective indications, such as screening or surveillance procedures.

34. Question

Why not check every staff member for COVID? We could spread it to each other and our patients, and our families.

Answer

We would agree with you in an ideal world. Problem is, the availability of tests as well as the reagents and swabs. In most states, asymptomatic individuals are not eligible for testing.

35. Question

Are you having a patient sign a consent form for possible coronavirus exposure?

Answer

Some centers are doing this.

36. Question

Do we need to test patients prior to doing outpatient endoscopy ?

Answer

It all depends on the availability of tests in your region. It also ties into prevalence in your area as well availability of PPE. If you have enough PPE available and everyone is donning the requires PPE then test is of no importance. We recommend looking at Dr. Morelli's last slide.

37. Question

Is testing mandatory or necessary prior to doing endoscopy in an ASC? Since our ASC doesn't own the Abbott 5 min COVID test requiring patients to go to a walk in clinic or lab to get tested 2-3 days prior to endoscopy seems to be 'overkill' and not practical.

Answer

It all depends on the availability of tests in your region. It also ties into prevalence in your area as well availability of PPE. If you have enough PPE available and everyone is donning the requires PPE then test is of no importance. We recommend looking at Dr. Morelli's last slide.

38. Question

Based on CMS recommendations, when testing is available, will it be required to test staff (including physicians) and how often?

Answer

There is no requirement at this time. When testing is available, you can consider testing but remember a negative PCR test is good for one day only and one can acquire infection in 24 hours intervening period.

40. Question

In an endoscopy unit where patients are screened for COVID-19 but not tested, and where all staff in endoscopy rooms are equipped with all appropriate PPE including N95's, are there guidelines for air exchanges per hour to remove 99% of airborne contaminants?

Answer

Generally, the air changes per hour are defined at the time the facility is credentialled/ventilations systems installed and cannot be changed. It is usually tested every year. The number of exchanges will define the time needed to remove 99% of air contaminants.

41. Question

Are all your rooms negative pressure? For those not equipped with negative pressure, what do you recommend?

Answer

No. The recommendations made would not change based on the presence or absence of negative pressure rooms.

42. Question

Is pre-procedure PCR testing something you can recommend? What about the 30% false negative rate?

Answer

It all depends on the availability of tests in your region. It also ties into prevalence in your area as well the availability of PPE. If you have enough PPE available and everyone is donning the requires PPE then test is of no importance. It depends on which assay you are using, original assays had high false negative rates. If patient shows symptoms, second test is recommended, and false negative rate drops down to about 8%. We recommend looking at Dr Morelli's last slide.

43. Question

Should be using MAC for all our cases?

Answer

Not necessarily; best practices are still appropriate.

44. Question

Is the 45 min "settling" time for positive pressure or negative pressure room? Any recommendations regarding settling times for each type of room and if the room should be clean before or after the settling time? Any recommendations on limiting abdominal pressure during colonoscopy to decrease staff exposure?

Answer

The time to "settle" should be based on the number of air exchanges per hour in a positive pressure endoscopy room. The doors need to be closed during that time. The task force will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

45. Question

Will insurance coverage for my employee test screenings?

Answer

Most are but you need to check with your insurance carrier.

46. Question How would a negative COVID19 PCR 24-48 hours prior to a procedure affect the need for terminal cleaning or airflow exchange?

Answer

It would not - there will always be the possibility that the patient was exposed between testing and arriving at the endo center.

47. Question

If your center has negative pressure rooms, how long do you have to wait for turnover? For example, 32 air exchange/hr.

Answer

The task force will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

48. Question

Does testing before procedure changes the recommendation of terminal cleaning and waiting between cases? Do we still assume everyone is positive despite testing?

Answer

It would not - there will always be the possibility that the patient was exposed between testing and arriving at the endo center.

49. Question

The safety of air conditioning in centers are closed places with no good air circulation. Any ideas to make office environmentally safe?

Answer

The air conditioning and the air exchange is the same unit. "Air Scrubber" units with Hepa filters can increase the air exchange in small areas.

50. Question

In low-prevalence areas, with negative screening questions, are 6 air exchanges between patients required? What about if they also have a negative PCR?

Answer

Six air exchanges per hour are the minimum requirement for ventilation in an endoscopy room. The annual air exchange verification for your center will give you each room's exchanges.

51. Question

Can the non-clinical staff at the ASC (i.e. front desk, billing staff) wear surgical and cloth masks rather than N95 masks to avoid depleting supplies?

Answer

Yes, for surgical masks, but most suggest against home-made cloth masks for staff (ok for patients if they bring with them).

52. Question

How to best handle discharge instructions in recently sedated patient without accompanying driver?

Answer

We still take the patient out to their car (outside) and give both verbal report to the escort and procedure notes have detailed written instructions.

53. Question

How long can staff use an N95 Mask?

Answer

The CDC says for vaporized hydrogen peroxide for disinfecting the masks can be re used up to 20 times. The suggestions for UV route of disinfecting is unclear. Our hospital uses UV and reuses the mask only 3 times.

54. Question

Does UV light to room and fomites diminish/eliminate SARS Co2 ?

Answer

The UV light can be used as a cleaning tool in room for droplets on surfaces but can take approximately 45 minutes for each use. It does not clean the air. Wiping surfaces with disinfectant that is approved for COVID-19 and adhering to dwell time may be more appropriate.

55. Question

How essential is it to fit test an N95 mask if you are using a goggle and face shields? There is a concern about wastage of masks during fit testing.

Answer

It is very important to ensure proper fit testing regardless of concomitant use of face shields and or goggles.

56. Question

Do you need negative pressure rooms in the ASC?

Answer

Some states require a negative pressure room in endo suites. Each unit can discuss with facilities manager to consider changing to a negative pressure, but cost will be variable. The consensus seems to be only for COVID-19 + or PUI at this time.

57. Question

What is your threshold for low versus high prevalence?

Answer

There is no single best answer to this question. I would suggest checking with your state government and state health department for guidance regarding whether your region or county is considered high prevalence or low prevalence.

58. Question

The AGA has recently published guidelines for endoscopy in the current environment. They made "strong recommendations " and "recommendations" based on reviews of existing current literature. Recommendations were based on less convincing data. They suggest endoscopy should be performed in negative pressure rooms. as a recommendation. Most endoscopy rooms currently in existence do not have negative pressure setups. For the short term I suspect this means terminal cleaning for the rooms. What should we be considering for the long term? Should we be considering changing our rooms to negative pressure for the long term?

Answer

Due to the Joint Commission accreditation for each facility and documentation for each room being positive or negative - it would likely require a re-accreditation if a center chose to change it. The room may be able to be changed with the centers facilities management group, but the cost would be variable. There has not been any recommendation from JC or CDC to change to negative pressure.

59. Question

What are your thoughts on the KN95 masks with ear loops? They do not seem to be adequate compared to the FIT-tested N95 masks. We are having a hard time getting a supply of N95 masks.

Answer

Please be advised that the ear loop versions may be counterfeit products.

60. Question

Should physicians over age 65 perform procedures?

Answer

This is on a case-by-case basis. It is up to your practice to decide.

61. Question

It is recommended avoid air/CO2 insufflation on colonoscopy and prefer continuous water irrigation to prevent aerosols?

Answer

No specific recommendation but we suggest to still follow your best technique.

62. Question

Any considerations/discussion on using air scrubbers in endo rooms that don't have negative pressure?

Answer

Air scrubbers with HEPA filters can increase the air exchange rate that will shorten the time required for airborne contaminant removal. The task force will be expanding on environmental safety/air exchanges/room disinfection in our upcoming documents.

63. Question

How can you test fit for N95 masks in office base and ASC base endoscopy units?

Answer

The CDC has [provided instruction](#). Hospitals can often help with this, private companies. or YouTube videos.

64. Question

Is the ACG working at the legislative level to protect physician from lawsuits during this time even after all risks have been minimized?

Answer

At this time, there is no proposed or introduced legislation at the federal level. However, ACG is advocating for this at the federal, regulatory (CMS) , and state/local levels. Therefore, would suggest having processes in place as outlined in the webinar to minimize risks, including informed consent.

65. Question

Is the PCR COVID19 test kit covered by insurance in asymptotic patients?

Answer

Coverage is required by federal mandate for COVID 19 testing without coinsurance or deductible.

66. Question

Hospital wants to do same testing prior to all outpatient GI procedures. Good idea?

Answer

It all depends on the availability and logistics of tests in your region. It also ties into prevalence in your area as well availability of PPE. If you have enough PPE available and everyone is donning the requires PPE then test is of no importance.

67. Question

Are you really advocating testing on staff daily?

Answer

No, the task force is not recommending this.

68. Question

How long between procedures in a negative pressure room?

Answer

The task force will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

69. Question

There are reports that virus particles may be present in stool long after the upper aero digestive tract is negative. Therefore, is there any real efficacy in performing antigen testing on asymptomatic patients?

Answer

Even though virus particles are present in stools, they are deemed non-infectious according to a study published by the agency in Korea that is similar to the CDC.

70. Question

What's the definition of low prevalence and high prevalence? Any specific numbers?

Answer

There is no single best answer to this question. We suggest checking with your state government and state health department for guidance regarding whether your region or county is considered high prevalence or low prevalence.

71. Question

What is the consensus about doing diagnostic procedure in COVID positive patient and repeat testing 2 weeks later is negative?

Answer

For emergent COVID-19 positive patient, we recommend performing the procedure in the hospital setting in negative pressure room (if available) and in full PPE for all the personnel involved. If non-emergent, delay of 3 weeks is recommended (please note the lack of data on this issue).

72. Question

Since this is spread by asymptomatic patients. To resume a normal scope schedule it seems we need point of service testing for safety and to preserve PPE. Or do we rotate rooms between patients?

Answer

It all depends on the availability and logistics of tests in your region. It also ties into prevalence in your area as well availability of PPE. If you have enough PPE available and everyone is donning the required PPE then test is of no importance.

73. Question

If point of care testing is not available do we need to wear N95 with face shield going forward on all cases?

Answer

Please see our PPE decision tree, which says low-risk patients do not require N95s.

74. Question

On one last slide you mention PPE availability, is that a surgical mask or N95?

Answer

N95

75. Question

What about negative pressure rooms?

Answer

Some states require a negative pressure room in endoscopy suites. Each unit can discuss with facilities manager to consider changing to a negative pressure, but cost will be variable. The consensus seems to be only for COVID-19 + or PUI at this time. The task force will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

76. Question

Do you ask patients to quarantine after they have submitted specimen for pre procedure screening?

Answer

If you are electing to test your patients pre-procedure, then they should self-isolate until the day of the procedure.

77. Question

How easy is it to convert a room to negative pressure room?

Answer

It will depend on each center's controls for the ventilation system. Newer building may only need to change the setting - the cost will be variable. Being re-credentialled with Joint Commission may be

more difficult. The task force will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

78. Question

In my community Abbott test is required for surgery. Why is it not required?

Answer

Abbott test is not a POC test, it still requires some expertise and time. If it is available and logistically easy in your community, it is fine to proceed.

79. Question

What do we do with COVID-19 positive employees?

Answer

You need to have a specific protocol for this situation. The CDC [provides guidance](#) on COVID positive healthcare professionals.

80. Question

Why is fecal/oral route of spread no longer significant? Stool swabs are positive for COVID.

Answer

Upcoming studies, per my co task force members, say the particles found in the stool are not infective.

81. Question

Are there any recommendations for time in between procedures when you have negative pressure units vs air conditioning alone?

Answer

The task force will be expanding on environmental safety / air exchanges / room disinfection in our upcoming documents.

82. Question

What is the false negative for the COVID-19 test?

Answer

This depends on the test you are using, some initial tests had false negative rates as high as 30%. It is highly recommended to test second time for symptomatic patients, as false negative rates fall to 7-8% range.

83. Question

Do we know that colonoscopy aerosolization is less than EGD?

Answer

Our answer is presumed based on predicted less coughing or gagging in colonoscopy vs EGD.

84. Question

Should endoscopy rooms be closed post-procedure for 35-45 min to cycle the air in the room prior to the next case?

Answer

The time to "settle" should be based on the number of air exchanges per hour in a positive pressure endoscopy room. The doors need to be closed during that time. The touch surfaces should be wiped after settling with appropriate well before the next patient is brought in.

85. Question

We are currently intubating all EGDs that need to be done urgently to reduce aerosolization. If patients test COVID negative prior to their exam, would you think intubation unnecessary?

Answer

Routine intubation for EGDs is not currently advised.

86. Question

Santa Clara County went into stay and shelter ahead of the rest of California and USA. We rescheduled our elective cases to two months later. That date is now coming up. Do we reschedule even though our local situation is under good control with no evidence of a surge?

Answer

Prior to reopening, a number of steps must be met. First and foremost, your region or state should meet the state gating criteria set forth by the White House and the CDC. Next, CMS recommendations must be met. Lastly and most importantly, specific state and regional criteria and requirements need to be met prior to opening your center.

87. Question

Is hemorrhoid banding considered aerosolizing procedure requiring full PPE?

Answer

We would consider it like a colonoscopy for the time being.

88. Question

When you mention surgical masks, do you consider procedural masks as the same?

Answer

Yes.

89. Question

Given the *BMJ* study, is testing really that important?

Answer

It all depends on the availability and logistics of tests in your region. It also ties into prevalence in your area as well availability of PPE. If you have enough PPE available and everyone is donning the required PPE then test is of no importance. We recommend looking at Dr Morelli's last slide in the webinar.

90. Question

How often is testing staff "routinely"?

Answer

We do not routinely test staff currently, and we think most centers are not testing staff routinely.

91. Question

Does negative testing and screening mean that the mandate for PPE (N95) is relaxed?

Answer

That is our recommendation. As well as the AGA guidelines and earlier multi-specialty statements.

92. Question

How are you staggering/ scheduling cases at ASC in setting of social distancing, etc.? Any additional time interval for cleaning?

Answer

We 'flip' rooms and allow 45 minutes in between for maximum air exchange and 'settling'. We book minimum 45 min. slots.

93. Question

Should we look into installing UV light in our endoscopy unit?

Answer

The UV light can be used as a cleaning tool in room for droplets on surfaces but can take approximately 45 minutes for each use. It does not clean the air. Wiping surfaces with disinfectant that is approved for COVID-19 and adhering to dwell time may be more appropriate.

94. Question

If patients are tested before procedures by 48 hours, what is the recommendation for masks? I have 2 concerns: we know that testing is not 100 sensitive and 48 hours patients are still at risk of contracting the virus. Also, with the nature of our procedures, the endoscopy tech or nurse are in very close proximity to us.

Answer

If test is negative and high prevalence area, we would use N95 if available but surgical masks. If negative test and low prevalence would be ok to use surgical masks (see Italian study in Gut).

95. Question

Did I hear you right that cleaning following watch case should be mimicking cleaning a room after the last case of the day?

Answer

Cleaning touch surfaces should continue as recommended by the CDC with a disinfectant that is approved for COVID-19 with appropriate dwell-time.

96. Question

Please comment on double gloves for procedures which was recommended in one of the guidelines.

Answer

We use double gloves mostly to provide appropriate donning and duffing.

97. Question

Suggestions for protocol if a patient calls in after a procedure to report testing positive.

Answer

We suggest your center develop a policy in advance. The CDC also provides [guidance](#) for COVID positive patients.

98. Question

When listing endoscopy as an AGMP focus has to be made on the need for air exchange in the room - this is necessary due to aerosolized droplets being suspended that may impact the next patient or cleaner entering the room. Air exchange for many units requires >30min of dwell time post procedure without opening the door (depends on ACH). This affects room turnover substantially - it isn't only about PPE/N95. Is aerosolization a meaningful risk for either upper or lower in asymptomatic patients?

Answer

While a lab-based experiment demonstrated the virus can remain viable in aerosols for up to 3 hours - current data suggests environmental contamination consistent with spread via droplets and aerosols. Additional studies are required to better understand the transmission dynamics.

99. Question

How important is the OSHA list of cleaning supplies since none of these have been actually tested?

Answer

Much of the information is based on other airborne contaminants and extrapolated to COVID-19. Further studies are needed.

100. Question

No patient charts in the rooms?

Answer

That is correct.

101. Question

Is there any real world data on N95 masks?

Answer

Not for COVID-19 but yes for other viruses like Influenza.

102. Question

AGA guidance released today on testing is very HEAVY on testing requirement. Why discrepancy in tonight's ACG presentation? All patients should receive PCR-based testing for active COVID-19 infection wherever possible. Ideally, this testing should be performed within 48 hours of the procedure.

Answer

We can't comment on AGA recommendations, although we agree that when rapid, highly sensitive testing is routinely available, it will be beneficial. We do not believe it currently is for most our members, and concerns about low sensitivity remain.

103. Question

What precautions if I cannot shave my beard for religious reasons for outpatient endoscopy?

Answer

We recommend that you use PAPR.

104. Question

How frequently should asymptomatic staff and MDs be screened?

Answer

We recommend at least daily, upon entry to facility.