

December 3: Monoclonal Antibody Treatment, PPE Policy Updates, Influenza Testing and New Process for Potential Exposures

Today's issue features additional information and clarifications regarding monoclonal antibody treatment. It also includes updates regarding PPE use, influenza testing, and a new process for potential exposures to COVID-19 infection.

MONOCLONAL ANTIBODY TREATMENT UPDATES

Patients who test positive for SARS-CoV-2 but are **asymptomatic are not eligible** to receive bamlanivimab monoclonal antibody (mAb) treatment, according to the **Food and Drug Administration Emergency Use Authorization (EUA)**. As stated in the EUA, use of the unapproved product **bamlanivimab is intended for the treatment of mild to moderate COVID-19 in patients who exhibit symptoms and are not hospitalized.**

When referring a patient for mAb treatment, please note the following:

- **A positive PCR or antigen test is required.** If you strongly believe a patient who received a negative test has active COVID-19 illness, consider retesting the patient 24 hours after the negative test.
- **ED providers should not place a mAb referral order until the patient is discharged from the ED.**
- In Epic, please place all mAb referral orders as **routine, not STAT.**
- Bamlanivimab should be administered as soon as possible after symptom onset and a positive test for SARS-CoV-2. Treatment cannot be administered more than 10 days after symptom onset.
- The EUA requires that the **ordering provider** discuss the following with the patient:
 - Information consistent with the **Patient Fact Sheet**
 - Alternatives to receiving authorized bamlanivimab
 - Bamlanivimab is an unapproved drug that is authorized for use under an **EUA**
- To support providers in mAb treatment discussions, an Epic SmartPhrase has been created (.coviddischargebamlanivimabinfo) to include in the patient's After Visit Summary.
- To support providers in discussions about bamlanivimab and alternatives to mAb, the BAM order includes fields for you to document the discussion points and an Epic SmartPhrase has been created (.covidbamlanivimabshareddecisionmaking).

A second mAb medication developed by Regeneron is expected to be available soon. For the latest information about mAb treatment, please visit the [Treatment Resources page on Physician Forum](#) or the [Treatment Resources page on NM Interactive](#).

PPE UPDATES

Eye protection

The following provides clarification to the existing eye protection PPE guidelines:

- **Eye protection is required in hospital inpatient units, EDs, observation units, operating rooms and procedure areas** for all patient care interactions.
- **Eye protection is required in all other patient care settings** — including physician offices, and outpatient and ambulatory sites — for patient care interactions **when the patient cannot wear a mask correctly and consistently**.

This policy **applies** to physicians and clinical staff, Environmental Services staff, Food Service staff, Patient Transport staff, and all other staff interacting with patients. This policy **does not apply** to staff in public areas, waiting rooms and nonclinical facilities.

PPE for AGPs performed in outpatient settings

New PPE guidelines are in effect for those performing **aerosol-generating procedures (AGPs)** in the non-inpatient setting. The new PPE requirements for outpatient AGPs align with those for inpatient AGPs. Please note that PPE requirements for AGPs performed in the inpatient setting have not changed.

- Regardless of COVID-19 status, all individuals in the procedure room during an AGP must don the required PPE:
 - N95 respirator
 - Goggles
 - Gown
 - Gloves
- After the AGP is performed, an **AGP safety sign** must be posted on the room, and appropriate PPE must be worn when entering the room until **time clear** has been reached.
- PPE is not required to enter the room following AGPs performed in the ED, ambulatory clinics/physician offices, hospital outpatient departments, procedural areas and operating rooms if the **patient is COVID-19 negative**.

For more information about PPE guidelines, please visit the [PPE Resources page on Physician Forum](#) and the [PPE Resources page on NMI](#) (login required).

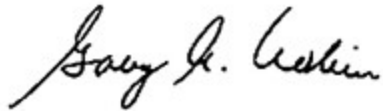
INFLUENZA TESTING UPDATE

Effective November 25, all outpatient influenza testing is now being sent to Quest Diagnostics for processing in an effort to shorten turnaround times. Due to low clinical prevalence, outpatient influenza testing should be ordered only when there is a high clinical suspicion of influenza. If there is high suspicion of influenza prior to receiving the test result, follow influenza-like-illness treatment recommendations. For current NM influenza prevalence, please refer to the [By the Numbers Dashboard](#) on NMI (login required).

NEW PROCESS FOR TRIAGING POTENTIAL COVID-19 EXPOSURES

Due to a significant increase in call volume, the NM COVID-19 Hotline is experiencing longer-than-normal wait times. For a faster response to questions about potential exposure to COVID-19, NM physicians and employees now have the option to complete the **COVID-19 Hotline Employee Triage Questionnaire** in lieu of calling the NM COVID-19 Hotline. Simply click the link to access the smart form, which will help triage your questions and provide next steps.

Thank you to all NM physicians and clinicians for your continued commitment and leadership in providing safe, high-quality, *Patients First* care.

A handwritten signature in black ink that reads "Gary A. Noskin". The signature is written in a cursive style with a large initial "G".

Gary A. Noskin, MD
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Chief Medical Officer
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