



**GUIDELINES FOR OPENING UP IDAHO**



## N95 decontamination coming to Idaho

Battelle, the company responsible for operations at the Idaho National Laboratory, is installing a **high-volume PPE decontamination system** in eastern Idaho.

Battelle CCDS Critical Care Decontamination System™

**REGISTER**

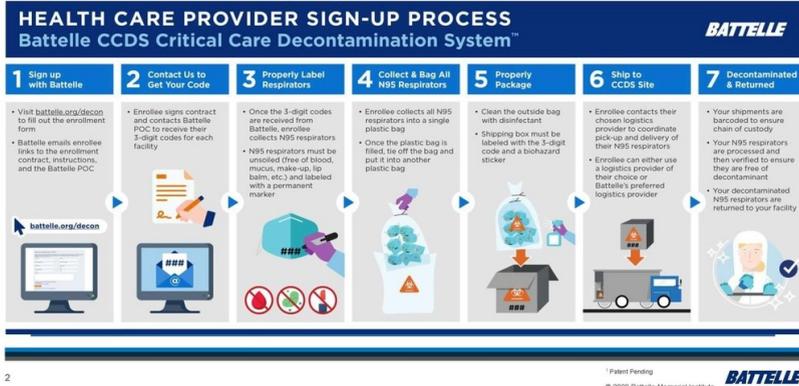
The Critical Care Decontamination System (CCDS) will be able to decontaminate up to 80,000 N95 respirator masks daily, using vapor phase hydrogen peroxide technology. This technology has been found to be the best combination of rapid inactivation of SARS-CoV-2 while preserving respirator integrity. The CCDS will allow individual masks to be decontaminated 20 times without degrading performance.

Battelle has set up a **process for hospitals** and other organizations to utilize the system. Hospitals must **register to participate** where they will be provided with a 3-digit code and the option to add secondary 2-digit codes to indicate facility-specific units. These numbers as well as the name of the individual using the mask are put on each mask prior to collection for shipment. Shipments are barcoded to preserve the chain of custody.

Hospitals have the option of using their own logistics provider or Battelle's preferred provider to transport shipments. The processing of the masks is free of charge. Shipment costs may be covered by Battelle if their preferred vendor is used.

The system is currently being installed and may be operational as early as next week. Registration and logistical coordination, however, are already underway.

### Battelle CCDS™ Process



## Reimbursement & Policy

### New approved 1135 waivers

On April 29th, CMS issued an updated list of approved 1135 Blanket Waivers (new waivers are noted). A few of the new waivers cover:

- expanding who may order tests and how they are paid for;
- expansion of eligible practitioners able to bill for telemedicine services;
- relaxing staff requirement for Rural Health Centers;
- modification of Quality Assurance and Performance Improvement (QAPI) for nursing facilities; and
- waiving some discharge planning requirements for nursing facilities.

IHA is still waiting for determination of the statewide waiver request submitted on April 21. Items submitted in that request and approved under this blanket waiver, include:

- expanded eligibility for certain practitioners to bill for telemedicine services and
- allowing Rural Health Clinics and FQHC providers to provide and bill for services at alternate locations

For more information, review the [CMS waiver summary](#) or this [AHA update](#).

## Resources & Equipment

### Resuming operations in Stage 1

As hospitals and clinics work under Governor Little's new **Stay Healthy Order**, which is in effect today, criteria, guidance and information is being made available from numerous resources to make the process as safe for patients and personnel as possible. Two resources related to hospitals released late this week come from FEMA and the CDC.

When establishing policies for **healthcare personnel returning to work** after confirmed or suspected infection, the CDC updated its interim guidance yesterday. The change extends the amount of time before an individual can return to work based on updated evidence. The guidance covers:

- symptom-based and test-based return to work criteria for symptomatic workers
- time-based and test-based return to work criteria for asymptomatic workers
- practices and work restrictions for those returning to work

FEMA also provided information for **organizations resuming operations**. While not specific to healthcare, the planning considerations may be helpful in crafting operational guidance. To aid in developing a plan, questions to consider when resuming operations are provided, covering:

- the responsibilities of individuals
- changes in operations and policies
- messaging and communications
- facility needs
- resources and logistics

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