

## **POLICY ON NON-DISCRIMINATION**

It is the policy of Our Agency that employees will be hired, and home health services shall be available and shall be rendered to the total population of our of services, regardless of the recipient's race, sexual orientation, color, disability, religion, age, sex or ethnic/cultural background/national origin.

### **Dissemination of Nondiscrimination Notices to Participants**

All nondiscrimination notices will be displayed in a public area in the Home Health Agency.

### **Section 504. Grievance Procedures**

It is the Policy of Our Agency not to discriminate on the basis of disability. Our Agency Has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that "no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives of benefits from Federal financial assistance". The Law and regulations may be examined in the office of the Administrator, Section 504 Coordinator, who has been designated to coordinate the efforts of Our Agency To comply with Section 504.

### **Section 504 Notice of Program Accessibility:**

Our Agency And all of its activities and programs are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments.

## **POLICY ON GRIEVANCE PROCEDURE (COMPLIANCE WITH SECTION 504)**

It is the policy of Our Agency that person(s) who believes that he/she or any class of individuals has been subjected to discrimination as prohibited by section 504 of the Rehabilitation Act of 1973 may file a complaint pursuant to the procedures, set forth below, on his/her own behalf, or on behalf of another person or on behalf of handicapped persons as a class. All persons are encouraged to file grievances in order to resolve any disputes arising under Section 504. Your filing a complaint will not subject you to any form of adverse action, reprimand, retaliation or otherwise negative treatment by Our Agency personnel.

Accordingly, Our Agency has adopted an internal grievance procedure providing for the prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Health and Human Service regulations (45 C.F.R. Part 84), implementing Section 504 of the Rehabilitation Act of 1973., as amended (29 U.S.C.794) Section 504 states., in part, that "no otherwise qualified handicapped individual... shall, solely by reason of his handicap, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance... "

## **CONFLICT RESOLUTION**

It is the policy of our Agency to provide for a systematic approach to resolve conflicts that may arise in the care of or services provided to a patient.

### **PROCEDURE:**

Any patient and or family member, who identifies an issue that presents a conflict in the care which the patient is receiving, will be encouraged to address that issue with the following classes of staff, in order of the priority listed:

Direct of Nursing  
Immediate Supervisor  
Clinical Supervisor/Director of Patient Care Services/Case Managers

In the event that the conflict cannot be resolved within the above classes, the family or patient will be directed to the Administrator to allow for a multidisciplinary approach toward resolution of the conflict.

## **GRIEVANCE PROCEDURES**

1. Any person, who believes he or she has been subjected to discrimination, or otherwise denied equitable and fair treatment, may file a grievance under these procedures. The Agency will not retaliate against anyone solely for filing a grievance or cooperation in the investigation of a grievance.
2. Grievances must be submitted to the Agency within thirty (30) days of the date the person filing the grievance becomes aware of the action.
3. A complaint should be in writing/phone, containing the name and address of the person filing it. The complaint must state the problem or action alleged to have occurred and the remedy or relief sought by the grievant.
4. The Director of Nursing or Administrator shall conduct an investigation of the complaint to determine its validity. This investigation may be informal, but it has to be thorough, affording all interested persons the ability to submit evidence relevant to the complaint
5. The Director of Nursing will maintain the files and records of the Agency relating to such grievance.
6. The Director of Nursing will issue a written decision on the grievance no later than thirty (30) days after its filing.
7. The grievant may appeal the decision of the Director of Nursing by filing an appeal in writing to the Administrator of the Home Health Agency within fifteen (15) days of receiving the Director of Nursing's decision.
8. The Administrator shall issue a written decision in response to the appeal no later than thirty (30) days after filing.
9. The availability and use of the grievance procedure does not preclude a person pursuing other remedies accorded by local, State and Federal laws and regulations.

### **Agency Investigation of complaints:**

1. Care is furnished inconsistently, or inappropriately
2. Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including misappropriation of patient property by anyone furnishing services on behalf of the Agency
3. We will document complaint and resolution
4. We will take action to prevent further potential violations
5. Any staff mandated reported

## **Policy and Procedure for Communicating Information to Persons with Sensory Impairments**

Our Agency will take such steps as are necessary to ensure that qualified persons with disabilities, including those with impaired sensory or speaking skills, receive effective notice concerning benefits of services or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice are provided without cost to the person being served. The identification of special needs and disabilities are a part of the referral process. Information regarding special services will be posted and presented to individuals upon admission.

## HANDLING BARRIERS TO COMMUNICATION POLICY AND PROCEDURE

Definition: Communication is the passing of information from one person to another.

Policy:

1. Staff communicates with the patient in a language or form understandable to the patient, our Agency facilitates communication by interpreters and other communication aids when communication barriers are present.
2. It is the intent of our Agency to fully inform all patients of benefits, rights, and consent to treatment. Therefore, our Agency has established special procedures to ensure that patients who have either visual or hearing impairment, or who do not speak English, are informed of their rights and consent to treatment.

Purpose: To ensure that patients who speak a non-English language or those with visual or hearing impairments receive full service.

### **Policy and Procedure for Communicating Information to Persons with Limited English Proficiency**

Policy:

It is the policy of our Agency to provide communication aids (at no cost to the person being served) to Limited English Proficient (LEP) persons, including current and prospective patients, clients, family members, interested persons, caregivers, to ensure them a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. The procedures outlined below will reasonably ensure that information about services, benefits, consent forms, waivers of rights, financial obligations, etc., are communicated to LEP persons in a language which they understand. Also, they will provide for an effective exchange of information between staff/employees and patients/clients and/or families while services are being provided.

#### WHAT IS CULTURAL COMPETENCE?

Cultural Competence is the willingness and ability of a system to value the importance of culture and belief in the delivery of services to all segments of the population in our community. It is the use of a systems perspective which values differences and is responsive to diversity at all levels of an organization, i.e., policy, governance, administrative, workforce, and patient/client. Cultural Competence is developmental, community focused, and family oriented. In particular, it is the promotion of quality services to under served, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods, and throughout the system to support the delivery of culturally relevant and competent care. It is also the development and continued promotion of skills and practices important in clinical practice, cross-cultural interactions, and systems practices among our staff to ensure that services are delivered in a culturally competent manner.

#### CULTURAL COMPETENCY CHECKLIST

- Offers a choice of staff with cultural and linguistic expertise.
- Expects the staff to be knowledgeable about their patient's culture, beliefs and to use this information in treating their problem.
- Expects the patient/family to ask questions relevant to how the family and culture, beliefs values might influence how the patient deals with being sick.
- The Agency program covers benefits for risk factors common among ethnic groups.
- Flexible in providing services that may not be usual and customary, but practiced within the patient's culture, belief, e.g., medication, blood transfusion, etc.
- Empowers the patient by allowing them to influence how the system will meet their needs and expects the patient to be socially responsible and accountable.
- Encourages to listen to the patient's opinion in considering treatment options.
- Provides customer service in four languages: English, Spanish, French and Creole.

## **PURPOSE**

The Cultural Competency Plan has been updated to outline the methods used by our Agency to ensure that our patients receive care that is delivered in a culturally and linguistically sensitive manner. The Cultural Competency Plan is comprehensive and incorporates all patients, families/caregivers and agency's staff (Administration, Human Resources, Customer Service, Case Management, Nursing/Professional Services, Grievance and Appeals, Care Management, and Community Liaison). Our Agency recognizes that respecting the diversity of our patient/client has a significant and positive effect on outcomes of care. Our Agency has adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards as developed by the Department of Health and Human Services, Office of Minority Health, as our official guidelines for providing culturally sensitive services.

## **GOALS**

1. Ensure that services are provided in a culturally competent manner to all patients, including those with limited English proficiency.
2. Caregivers, Agency's employees, and systems will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms, and respects the worth of the individual and protects and preserves the dignity of each.
3. Our Agency will complete an annual evaluation of the effectiveness of the CCP. We will track and trend any issues identified in the evaluation and implement interventions to improve the provision of services. A description of the evaluation, its results, the analysis of the results and interventions to be implemented will be described in the annual CCP submitted the Agency.

## **POLICY ON ADVANCE DIRECTIVES**

Purpose: To provide an atmosphere of respect and caring to ensure patient's ability and right to participate in medical decision making, to ensure patient's wishes about his/her care, treatment and services are respected in accordance with acceptable standards of practice, ethics and applicable laws, to assure compliance with the Patient Self-Determination Act (PSDA), to expand patient, family, staff knowledge base regarding advance directives and the process by which patient participation in medical decision making is fostered by the Agency.

### **POLICY:**

1. At the time of Admission we will inform patients about the Agency's written policies on implementation of Advance Directives. The Agency recognizes the right of the competent adult to make a verbal or written declaration regarding decisions about his own medical care. This would include deciding to have the medical or surgical means or procedures calculated to prolong life provided, withheld or withdrawn.
2. The Agency will accept and act upon written advance directives received from the patient or patient's caregiver, to the extent permitted and required by Law. A "Do Not Resuscitate" (DNR) order or a "Do Not Intubate" (DNI) order will be accepted only if properly executed by the patient's physician. Appropriate actions to be taken will be discussed with the patient and/or patient's caregiver when such order is received.
3. Patients, patient caregivers, agency staff and the community will be educated on issues concerning advance directives. Patients and families/caregivers will be educated with printed material delivered at sign up date, containing all state mandatory regulations regarding Advance Directives that explained each topic like living will, DNR orders, testaments, etc. Agency staff through orientations and in-services conducted in our Agency.
4. The presence or absence of Advance Directives will not influence the decision to provide health care. If not properly executed Advance Directive has been presented, all staff will follow standard emergency procedures. Any change in the patient's Advance Directive will be communicated to all personnel.
5. When a patient is transferred or referred to any other provider of health care services, the information given will include whether the patient has Advance Directives or does not have Advance Directives.
6. Our Agency will provide services whether or not the patient has executed Advance Directives.

## INFORMATION ON ADVANCE DIRECTIVES *(The Patient's Right to Decide)*

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment. When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives.

**What is an advance directive?** It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning. Three types of advance directives are: A Living Will, A Health Care Surrogate Designation, An Anatomical Donation. You might choose to complete one, two, or all three of these forms.

**What is a living will?** It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

**What is a health care surrogate designation?** It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

**Which is best?** Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

**What is an anatomical donation?** It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

**Am I required to have an advance directive under Florida law?** No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend. The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

**What is a do not resuscitate form:** is the mechanism used to inform emergency medical services personnel that the patient does not wish to have life-sustaining techniques performed in the event of respiratory or cardiac arrest. A properly completed form is signed by the patient's physician to document that the patient is terminally ill. It must also be signed by the patient or patient's health care surrogate and witnessed by two individuals. The form must be presented to the rescue staff.

## STAFF CONFLICT OF INTEREST

### PURPOSE:

To ensure employees avoid any personal interest that may conflict with the interests of the agency.

### POLICY:

The Agency expects all of its employees to understand and be aware of potential situations where their personal interests may conflict with the business interests of the Agency.

## POLICY ON HIRING/REFERENCES

Subject to our existing policies on hiring, requiring non-discrimination on the basis of race, age, sexual orientation, disabilities, national origin, ethnic/cultural background, religion or sex, the following criteria shall also apply:

It is further the policy of this agency that at least two valid reference check by telephone/fax/writing shall be adequate for purposes of confirmation and eligibility for hiring.

**INCIDENT REPORT**

**CONFIDENTIAL:** Place into sealed envelope and route to Director of Patient Care Services within 24 hours. **Note:** Employee Injuries sent to Human Resources Dept.

Patient/Person Involved: \_\_\_\_\_  
MR#: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Date Report Filed: \_\_\_\_\_

Patient  Employee  Family Member  Other: \_\_\_\_\_

**Check Applicable Event:**

- Hospital Admission
- AMA
- Cardiopulmonary Arrest
- Abusive Behavior:
  - Patient
  - Family Member
- Medication Problem:
  - Missed Dose
  - Incorrect Dose
  - Incorrect Medication
- Equipment Failure  
Lot # \_\_\_\_\_ Tracking # \_\_\_\_\_
- Fall  Staff in home  No staff present
- Infusion Equipment Problems
- Employee Injury
- Employee Property Missing/Damaged
- Patient Injury
- Patient Property Missing/Damaged
- Untoward Reaction to Treatment/Procedure
- Wound Disruption
- Other: \_\_\_\_\_

Describe the event, effects, outcome and potential risk issue (name equipment, drug, procedure, treatment, etc. if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For PI Director Use Only:** Date Received: \_\_\_\_\_

Effect:  
 Trending  Inconsequential  Consequential  Non-existing/Unknown  
Medical Lega: Date Field \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SAMPLE FORM

This is a sample of the incident report form that is used along with the other forms, whenever an incident has occurred. If a client were to have a slip-and-fall, you would use this Incident Report Form along with a Fall Report Form. If a client were to have a sudden hospitalization, you would file this Incident Report Form along with a Hospitalization Report Form.

This form is used to report most major incidents which may occur to the client, in order to keep a steady record of events.

## ASSESSMENT OF POSSIBLE ABUSE/NEGLECT/EXPLOITATION

### POLICY:

The agency will report all cases of suspected abuse and/or neglect to appropriate state agencies and in compliance with state law and regulations.

### PURPOSE:

To ensure that all suspected client abuse and/or neglect is reported under the appropriate laws and regulations.

### DEFINITIONS:

**ABUSE:** Any act that constitutes the intentional and non-therapeutic infliction of pain or injury or any persistent course of conduct intended to produce mental or emotional distress.

**NEGLECT:** Failure of a caretaker to supply the client with necessary food, clothing, shelter, healthcare, or supervision; or the absence or likelihood of absence of necessary food, clothing, shelter, healthcare, or supervision for a client.

**CARE GIVER:** An individual or facility responsible for all or some of the care voluntary or by agreement, such as a relative, friend, or agency personnel.

**REPORT:** Any report received by the local welfare agency, police department, county sheriff, or licensing agency; a verbal and/or written statement of abuse and/or neglect that states the following: 1) what happened, 2) to whom it happened, 3) when it happened, 4) where it happened, 5) who did the abusing or was responsible for the neglect.

**INDIVIDUAL MANDATED TO REPORT:** A professional or the professional's delegate who is engaged in the care of clients or in education, social services, law enforcement, or any related occupations, who had knowledge of the abuse or neglect of a client who has reasonable cause to believe that a client is being or has been abused or neglected, or who has knowledge that a client has sustained a physical injury that is not reasonably explained by the history of injuries provided by the caretaker or caregiver(s) of the client.

Occurrences can include, but may not be limited to:

Physical Abuse		Verbal Abuse	Neglect/failure to Provide	Sexual Abuse	Financial Abuse
Neglect	Dislocation	Verbal Assault	Physical care	Sexual abuse	Money misuse
Malnutrition	Fracture		Emotional care		Property misuse
Bruise	Internal injury	Verbal humiliation	Medical care	Sexual Assault	Money theft
Welt	Hitting		Acceptable environment		Property theft
Abrasion	Slapping	Verbal Threat	Adequate supervision	Sexual exploitation	
Puncture	Exposure to weather conditions				
Wound					
Laceration					
Burn					

**CHILD ABUSE, neglect or exploitation:** "Any act of omission or commission that endangers or impairs the child's physical or emotional health and development." Child abuse, neglect or exploitation includes physical assault, nutritional neglect, drug abuse, neglect or exploitation (poisoning or drugging), medical care neglect, sexual exploitation, safety neglect, corporeal punishment and emotional assault.

**POSSIBLE SIGNS/SYMPTOMS OF: Physical Abuse, Neglect or Exploitation:**

**Physical indications of abuse,** neglect or exploitation occur more commonly in clusters of symptoms than as a single symptom. The presence of two (2) or more of the following may be indicative of physical abuse, neglect or exploitation:

Bruises/welts clustered together and in regular patterns possibly in unusual locations,  
Bilateral bruises or parallel injuries  
Multiple fractures/injuries in various stages of healing  
Injuries around the face, ears and neck  
Injuries in the “bathing suit” zone (trunk, abdomen, genitalia, buttocks and upper thighs)  
Patchy hair loss  
History of frequent visits to the Emergency Department  
Injuries inconsistent with explanation  
Injuries during pregnancy

**Neglect:** Dehydration, Malnutrition, Signs of over-medication, Poor hygiene (excessive dirt and/or odor on the patient’s body or clothing), Lack of needed medical attention, Emotional Abuse, Neglect or Exploitation:

**Emotional Abuse,** Neglect or Exploitation: Fear of strangers, Paranoia, depression or anger, Hunger for attention and socialization.

**Financial Abuse,** Neglect or Exploitation: Unexplained loss of Social Security and/or pension checks, Lack of payment for utilities, Checks being signed by another person without permission, Lack of adequate food and medications.

**ABUSE/NEGLECT INVESTIGATION**

**POLICY:**

Our Agency is dedicated to protecting the health and well being of the community it serves. Our Agency will cooperate with any agency or facility in regards to alleged abuse (verbal or physical), Neglect or mistreatment of a patient regardless of whether the alleged abuse is against a Our Agency employee or a facility employee taking care of a Our Agency patient.



## INFORMATION FOR OUR PATIENTS

### ELIGIBILITY:

To be eligible for care, patients must be referred by their private physician, essentially home-bound, require skilled care and recovering from an acute illness or injury. All services provided must meet requirements of AHCA guidelines. To initiate care for our patient, a physician must sign and return our plan of treatment before we billing for services, to our office. Should recertification be required for extended care, forms will be sent for the physician's signature.

### EMERGENCY:

In case a patient need to contact a staff member, we will inform them our phone number availability of 24 hours a day.

### ABUSE OR NEGLECT:

Written information is included in all admission packages, in good faith and the purpose of it is to inform the patient that under Florida Statutes, they have the right to report any acts against them if such acts constitute abuse, neglect or exploitation.

In any case and every case where an employee of this Agency, in the course of her normal duty, is involved in any act that constitutes abuse, neglect or exploitation, we urge our patients to call our office immediately. They are informed that should also call the abuse registry Hot line at 1-800-96 ABUSE.

**TO REPORT ABUSE, NEGLECT OR EXPLOITATION,  
CALL TOLL FREE 1-800-96-ABUSE (800-962-2873)**

**A label with the following information is included in all sign up packages:**

**AHCA HOME HEALTH HOTLINE**  
Monday - Friday (Lunes- Viernes) 8:00 am - 6:00 pm  
To Report a Complaint regarding the services you receive,  
Report suspected Medicaid fraud, information for local Agencies,  
or implementation of the Advanced Directives, call toll free number:  
Para reportar una Queja del Servicio que recibe, reportar sospechas de  
fraude al Medicaid, informacón sobre Agencias locales, o en la  
implementacón de las Directivas Anticipadas, llame gratis a:  
**1 (888) 419-3456 (Toll free/gratis)**

TO REPORT **ABUSE, NEGLECT OR EXPLOITATION,**  
**PLEASE CALL THIS TOLL FREE**  
(para reportar **ABUSOS, explotación, negligencia,**  
por favor llame gratis a)  
**ABUSE REGISTRY (Abusos)**  
Toll free number (llame gratis)  
**1 (800) 96ABUSE \*\* 1 (800) 962-2873**  
(24 hrs/day, 7 days/week - 24 hrs/día, 7 días/semana)  
**Emergency/Emergencia: 911**

**It is the policy of our Agency that patients are admitted to this facility and are rendered services without distinction due to race, color, sex, religion, sexual orientation, national origin, handicapping condition, or age. This facility complies fully with:**

- 1.Title VI of the Civil Rights Act of 1964.**
- 2.Section 504 of the Rehabilitation Act of 1973.**
- 3.The Age Discrimination Act of 1975.**

**JIMENEZ HOME HEALTH CARE, CORP.**



# February 2020 = Coronavirus In-Service Training

JIMENEZ HOME HEALTH CARE, CORP. ▾

## Guidance for Home Care of Coronavirus

**Coronaviruses** are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can infect people exposed to infected animals, and then spread among people, as has been seen with MERS-CoV and SARS-CoV, and now 2019-nCoV. This interim guidance may help prevent this virus from spreading among people in their homes and in other residential communities.

2019 Novel Coronavirus (2019-nCoV) is a virus (more specifically, a coronavirus) identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, indicating person-to-person spread is occurring. At this time, it's unclear how easily or sustainably this virus is spreading between people.

### How 2019-nCoV Spreads

Much is unknown about how 2019-nCoV, a new coronavirus, spreads. Current knowledge is largely based on what is known about similar coronaviruses. Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS, SARS, and now with 2019-nCoV.

Most often, spread from person-to-person happens among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It's currently unclear if a person can get 2019-nCoV by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (the sickest).

It's important to note that how easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so. There is much more to learn about the transmissibility, severity, and other features associated with 2019-nCoV and investigations are ongoing. This information will further inform the risk assessment.

### Risk Assessment

Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications).

The potential public health threat posed by 2019-nCoV virus is high, both globally and to the United States. The fact that this virus has caused illness, including illness resulting in death, and sustained person-to-person spread in China is concerning. These factors meet two of the criteria of a pandemic. It's unclear how the situation will unfold, but risk is dependent on exposure. At this time, some people will have an increased risk of infection, for example healthcare workers caring for 2019-nCoV patients and other close contacts of 2019-nCoV patients. For the general American public, who are unlikely to be exposed to this virus, the immediate health risk from 2019-nCoV is considered low at this time.

### What to Expect

More cases are likely to be identified in the coming days, including more cases in the United States. It's also likely that person-to-person spread will continue to occur, including in the United States.

## **CDC Recommends**

While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:

It's currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.

If you are a healthcare provider, be on the look-out for people who recently traveled from China and have fever and respiratory symptoms.

If you are a healthcare provider caring for a 2019-nCoV patient or a public health responder, please take care of yourself and follow recommended infection control procedures.

For people who have had close contact with someone infected with 2019-nCoV who develop symptoms, contact your healthcare provider, and tell them about your symptoms and your exposure to a 2019-nCoV patient.

For people who are ill with 2019-nCoV, please follow CDC guidance on how to reduce the risk of spreading your illness to others.

## **Symptoms**

For confirmed 2019-nCoV infections, reported illnesses have ranged from people with mild symptoms to people being severely ill and dying. Symptoms can include:

Fever

Cough

Shortness of breath

CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure. This is based on what has been seen previously as the incubation period of MERS viruses.

## **Prevention & Treatment** *(share with your patients):*

### **Prevention:**

There is currently no vaccine to prevent 2019-nCoV infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using facemask.
- CDC does not recommend that people who are well wear facemask to protect themselves from respiratory viruses, including 2019-nCoV.
- Facemask should be used by people who show symptoms of 2019 novel coronavirus, in order to protect others from the risk of getting infected. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

### **Treatment:**

There is no specific antiviral treatment recommended for 2019-nCoV infection. People infected with 2019-nCoV should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

People who think they may have been exposed to 2019-nCoV should contact your healthcare provider immediately.

### **Information for Healthcare Professionals:**

#### **Evaluating and Reporting Persons Under Investigation (PUI):**

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive. The CDC clinical criteria for a 2019-nCoV person under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available. Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness.

#### **Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) or Persons Under Investigation for 2019-nCoV in Healthcare Settings**

Infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and family/caregivers.

#### **Recommendations**

##### **1. Minimize Chance for Exposures**

Ensure Agency policies and practices are in place to minimize exposures to respiratory pathogens including 2019-nCoV. Measures should be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting.

## **EMERGING INFECTIOUS DISEASE POLICY**

**POLICY:** To provide guidance to our staff on how to prepare for new or newly evolved Infectious diseases whose incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the community and our staff.

**GOAL:** To protect our community and staff from harm resulting from exposure to an emergent infectious disease while they are in our area of services.

**Emerging Infectious disease (EID)** -- Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

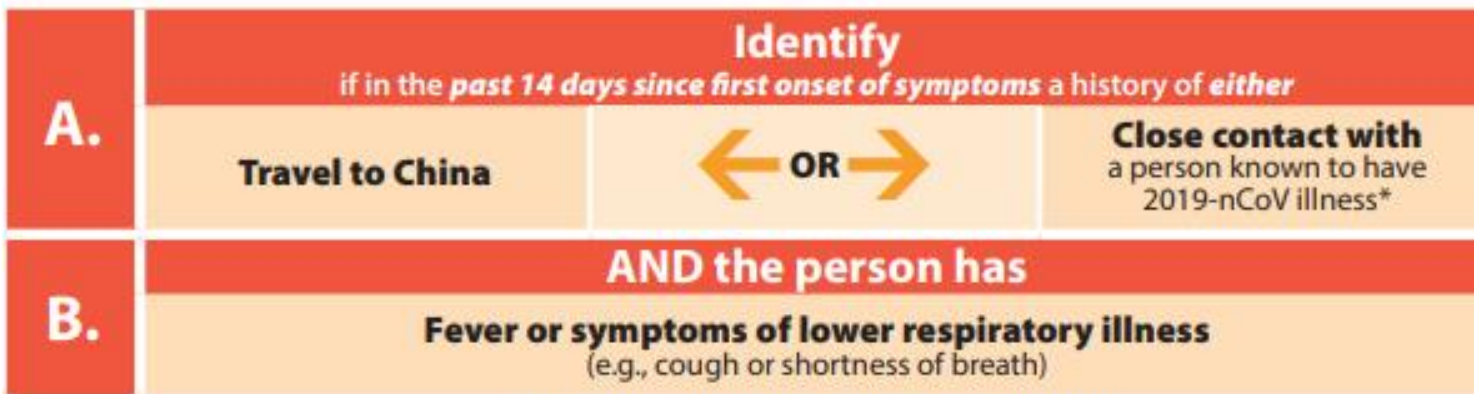
- i. New infections resulting from changes or evolution of existing organisms
- ii. Known infections spreading to new geographic areas or populations
- iii. Previously unrecognized infections appearing in areas undergoing ecologic transformation
- iv. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

**Pandemic**--A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

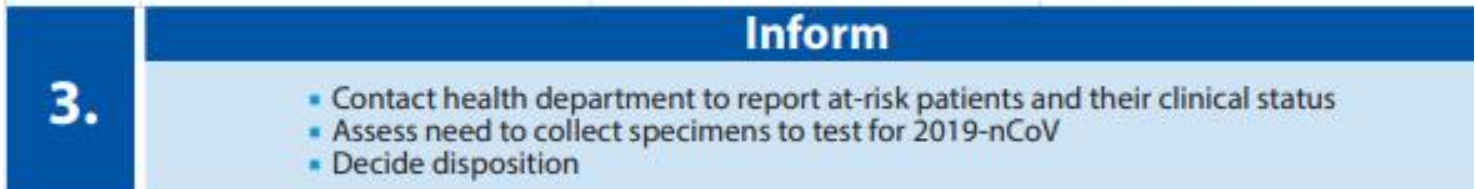
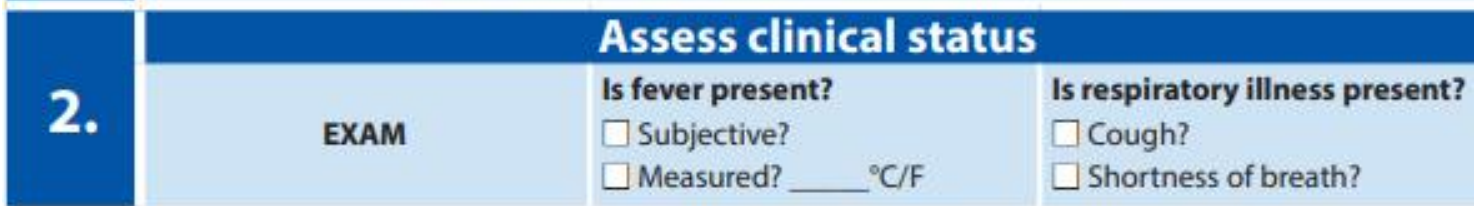
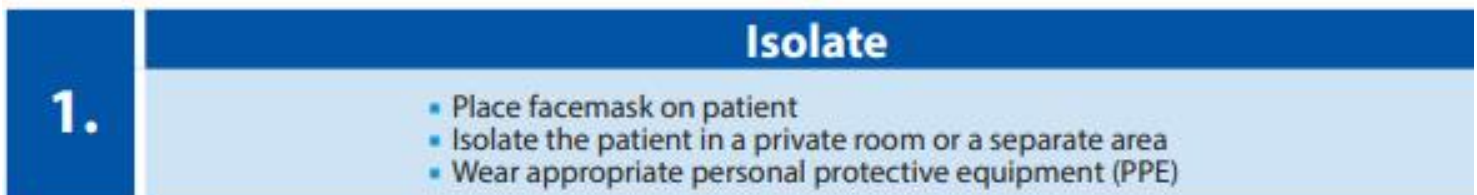
**Isolation** – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

# Flowchart to Identify and Assess 2019 Novel Coronavirus

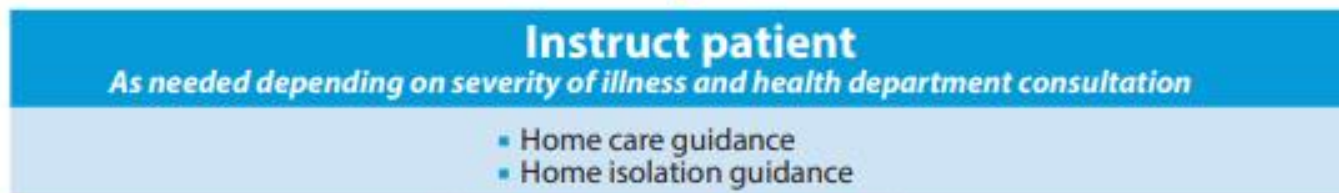
For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



*if both exposure and illness are present*



*If discharged to home*



\* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: [www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html](http://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)

**Coronaviruses** are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can infect people exposed to infected animals, and then spread among people, as has been seen with MERS-CoV and SARS-CoV, and now 2019-nCoV. This interim guidance may help prevent this virus from spreading among people in their homes and in other residential communities.

### **How 2019-nCoV Spreads:**

Most often, spread from person-to-person happens among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It's currently unclear if a person can get 2019-nCoV by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (the sickest). It's important to note that how easily a virus spreads person-to-person can vary.

### **CDC Recommends**

While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:

It's currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.

If you are a healthcare provider, be on the look-out for people who recently traveled from China and have fever and respiratory symptoms.

### **Symptoms**

For confirmed 2019-nCoV infections, reported illnesses have ranged from people with mild symptoms to people being severely ill and dying. Symptoms can include:

Fever, Cough, Shortness of breath

CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure.

This is based on what has been seen previously as the incubation period of MERS viruses.

### **Prevention:**

There is currently no vaccine to prevent 2019-nCoV infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using facemask.
- CDC does not recommend that people who are well wear facemask to protect themselves from respiratory viruses, including 2019-nCoV.
- Facemask should be used by people who show symptoms of 2019 novel coronavirus, in order to protect others from the risk of getting infected. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.