

EFFECTIVE DATE: 03/06/20	DIVISION: Always Best Care ADMIN
REVISED DATE:	CHAPTER: RISK MANAGEMENT
APPROVED BY: POLICY COMMITTEE	POLICY NUMBER: 9.1.014
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PURPOSE:

The purpose of this policy is to follow the recommendation of the CDC by supplementing the Company’s existing policies and procedures pertaining to infection prevention and control, and by providing guidance on effective and legally compliant responses to reports of potential 2019-nCoV exposure.

POLICY:

The health and welfare of the Company’s employees and patients/clients is paramount. Always Best Care expects all supervisors and employees to take appropriate, lawful action in response to reports of potential 2019-nCoV exposure. The Employee Exposure to EVD2019-nCoV Response & Management Policy (“Policy”) should be reviewed by all employees of Always Best Care and utilized as a guide to ensure a safe work environment and protect the health and wellbeing of Always Best Care staff and patients/clients.

PROCEDURE:

1. Employees must immediately report any concerns regarding exposure to 2019-nCoV to a supervisor, whether the potential exposure has occurred through providing patient/client care, travel, assisting an ill traveler or other person, handling a contaminated object, or cleaning a contaminated environment.
2. Upon receipt of a report of potential exposure from an employee, the supervisor must take the following immediate actions:
 - a. Ascertain and fully document:
 - i. The circumstances surrounding the potential exposure as reported by the employee;
 - ii. Whether the employee is experiencing any symptoms associated with 2019-nCoVas outlined in the following CDC criteria:

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Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China ⁵ within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China ⁵ within 14 days of symptom onset

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

- b. An employee experiencing 2019-nCoV symptoms should be advised to immediately contact his or her health care provider by phone for guidance in connection with seeking medical attention.
- c. Instruct the employee to remain out of the workplace and immediately cease patient/client visits, if applicable, until further notice.
- d. Contact the Director of Operations/Risk Management, Jacques Noumsi, or the Agency Owner, Robin Henoch, to report the potential exposure.
- e. Contact your local or state health department (“health department”) to report the potential exposure and for an assessment regarding: (1) the employee’s exposure level; and (2) whether testing, monitoring for symptoms, voluntary quarantine, or other measures are necessary. This step may be taken in collaboration with the affected employee.
- f. Contact information for your local health department is located on the CDC (Centers for Disease Control) website. To locate the contact information, enter “Office of Public Health-Health Alert – Reportable Disease” in the search bar in the upper right-hand corner of the CDC website system. Fully document any conversations you have with the representative of the health department, including:
 - i. name of employee affected
 - ii. full name of the health department contacted

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- iii. contact number for the health department contacted
 - iv. date of contact(s) with the health department
 - v. name/title of health department representative(s) consulted
 - vi. description of the health department’s recommended course of action

3. Prior to taking any further actions with regard to the affected employee, the supervisor must communicate the findings and recommendations of the health department to the Director of Operations/Risk Management or to the Agency Owner. The office 2019-nCoV task force will promptly review the case and provide direction in accordance with applicable laws, the most recent guidance provided by the CDC, any applicable medical opinions or guidance, and recommendations of the local or state health agency.

4. An online incident report must be completed and submitted to the Operations/Risk Management Department (Infection Control QAPI) by the employee’s supervisor and in collaboration with the employee as soon as possible. Any incident report related to potential employee exposure to 2019-nCoV must be entered under the classification of “Employee Incident.” Any reporting of a patient/client with actual or suspected exposure to 2019-nCoV must be entered as a “Patient Incident” under the classification of “Infection Control Incident.”

Employees Returning to Work after Travel

Supervisors may ask employees who travel whether they have traveled to an area where a 2019- nCoV outbreak has occurred. The CDC website should be consulted for the most up-to-date- listing. If an employee responds to this question in the affirmative, the procedures outlined above should be followed.

Confidentiality

1. All documents prepared in connection with an employee’s report of potential exposure must be collected and maintained on forms separate and apart from documents in an employee’s personnel file, must be maintained in an employee’s confidential medical file if appropriate, and must be treated as a confidential. Likewise, if an employee voluntarily discloses that he or she may have been exposed to 2019-nCoV or is at risk of exposure, this information must be kept confidential.

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The following are the only exceptions to this rule:

- a. Supervisors and managers may communicate with Operations/Risk Management and members of the 2019-nCoV task force as appropriate;
- b. Supervisors and managers may be told about necessary restrictions on work duties and about necessary accommodations;
- c. First aid or safety personnel may be told if the condition requires emergency treatment;
- d. Government officials may access the information when investigating compliance with the ADA;
- e. Information may be provided in connection with a workers' compensation claim; and
- f. Information may be provided for insurance purposes.
- g. Discussions about an employee's medical status with other employees, co-workers, or patients/clients except as permitted by this Policy are prohibited.

Leave of Absence under this Policy

1. Supervisors should ensure that employees are fully aware of all of the Company's policies and procedures pertaining to paid and unpaid leaves of absence, including but not limited to the Company's FMLA and PTO policies. Questions regarding these matters and issues related to compensation while on a leave of absence from work should be directed to the Human Resources Department.
2. Any absence from work a non-exempt employee incurs during the period of time the Company is assessing whether or not the employee may safely return to work after a potential 2019-nCoV exposure shall be paid within the guidelines of the company's sick pay and leave policy.
3. An exempt employee who is paid on a salary basis shall continue to receive his or her full salary in accordance with the company's PTO and FLSA policy and in connection with any absence of work incurred during the period of time the Company is assessing whether or not the employee may safely return to work after a potential 2019-nCoV exposure.

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4. An employee who is: (1) temporarily removed from work as directed by the health department or other health authority in connection with a 2019-nCoV exposure, or (2) exposed to 2019-nCoV and subsequently develop symptoms, will be provided with a leave of absence in accordance with the Company's leave of absence policies. The Company will work with the affected employee to identify any further appropriate reasonable accommodations including possible telecommuting.
5. Employees who are exposed to 2019-nCoV in the course and scope of work may be entitled to workers' compensation benefits based on the facts and circumstances and depending on the applicable state law. Affected employees should contact the Operations/Risk Management Department for assistance.

Discrimination & Retaliation Prohibited

1. Discrimination or Retaliation against any employee for reporting concerns regarding potential 2019-nCoV exposure, for reporting any related workplace concerns, for reporting any violations of this Policy, or for taking a leave of absence under this Policy is strictly prohibited. Any employee who has a discrimination or retaliation concern should follow the reporting procedures outlined in the Always Best Care Non-Retaliation/Non-Retribution Policy or in the Always Best Care Employee Handbook.

Discipline

Violations of this Policy or any of its provisions will result in discipline up to and including termination of employment.

Recommendations for the Screening and Assessment of Patients for 2019 -nCoV

1. Recommendations for screening of patients for possible 2019-nCoV infection are based on the current knowledge of the characteristics of clinical illness observed in early cases and the geographic distribution of current cases.
2. Patients/Clients should be assessed for exposure associated with risk of 2019-nCoV infections (e.g., travel to China or close contact with confirmed cases or persons under investigations, PUI).

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3. Clinicians should assess patients/clients based on the following:
 - a. Does the patient/client have fever or symptoms of lower respiratory infection, such as cough or shortness of breath AND has the patient/client traveled to mainland China within 14 days of symptom onset, OR has the patient/client had close contact with a person confirmed with 2019-nCoV or under investigation for 2019-nCoV.
4. Patients/Clients who report having these symptoms and meet the criteria of the clinical features for PUI should be asked to wear a surgical mask as soon as they are identified, and if possible, separate them at least 6 feet from other persons. Staff involved in the care should also follow standard precautions, contact precautions, and airborne precautions. Face masks should also be donned.
5. Employees involved in the care of confirmed 2019-nCoV should use standard universal precautions, contact precautions, airborne precautions, and use eye protection (goggles or face shield).

Hand Hygiene – Clinicians/Caregivers should perform hand hygiene before and after all patient/client contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.

Gloves – Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient/client room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient/client room or care area, and immediately perform hand hygiene.

Gowns – Put on a clean isolation gown upon entry into the patient/client room or care area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the care area.

Respiratory Protection - Use respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering mask before entry into the patient/client care area.

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Eye Protection – Put on eye protection (e.g., goggles) upon entry into the care area and remove prior to leaving the care area.

Medical Equipment – Dedicated medical equipment should be used for patient/client care. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to the manufacturer’s guidelines.

6. If a patient meets the criteria to be classified as a person under investigation (PUI), employees should notify their immediate supervisor and the attending physician. The local Department of Health must also be notified. An online incident report under the category of Infection Control Incident will also need to be entered. Further care and instructions will be based on directions provided by the local Department of Health.

Notes

Close contact is defined as:

1. Being within approximately 6 feet, or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment (PPE); close contact can include caring for, living with, visiting, or sharing a waiting room with a 2019-nCoV case, PUI.
2. Having direct contact with infectious secretions of a 2019-nCoV case (being coughed on) while not wearing recommended PPE. Fever may be subjective or confirmed.

References

National Center for Immunization and Respiratory Diseases, Division of Viral Diseases (2019, February 8). Retrieved from www.cdc.gov