



Pandemic Planning and Response Guidelines

Coronavirus Disease 2019 COVID-19

4.15.2020 Edition

There is an ongoing investigation to determine more about this outbreak. This is a rapidly evolving situation and information will be updated as it becomes available.

General Standard Precautions

CMS Guidance:

What Personal Protective Equipment should home care staff routinely use when visiting the home of a patient suspected of COVID-19 exposure or confirmed exposure?

If care to patients with respiratory or gastrointestinal symptoms who are confirmed or presumed to be COVID-19 positive is anticipated, then HHAs should refer to the Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings: <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html> Hand hygiene should be performed before putting on and after removing PPE using alcohol based hand sanitizer with greater than 60% ethanol or 70% isopropanol or washing hands with soap and water for at least 20 seconds.

PPE should ideally be put on outside of the home prior to entry into the home. If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves. PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. Ask the person if an external trash can is present at the home, or if one can be left outside for the disposal of PPE. PPE should not be taken from the home of the person into the public health personnel's vehicle. If unable to remove all PPE outside of the home, it is preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

Staff to perform respiratory hygiene/cough etiquette at all times.

Universal Precautions followed at all times.

Clinical staff to perform disinfection as directed by the CDC of reusable medical equipment – stethoscope, oximeter, blood pressure cuff.

Hand Hygiene

Review and update Hand Hygiene Policy and Procedure with all staff.

Use ABHR as available

Hand washing when hands are visibly soiled or ABHR is not available.

Hand Hygiene to be performed:

- Before and after gloves are used
- Before and after contact with patient
- After contact with blood, body fluids or visibly contaminated surfaces
- After contact with objects and surfaces in patient environment
- Before entering Clinician bag
- Before donning PPE
- After doffing PPE
- Before performing aseptic procedures

The patient will perform hand hygiene after assistance from the clinician, after toileting and before meals.

Hand hygiene supplies may be obtained at the agency office. Contact the Clinical Manager, John Fisherback or Administrator Diem Fisherback for additional supply needs.

Transmission Based Precautions

- Transmission Based Precautions Education per CDC guidelines reviewed with all staff
- Contact Precautions – don gloves and isolation gown prior to patient contact
- Droplet Precautions – don a facemask within 6 feet of patient
- Airborne Precautions – don a N95 or higher-level respirator prior to entry of patient home
- Undiagnosed Respiratory Infection – follow standard, contact and droplet precautions (i.e facemask, gloves, isolation gown) with eye protection when caring for patient unless the suspected diagnosis requires Airborne Precautions (TB).
- Known or Suspected COVID-19 – wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there is a COVID-19 case in the home, staff implement universal use of facemasks while in the home (based on availability). If performing procedures such as sputum induction or open suctioning of airways that are aerosol-generating procedures or induce coughing.
- Dedicated or disposable non-critical care equipment should be used. If not available, then equipment should be cleaned and disinfected according to manufacturers' instructions using an EPA registered disinfectant for health care setting prior to exiting the patient's home.
- Objects and environmental surfaces that are touched frequently and in close-proximity of the patient are cleaned and disinfected with an EPA registered disinfectant for healthcare setting at every visit and when visibly soiled.
- Signage on the use of specific PPE for staff posted in appropriate location of the home for additional staff that may have visits.
- Provide staff with protocols for TBP.

Infection Control Surveillance

The Infection Surveillance Plan has been established for early detection, management of potentially infectious, symptomatic patients and the implementation of appropriate transmission-based precautions / PPE.

CMS Guidance: When making a home visit, HHAs and RNHCIs should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask patients about the following:

1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and shortness of breath.
3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or who is ill with respiratory illness.
4. Residing in a community where widespread community-based transmission of COVID-19

For ill patients the HHA should implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done). Inform the HHA clinical manager and local and state public health authorities about the presence of a person under investigation (PUI) for COVID19.

How should HHAs monitor or restrict home visits for health care staff?

- Health care personnel (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - o Immediately stop work, put on a facemask, and self-isolate at home;
 - o Inform the HHA clinical manager of information on individuals, equipment, and locations the person came in contact with; and contact and follow the local health department recommendations for next steps
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic health care personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>)

Agency Action:

1. Schedulers will track staff illnesses on the Agency Employee Infection Control log.
2. Schedulers will track patient illnesses on the Agency Patient Infection Control log.
3. Clinical staff will fill out the patient infection tracking and follow up log in our EMR.
4. Clinical staff will screen themselves daily and report to Clinical Manager.
5. Before patient care, Home Health Aides will report temperature, any respiratory symptoms and other significant findings to Clinical Manager.

The agency logs were created to track onset, type of symptoms, actions taken, other staff and patients involved and resolution.

Infectious Disease Reporting

CMS Guidance: For ill patients the HHA should implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done). Inform the HHA clinical manager and local and state public health authorities about the presence of a person under investigation (PUI) for COVID19.

Patient Visits

Process in place per CDC, CMS, and ISDH guidance to rapidly identify and isolate suspected COVID-19 cases.

Process in place to triage patient's medically necessary needs to determine best practice to conduct visits for patient and staff safety.

Pre-Screening Process

All patients will receive a pre-screening phone call prior to every visit.

Pre-Screen Questions will include:

1. Does the patient have a cough?
2. Does the patient have a fever?
3. Does the patient have a sore throat?
4. Does the patient have fatigue?
5. Does the patient have new confusion?
6. Has the patient travelled within the last 14 days?
7. Has the patient been in contact with anyone with a confirmed or suspected case of COVID-19?
8. Is anyone else in the home experiencing any of these symptoms or situations?

If the patient answers yes to any of the pre-screen questions:

1. Advise patient or assist them to call their PCP for further medical guidance.
2. Notify the Administrator and Clinical Manager to coordinate the plan of care.
3. If PCP advises home isolation precautions only – complete skilled visit using Airborne Precautions.
4. If PCP wants patient to be seen at their office – get an order for telehealth visits unless wound care or IV therapy or other hands-on skill needed until the patient has been seen and medical guidance is given.
5. If the patient is having trouble breathing or SOB with any activity that is new advise them to seek treatment at ER and notify their PCP.
6. Fill out the Infection Control Log. This form includes actions taken and communication with follow-up scheduled.

If it is someone else in the home experiencing possible symptoms – Require affected person to isolate in separate room with door closed during visit – use Droplet Precautions.

Staff is to wear facemask during all visits.

Bag Technique

Review Bag Technique Policy with field staff.

Interim Addendum – Limit items staff is taking in and out of patients' homes. If patient has respiratory symptoms and is isolating but needs hands on skilled visit staff may use a large ziplock bag and only take in necessary items. Ziplock bag may be discarded after visit.

Use the patient's own dedicated equipment such as blood pressure cuff, oximeter, thermometer and stethoscope if available.

Phone Calls and Record Review

Utilize patient records and phone calls prior to physical visits to gather information and provide education in order to limit patient/clinician contact time.

Home Health Aide Supervisory Visits

Per temporary COVID waiver approved by CMS and ISDH

Conduct supervisory visit by phone / telehealth unless medical condition requires in person visit

Patient Refusal of Services

Patients may decline visits during COVID-19 pandemic and services will be placed on hold. The certifying PCP will be notified and an order will be sent to hold services. The clinician will make weekly well check phone call to the patient.

Patients may resume visits at their discretion. PCP will be notified and an order will be sent.

If a patient's 60-day certification period ends while the patient's services are on hold, a non-billable OASIS DC will be submitted by last visiting clinician based on telephone call and last physical visit.

When the patient is ready to return to services and still has skilled medical need, the PCP will be notified and will be treated as a new referral for SOC.

Education, Monitoring and Screening of Staff

The Administrator or Clinical Manager will update all staff on COVID-19 updates as obtained from NDHHS, CMS, CDC, and other federal and state agencies electronically, telephonically and they have access to paper copies in the office.

All staff are educated on the screening processes and are instructed to screen themselves and any symptoms they may have daily. Staff is to report to their direct supervisor any illnesses or concerns. They are to report if anyone in their home has tested positive for COVID-19. The Administrator, Clinical Manager, CFO, Staffing Supervisor and Scheduler then meet to review the situation, the plan for the staff member and to triage the patient care. The patients that the staff member has been in contact with are notified of staff illness with discretion and screened and educated.

Emergency Preparedness

Staffing in Emergencies

MAINTAIN A TOLL-FREE TELEPHONE HOTLINE STAFFED WITH LIVE PERSONNEL

Staff and patients need an easy method for obtaining updates on delivery of home health services during a pandemic, flood, fire, hurricane, tornado, blizzard, windstorm, and any other disaster. This hotline is staffed with live personnel that will advise staff on whether they should perform assignments as scheduled or stay home. The staff should alert emergency staff of the number they can call to communicate with Patient Care Management and get assignments of high-priority patients. This toll-free hotline should be maintained 24 hours per day, 7 days per week. Any time a staff member has a question about the status of an assignment because of inclement weather - or any other reason - she/he will call the hotline. Hotline is available for all patients 24 hours a day / 7 days a week.

CONTINGENCY PLAN ESTABLISHED FOR EACH AND EVERY PATIENT

The admitting nurse or therapist documents who will provide patient care in the event of an emergency. Admission for home health services **MUST** be contingent upon the patient having a reliable neighbor, family member, or community member that can make sure the patient is safe in the event of a disaster or emergency.

If not in place: Determine if the patient is high-priority and requires skilled care for medication or procedure administration and provide those services. Otherwise, resume services after the threat of infection is eliminated.

MAINTAIN HIGH PRIORITY PATIENT LIST

The Clinical Manager will notify the patient's local police and fire station of any patient/family who is dependent on critical treatments. In the event of a disaster in which emergency caregivers can be mobilized, high-priority patients will be visited by their own emergency caregivers. In the event of a disaster that prevents even emergency caregivers from being mobilized, the Agency will alert the police or fire station to mobilize emergency transportation to move the patient from the home to a hospital.

MAINTAIN A LIST OF EMERGENCY CAREGIVERS

Scheduling Coordinator should maintain a list of staff that have elected to be available for emergency assignments in the event of a disaster. Emergency staff are selected based on home location and reliability of their transportation so that they can travel safely to high priority patients that are in close proximity. In the event of an emergency, Care Management should contact all scheduled patients and contingency plans to advise them when to (1) activate the contingency plan, (2) expect an emergency caregiver to be performing the visit, or (3) expect emergency transportation from the local police or fire department to be activated to get the patient to a facility.

Emergency caregivers are provided with Personal Protective Equipment (PPE) for patient and self-protection.

If Emergency Caregivers are not available: Provide patient care only to those patients who do not have a contingency plan and require skilled care.

WE ARE OPEN

In response to COVID-19 precautions we are limiting the number of people in the office at a time.

We are committed to the safety of our patients, our staff and our community.

Thank you!

HOME HEALTH AND HOSPICE PRE-HOME VISIT SCREENING FLOWCHART

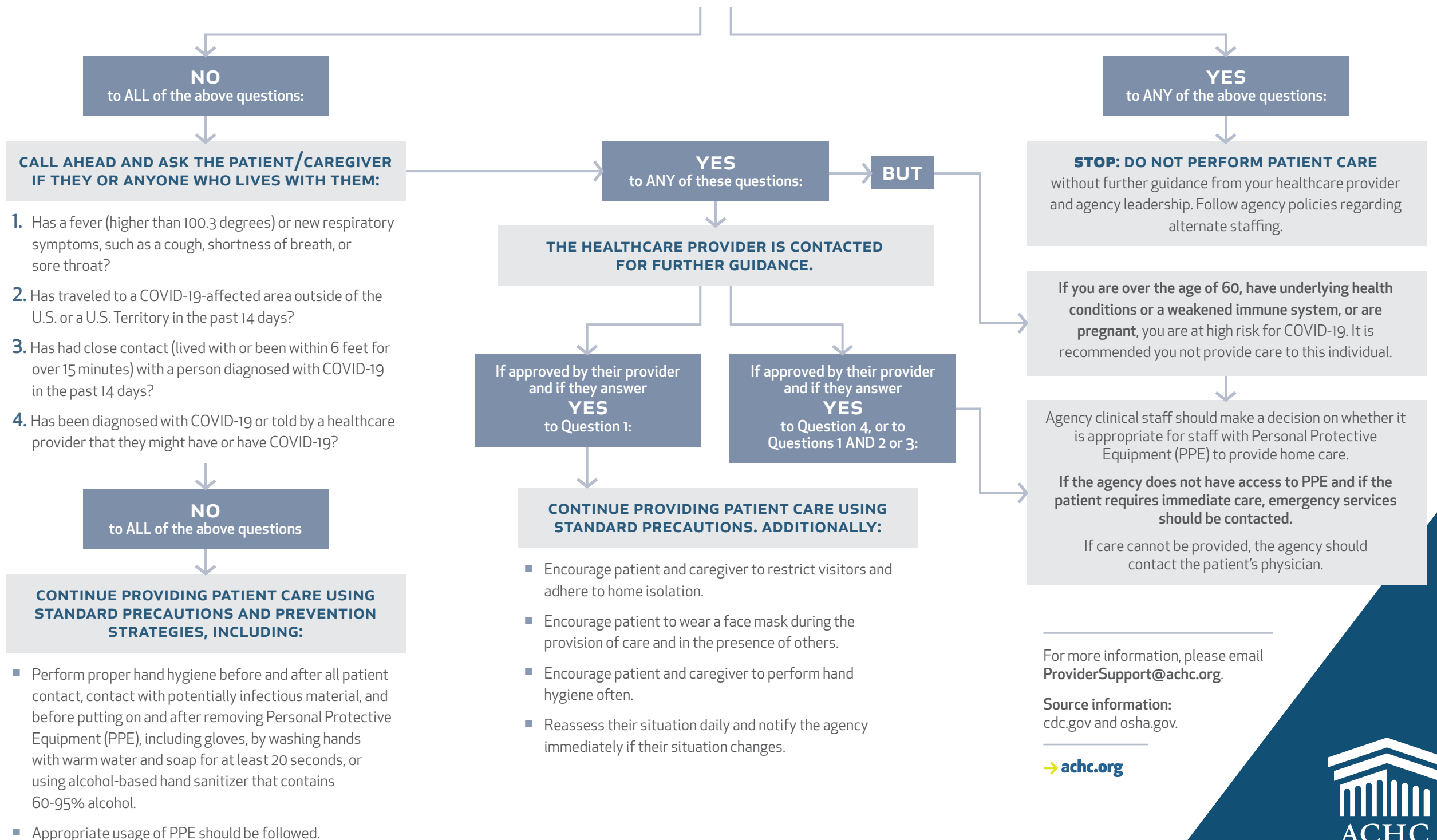
BEFORE PROVIDING HOME CARE, ASK YOURSELF:

Do I have a fever (higher than 100.3 degrees) or new respiratory symptoms, such as a cough, shortness of breath, or sore throat?

Have I traveled to a COVID-19-affected area outside of the U.S. in the past 14 days? Visit the CDC's "COVID-19 Travel Recommendations by Country" webpage for more information: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-1>.

Have I had close contact (lived with or been within 6 feet for over 15 minutes) with a person with COVID-19 in the past 14 days?

Have I been diagnosed with COVID-19 or told by a healthcare provider that I might have COVID-19?



Infection Monitoring

Our Agency will provide training to Patients and caregivers regarding infection prevention control issues and practices.

Education will include, but not be limited to:

- Influenza prevention and signs and symptoms
- Pneumococcal prevention and signs and symptoms
- COVID-19 prevention and signs and symptoms
- Handwashing
- Respiratory Hygiene

The infection control plan will be monitored by the Clinical Manager and evaluated annually as part of the Agency QA Program. Infection control data will be collected, as identified in the following procedure, analyzed and trended. Information obtained will be reviewed at Agency quarterly QA meetings and utilized to improve patient care and our Agency's performance in the implementation of its infection/exposure control plan.

In order to protect our patients and employees we have established a symptom tracking log. We ask that our patients monitor their health during times of personal illness and during times of outbreaks. Employees will monitor their symptoms likewise.

For any questions please call:

Clinical Manager: Tyler Fisherback
Agency Phone Number: 702-239-9473

Symptom Log

Date	Temperature (>100.1 F/37.83 C)	New Onset or Worsening Cough (Circle Y/N)	New Onset or Worsening Shortness of Breath (Circle Y/N)	Nausea and/or Vomiting (Circle Y/N)	Notes or Comments
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
		Y N	Y N	Y N	
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		Y N	Y N	Y N	

Signal Health Group
3753 Howard Hughes Pkwy, Suite 200
Las Vegas, NV 89169
Phone: 1800-260-6145
Fax: 702-418-3910

ATTN:

All Caregivers

Purpose:

We have compiled important information from the CDC regarding COVID-19 in this memo. We care about your safety and the consumer's safety and wanted to reach out about COVID 19 and the impact it may have on your working environment.

Index:

1. COVID 19 Hand Out
2. Questionnaire to know whether or not the consumer should be taken under care and the risk
3. Daily Checks on yourself and consumers to know the signs and characteristics of COVID 19

Thank you,

Director of Nursing
John Tyler Fisherback

Signal Health Group
3753 Howard Hughes Pkwy, Suite 200
Las Vegas, NV 89169
Phone: 1800-260-6145
Fax: 702-418-3910

1. COVID 19 Hand Out

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with coronavirus disease 2019 (COVID-19) and have an increased risk of exposure to the virus that causes it, now identified as SARS-CoV-2. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE).

How COVID-19 Spreads

There is much to learn about the COVID-19, including how and how easily it spreads. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person to person via respiratory droplets among close contacts.

Close contact can occur while caring for a patient, including:

- being within approximately 6 feet (2 meters) of a patient with COVID-19 for a prolonged period of time.
- having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

If close contact occurs while not wearing all recommended PPE, healthcare personnel may be at risk of infection.

How You Can Protect Yourself

Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for [infection prevention and control](#) (IPC):

- Assess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and isolating them in an Airborne Infection Isolation Room (AIIR), if available.
- Use [Standard Precautions](#), [Contact Precautions](#), and [Airborne Precautions](#) and eye protection when caring for patients with confirmed or possible COVID-19.
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
- Practice how to properly [don, use, and doff PPE](#) in a manner to prevent self-contamination.
- Perform aerosol-generating procedures, including collection of diagnostic respiratory specimens, in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.

Environmental Cleaning and Disinfection

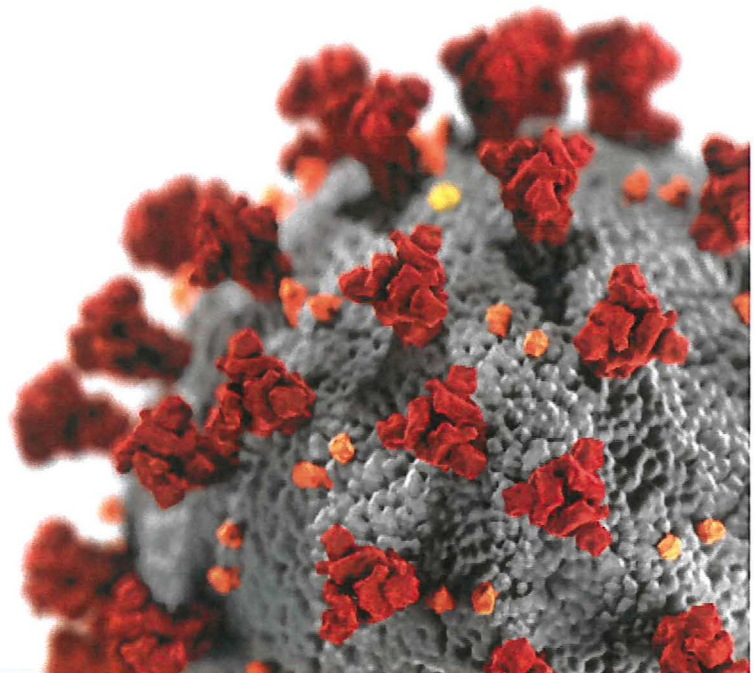
Routine cleaning and disinfection procedures are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with [EPA-approved](#) emerging viral pathogens claims are recommended for use against SARS-CoV-2, the virus that causes COVID-19. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

When to Contact Occupational Health Services

If you have an unprotected exposure (i.e., not wearing recommended PPE) to a confirmed or possible COVID-19 patient, contact your supervisor or occupational health immediately.

If you develop symptoms consistent with COVID-19 (fever, cough, or difficulty breathing), do not report to work. Contact your occupational health services.

For more information for healthcare personnel, visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.



For more information: www.cdc.gov/COVID19

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- 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.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT
1

Diseases can make anyone sick regardless of their race or ethnicity.

People of Asian descent, including Chinese Americans, are not more likely to get COVID-19 than any other American. Help stop fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.

FACT
2

The risk of getting COVID-19 in the U.S. is currently low.

Some people who live in or have recently traveled to places where many people have gotten sick with COVID-19 may be monitored by health officials to protect their health and the health of other people in the community.

FACT
3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT
4

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

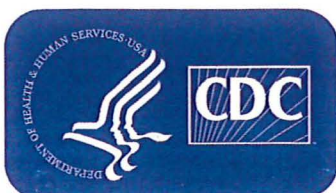
AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

FACT
5

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- 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.



¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

El COVID-19 se está propagando de persona a persona en China y se ha detectado propagación limitada entre contactos cercanos en algunos países fuera de China, incluso en los Estados Unidos. En la actualidad, sin embargo, este virus NO se está propagando en comunidades en los Estados Unidos. En estos momentos, el mayor riesgo de infección es para las personas en China o las personas que han viajado a China. El riesgo de infección depende de la exposición. Los contactos cercanos de las personas infectadas tienen un riesgo mayor de exposición, por ejemplo, los trabajadores del sector de la salud y los contactos cercanos de las personas infectadas por el virus que causa el COVID-19. Los CDC continúan vigilando de cerca la situación.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero parece que ahora se está propagando de persona a persona. Es importante notar que la propagación de persona a persona puede darse en un proceso continuo. Algunas enfermedades son altamente contagiosas (como el sarampión), mientras que otras enfermedades no lo son tanto. En estos momentos, no está claro qué tan fácil o con qué continuidad el virus que causa el COVID-19 se esté propagando entre las personas. Infórmese sobre lo que se sabe acerca de la propagación del coronavirus de reciente aparición en <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html>.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Muchos pacientes tienen neumonía en ambos pulmones.

¿Qué puedo hacer para ayudar a protegerme?

La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.

Hay medidas simples preventivas y cotidianas para ayudar a prevenir la propagación de virus respiratorios. Estas incluyen las siguientes:

- Evitar el contacto cercano con personas enfermas.
- Evitar tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lavarse frecuentemente las manos con agua y jabón por al menos 20 segundos. Usar un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.
- Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:
 - Quedarse en casa si está enfermo.
 - Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
 - Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si recientemente viajé a China y me enfermé?

Si estuvo en China en los últimos 14 días, se siente enfermo y tiene fiebre, tos o dificultad para respirar, debería buscar atención médica. Llame al consultorio de su proveedor de atención médica antes de ir y dígame sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir la infección es evitar la exposición al virus que causa el COVID-19.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.



Si usted está enfermo con COVID-19 o sospecha que está infectado por el virus que causa el COVID-19, tome las medidas mencionadas a continuación para ayudar a prevenir que la enfermedad se propague a personas en su casa y en la comunidad.

Quédese en casa, excepto para conseguir atención médica

Debe restringir las actividades fuera de su casa, excepto para conseguir atención médica. No vaya al trabajo, la escuela o a áreas públicas. Evite usar el servicio de transporte público, vehículos compartidos o taxis.

Manténgase alejado de otras personas y de los animales en su casa

Personas: en la medida de lo posible, permanezca en una habitación específica y lejos de las demás personas que estén en su casa. Además, debería usar un baño aparte, de ser posible.

Animales: mientras esté enfermo, no manipule ni toque mascotas ni otros animales. Consulte la página del [COVID-19 y los animales](#) para obtener más información.

Llame antes de ir al médico

Si tiene una cita médica, llame al proveedor de atención médica y dígame que tiene o que podría tener COVID-19. Esto ayudará a que en el consultorio del proveedor de atención médica se tomen medidas para evitar que otras personas se infecten o expongan.

Use una mascarilla

Usted debería usar una mascarilla cuando esté cerca de otras personas (p. ej., compartiendo una habitación o un vehículo) o de animales, y antes de entrar al consultorio de un proveedor de atención médica. Si no puede usar una mascarilla (por ejemplo, porque le causa dificultad para respirar), las personas que vivan con usted no deberían permanecer con usted en la misma habitación, o deberían ponerse una mascarilla si entran a su habitación.

Cúbrase la nariz y la boca al toser y estornudar

Cúbrase la nariz y la boca con un pañuelo desechable al toser o estornudar. Bote los pañuelos desechables usados en un bote de basura con una bolsa de plástico adentro; lávese inmediatamente las manos con agua y jabón por al menos 20 segundos o límpieselas con un desinfectante de manos que contenga al menos un 60 % de alcohol, cubra todas las superficies de las manos y fróteselas hasta que sienta que se secaron. Si las manos están visiblemente sucias, es preferible usar agua y jabón.

Evite compartir artículos del hogar de uso personal

No debe compartir platos, vasos, tazas, cubiertos, toallas o ropa de cama con otras personas o animales que estén en su casa. Después de usar estos artículos, se los debe lavar bien con agua y jabón.

Límpiese las manos con frecuencia

Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Si no hay agua y jabón disponibles, límpieselas con un desinfectante de manos que contenga al menos un 60 % de alcohol; cubra todas las superficies de las manos y fróteselas hasta que sienta que se secaron. Si las manos están visiblemente sucias, es preferible usar agua y jabón. Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.

Limpie todos los días todas las superficies de contacto frecuente

Las superficies de contacto frecuente incluyen los mesones, las mesas, las manijas de las puertas, las llaves y grifos del baño, los inodoros, los teléfonos, los teclados, las tabletas y las mesas de cama. Limpie también todas las superficies que puedan tener sangre, heces o líquidos corporales. Use un limpiador de uso doméstico, ya sea un rociador o una toallita, según las instrucciones de la etiqueta. Las etiquetas contienen instrucciones para el uso seguro y eficaz de los productos de limpieza, incluidas las precauciones que debería tomar cuando aplique el producto, como usar guantes o asegurarse de tener buena ventilación mientras esté usando el producto.

Vigile sus síntomas

Busque atención médica rápidamente si su enfermedad empeora (p. ej., si tiene dificultad para respirar). Antes de hacerlo, llame a su proveedor de atención médica y dígame que tiene COVID-19, o que está siendo evaluado para determinar si lo tiene. Póngase una mascarilla antes de entrar al consultorio. Estas medidas ayudarán a que en el consultorio del proveedor de atención médica se pueda evitar la infección o exposición de las otras personas que estén en el consultorio o la sala de espera.

Pídale a su proveedor de atención médica que llame al departamento de salud local o estatal. Las personas que estén bajo monitoreo activo o automonitoreo facilitado deben seguir las indicaciones provistas por los profesionales de salud ocupacional o de su departamento de salud local, según corresponda.

Si tiene una emergencia médica o necesita llamar al 911, avísele al personal del centro de llamadas que tiene COVID-19 o lo están evaluando para determinarlo. De ser posible, póngase una mascarilla antes de que llegue el servicio médico de emergencias.

Interrupción del aislamiento en la casa

Los pacientes con COVID-19 confirmado deben permanecer bajo precauciones de aislamiento en la casa hasta que el riesgo de transmisión secundaria a otras personas se considere bajo. La decisión de interrumpir las precauciones de aislamiento en la casa debe tomarse según cada caso en particular, en consulta con proveedores de atención médica y departamentos de salud estatales y locales.



Signal Health Group
3753 Howard Hughes Pkwy, Suite 200
Las Vegas, NV 89169
Phone: 1800-260-6145
Fax: 702-418-3910

2. Questionnaire

Signal Health Group
3753 Howard Hughes Pkwy, Suite 200
Las Vegas, NV 89169
Phone: 1800-260-6145
Fax: 702-418-3910

ATTN:

All Caregivers

Purpose:

We wanted to reach out to make sure everyone is asking these 5 Questions:

Screening Coronavirus

1. Have you traveled outside of the US in the last 14 days (Covid-19 affected areas)?
2. Have you experienced fevers?
3. Are You experiencing any respiratory symptoms such as shortness of breath, cough or sore throat?
4. Have you had close contact with a person (live with or are within 6 ft. of for over 15 minutes) diagnosed with COVID-19 in the past 14 days?
5. Have you been diagnosed with COVID-19 or told by a healthcare provider that you may or do have COVID-19?

Signal Health Group
3753 Howard Hughes Pkwy, Suite 200
Las Vegas, NV 89169
Phone: 1800-260-6145
Fax: 702-418-3910

3. Daily Check List

Signal Health Group
3753 Howard Hughes Pkwy, Suite 200
Las Vegas, NV 89169
Phone: 1800-260-6145
Fax: 702-418-3910

Daily Checklist

1. Record Temperatures Daily
2. Assess Respiratory Symptoms
 - a. Fever
 - b. Cough
 - c. Shortness of breath
3. Report Significant Findings to Agency for further instructions