

COVID-19 JHS VENDOR/NON-EMPLOYEED PERSONNEL NOTICE

Non-Employed Personnel Accessing Jackson Health System (JHS) Locations

Jackson Health System remains watchful and ready to deal with COVID-19, also known as 2019 novel coronavirus. JHS is following the CDC guidelines for healthcare facilities, as a result of the novel coronavirus outbreak, that are intended to help protect our patients, staff and visitors. Please read the information below:

Stay Informed - The CDC and other infection control organizations are sharing COVID-19 information as new data is confirmed. Please monitor the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) and your local health department (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) for the latest information.

Managing Movement Within the Facility - The CDC is encouraging all healthcare facilities to manage visitor access and movement within the facility. Everyone who enters any JHS facility is responsible in contributing to the health and well-being of patients, staff, patient families/visitors and others by helping to prevent and control infection.

Effective immediately, JHS is asking all vendors/non-employed personnel, including, but not limited to students, volunteers, etc., who work on-site or who visit any JHS facility on a regular basis to do the following:

1. Complete the COVID-19 JHS Vendor/Contractor/Student Attestation Form attached hereto reporting if the vendor/non-employed personnel has:
 - Traveled outside of the US within the past 14 days;
 - Contact with anyone who has traveled to/from an area infected with COVID-19 in the last 14 days;
 - Contact with a person either suspected or confirmed of having COVID-19;
 - Experienced any of the symptoms associated with COVID-19 such as mild to severe respiratory illness, shortness of breath, fever or cough in the last 14 days
2. Any vendor/non-employed personnel who meets **any** of the criteria below will not be allowed to work at any JHS facility.
 - Traveled to high-risk area based on CDC link below (regardless of symptoms or not).
 - Has a fever, shortness of breath or moderate to severe cough regardless of travel location.
 - Has knowingly been in direct contact with a person either suspected or confirmed of COVID-19.
3. It is the responsibility of contracted vendors to monitor and keep employee attestations on file. Documentation shall be provided to JHS upon request.

Emergency Management - JHS has policies and procedures in place to provide for the safety and security of patients, staff and visitors during an emergency event. Always follow JHS staff instructions.

Continued Protection - Please continue to help us protect our patients, staff and visitors by:

- Washing your hands frequently
- Practice good hygiene etiquette - cough/sneeze into a tissue then dispose
- Avoid touching shared surfaces whenever possible
- Postpone entry all-together if you are/have experienced symptoms of a contagious illness until you have been cleared by your healthcare provider

Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

<https://www.jointcommission.org/resources/patient-safety-topics/infection-prevention-and-control/>

BY RECEIPT OF THIS NOTICE AND MAINTAINING CONTINUED PRESENCE ON JHS FACILITIES, VENDOR/NON-EMPLOYED PERSONNEL ACKNOWLEDGE ADHERENCE TO THE REQUIREMENTS OUTLINED HEREIN.

THIS NOTICE IS EFFECIVE IMMEDIATELY AS OF MARCH 12, 2020.

**JHS Vendor/Non-Employed Personnel Attestation Form
COVID-19**

Date:
Name:
Employer:
Contract Services Provided:
Direct Supervisor:
Job Title:
JHS Facility Assignment:

TRAVEL INFORMATION	
Have you traveled outside of the United States within the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If you answered yes, please complete the information below:</i>	
Countries visited: _____	
Layovers: _____	
Dates of Travel and Date of Return to USA: _____	
Were you instructed to self-quarantine or self-monitor upon return to US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you had the following symptoms since your return to USA?			
	Details if YES		
Fever of $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Cough	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Shortness of breath	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Do you have any future travel plans? Yes No

If yes, where? _____ What is the date of travel? _____

I understand that I am not permitted to work at any Jackson Health System facility if any of the following are true:

1. I have traveled to high-risk area based on CDC link below (regardless of symptoms or not). I must self-quarantine for 14 days from return date.
2. I have a fever, shortness of breath or moderate to severe cough regardless of travel location.
3. I have knowingly been in direct contact with a person who is either suspected or confirmed of COVID-19.

Signature

Date

**JHS Vendor/Non-Employed Personnel Attestation Form
COVID-19
(Spanish)**

Fecha:
Nombre:
Empleador:
Tipo De Servicios Contratado:
Nombre de Supervisor Directo:
Titulo De Trabajo:
JHS Localizacion Asignado:

INFORMACION DE VIAJE	
HAS VIAJADO FUERA DE LOS ESTADOS UNIDOS DENTRO DE LOS PASADOS 14 DÍAS ? <input type="checkbox"/> Si <input type="checkbox"/> No	
Si respondió que sí, complete la información a continuación:	
Países Visitados: _____	
Escalas: _____	
Fecha de Viaje y Fecha de Regreso a los Estados Unidos: _____ S	
Se le indicó que se pusiera en cuarentena o se supervisara a sí mismo al regresar a EE. UU. <input type="checkbox"/> Si <input type="checkbox"/> No	

Ha tenido los siguientes síntomas desde su regreso a los EE. UU?			
	Detalles si respondió		
Fiebre >=100.4°F/38°C:	<input type="checkbox"/> No	<input type="checkbox"/> Si	
Tos	<input type="checkbox"/> No	<input type="checkbox"/> Si	
Falta de Aire	<input type="checkbox"/> No	<input type="checkbox"/> Si	

Tienes algún plan de viaje futuro? Si No

Si, Donde? _____ Fecha de viajes? _____

Entiendo que no se me permitirá trabajar en ningún local del Sistema de Jackson Health si alguno de los siguientes es cierto:

1. He viajado a áreas de alto riesgo según el siguiente enlace de la CDC (independientemente de los síntomas). Debo ponerme en cuarentena durante 14 días a partir de la fecha de regreso.
2. Tengo fiebre, falta de aire o tos moderada o severa, independientemente de lugar de viaje.
3. He estado en contacto directo con una persona sospechosa o confirmada de COVID-19.

Firma

Fecha