



Carondelet. Be well.

“Hot Spot Team” Questions and Answers

1. How am I going to be kept safe if I care for an Ebola patient?

The health and safety of associates is at the forefront of our preparedness plan. The following actions are all designed to ensure their safety:

- Associates who care for Ebola patients must meet specific wellness criteria to ensure they are physically able to care for the patients and wear the personal protective equipment (PPE). Associates will be screened by Associate Health and Wellness before being accepted for the Hot Spot Team.
- Based on the associate’s role in caring for the patient, the associate will receive both didactic and interactive training, including the donning and doffing of PPE.
- A monitor will be in continuous observance of all patient care activities to ensure all processes and policies are followed to ensure associate safety.
- Protocols have been developed to monitor associates during the care of patients. The associate’s vital signs are taken before and after donning/doffing PPE. A symptom checklist will be utilized for monitoring any signs and symptoms. The staffing model developed allows for frequent breaks and rotation of duties to ensure associates do not become fatigued or to provide coverage if a break is needed.
- Life Works (www.lifeworks.com) and Spiritual Care are available to associates and their families to provide for their emotional and spiritual well-being.
- CHN will follow the company’s privacy policies to safeguard associate identities during and after the care of an Ebola patient.
- CHN’s preparedness plan is evidence-based and updated as new information is published.

2. Am I going to be paid my standard salary during any period of time when I’m not allowed to work?

If the associate has cared for an Ebola-positive patient, any required time off is considered a work assignment. The associate will be paid for their budgeted work hours and will continue to accrue benefits.

3. Will I need to use my PTO during the incubation period when I can’t work?

If the associate has cared for an Ebola-positive patient, any required time off is considered a work assignment. The associate will be paid for their budgeted work hours and will continue to accrue benefits. The associate will not need to use their PTO.

4. What happens to me if I get sick? Will the hospital cover my entire out-of-pocket expenses associated with the disease?

If an associate is exposed to Ebola at work and becomes ill as a result, the associate is eligible for Workers’ Compensation, which pays for 100% of the associate’s medical expenses related to the workplace-acquired illness. Other select expenses such as transportation to and from medical appointments are also covered. Workers’ Compensation provides income replacement at 66.66%

of your salary up to a maximum amount determined by your wages. This coverage is available for the lifetime of the specific condition in which you were originally provided this benefit. Workers' Compensation also provides a death benefit.

5. Will CHN provide me life insurance?

CHN provides every benefits-eligible associate with life insurance in the amount of one times their annual salary. The associate has the opportunity during open enrollment to purchase additional coverage at reduced group rates. Open enrollment for 2015 will begin mid-November 2014.

6. Since I will be part of a Serious Communicable Disease Team that will continue past this immediate health threat, will training and education be covered as paid time?

The Hot Spot Team is the team that will respond to any serious communicable disease patients that are treated at CHN facilities. The Hot Spot Team will require initial education and training based on the associate's role. In addition, the Hot Spot Team will participate in drills and continuing education to remain prepared and competent to care for these patients. All required education and training for your role on the team will be paid and coded under education and training. Your managers will work with you to ensure you have the time needed to participate in the education, training, and drills.

7. If an associate is quarantined, where will they be quarantined? Will they be quarantined at home or in the hospital? If quarantined at home, who will provide needed social service support such as food delivery, etc.?

The Centers for Disease Control (CDC) has provided guidance to hospitals and healthcare facilities related to exposure risk and actions required to safeguard the public.

Healthcare workers who provide care to Ebola patients in U.S. facilities while wearing appropriate PPE and with no known breaches in infection control are considered to have low—but not zero—risk of exposure because of the possibility of unrecognized breaches in infection control and should have direct active monitoring. As long as these healthcare workers have direct active monitoring and are asymptomatic, there is no reason for them to discontinue work, including in hospitals and other patient care settings, nor is there a reason for them to have restrictions on travel or other activities. Review and approval of work, travel, use of public conveyances, and attendance at congregate events are not indicated or recommended for such healthcare workers.

Healthcare workers taking care of Ebola patients in a U.S. facility where another healthcare worker has been diagnosed with Ebola without an identified breach in infection control are considered to have a higher level of potential exposure (exposure level: high risk). A similar determination would be made if an infection control breach is identified retrospectively during investigation of a confirmed case of Ebola in a healthcare worker. These individuals would be subject to restrictions, including controlled movement and the potential use of public health orders, until 21 days after the last potential unprotected exposure.

In U.S. healthcare facilities where an unidentified breach in infection control has occurred, assessment of infection control practices in the facility, remediation of any identified deficiencies, and training of healthcare workers in appropriate infection control practices should be conducted. Following remediation and training, asymptomatic or potentially exposed healthcare workers may be allowed to continue to take care of Ebola patients, but care of other patients should be restricted. For these healthcare workers, the last potential unprotected exposure is considered to be the last contact with the Ebola patient prior to remediation and training; at 21 days after the last unprotected exposure, they would return to the low—but not zero—risk category under direct

active monitoring. Healthcare workers whose first Ebola patient care activities occur after remediation and training are considered to be in the low—but not zero—risk category.

<http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>

CHN would follow the direction of the CDC in relation to the need for controlled movement and the potential use of public health orders including quarantine. The CDC would provide direction to Pima County Health Department or Santa Cruz Health Department (dependent on location of the patient) and CHN regarding the appropriate location for an associate who was quarantined. Social service resources may be provided by a governmental entity and/or private agencies for the patient and family.

8. Is there any premium pay for taking this risk and becoming part of the Hot Spot Team?

Everyday health care workers take risks in their jobs as they care for patients with infectious diseases such as Hepatitis C, TB, HIV, bacterial meningitis, and for patients who show harm to self and others. To ensure we are prepared for emergencies, CHN has teams in place such as the Delta Team that are trained to care for patients in emergency situations such as radiation or chemical exposure. Healthcare workers are educated and trained on the precautions and protocols they need to follow to be safe when caring for patients no matter the situation. No additional compensation will be provided to the Hot Spot Team in keeping with the commitment all of our associates demonstrate in caring for all patients in need of our services.

9. Are Travel RNs able to serve on the Hot Spot Team?

Travel RNs would need to meet the established criteria to be a member of the Hot Spot Team. CHN would contact the Travel RN's company to determine if the RN had the required Medical Health Care Coverage and Worker's Compensation coverage to participate in the Hot Spot Team. The Travel RN's length of assignment would also be considered, relevant to the level of training and education needed by the RN to provide safe care.