

Updated Feb. 14, 2020

As you are aware, an outbreak of a new strain of coronavirus, 2019-nCoV, presents an ongoing health threat across the globe. We are sure you have already been working diligently to respond to this threat. As information and recommendations about 2019-nCoV continue to evolve, we want to emphasize our support of the CDC and other public health partners as the appropriate source of [information and guidance](#) for health care organizations and providers.

The [CDC Infection Control webpage](#) for health care professionals addresses several areas we think are worth emphasizing:

- Minimize the chance of exposure by working to identify patients before arrival (e.g., asking screening questions for patients calling for appointments) and as early as possible upon arrival (e.g., place signs for patients advising them to put on a mask if they have respiratory symptoms).
- Implement triage procedures to detect [for 2019-nCoV](#) during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of 2019-nCoV or contact with possible 2019-nCoV patients.
- If screening at triage is positive and the patient becomes a “person under investigation” (PUI), this should be communicated directly to the clinicians who will care for the patient, prevention and control services, and other health care facility staff according to a standard protocol.
- Adhere to standard contact and airborne precautions, *including eye protection*.
- Monitor stock and the supply chain of personal protective equipment.
- Manage visitor access and movement within the facility.
- Implement mechanisms and policies to promptly alert key facility staff including infection control, health care epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected 2019-nCoV patients.
- Identify specific staff to communicate and collaborate with state or local public health authorities.

Remember also that some patients infected with 2019-nCoV will present with atypical symptoms (e.g., such as nausea, diarrhea, or abdominal pain).¹ Patients who have recently visited China with symptoms whose etiology remains unknown should still be evaluated for 2019-nCoV.

Because this situation is changing rapidly and advice may change, all organizations should have a person(s) assigned to actively review information and guidance as it becomes available and evaluate the need to modify current practices and communications within their organization. Organizations also are encouraged to review their internal and external communication systems to ensure that those responsible know how to contact their local health authority during the day or night in the event of a suspect case.

This also is a good time to remind organizations of routine practices that are currently required that will decrease the risk of transmission of any infectious agent. These should be in place regardless of any new identified infectious threat:

- Have a clear system notifying patients of their role in preventing the transmission of communicable diseases. Most organizations do this by posting materials provided through the [CDC](#), such as [respiratory etiquette](#), and providing access to hand hygiene products and masks.
- Ensure that staff at points of entry and intake know how to screen and respond to patients or visitors who may be infectious (e.g., cough, fever, rash, diarrhea and vomiting).
- Implement all elements of standard precautions as outlined in the [CDC Core Practices](#) including:
 - Hand hygiene
 - Environmental cleaning and disinfection
 - Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
 - Reprocessing of reusable medical equipment between each patient and when soiled
- Hand off communications, both inter- and intra-facility, should include notification of colonization or infection with a potentially transmissible pathogen.
- Organizations should implement a system for evaluation and management of exposed or ill health care workers and support staff that could expose patients, visitors or other staff.

Our standards require health care organizations to have a plan for dealing with a surge of infectious patients (IC.01.06.01). Now (while the incidence of coronavirus in the U.S. is very low, and while it's still flu season) might be a good time to conduct a drill to test your procedures.

The Joint Commission standards were developed with an emphasis on decreasing risk and preparing organizations to respond to this type of emergency. We are confident that accredited organizations who follow routine practices and follow evolving CDC guidance can continue to provide for the safety of their patients, visitors and staff.

Reference

1. Wang D, Hu B, Hu C, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA. Published online February 07, 2020. doi:10.1001/jama.2020.1585.