Today’s Home Care Panelists

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CMS 1135 Waivers
Pre-Submitted Questions

What waivers are still in effect?
Public Health Emergency (PHE) Extension

The Department of Health and Human Services released a statement on 01/14/22 stating the PHE was extended.

The renewal effective date is Sunday 01/16/22 and will last for 90 days.

This is the eighth extension of the PHE.

1135 Waivers will remain in effect during the declared PHE.
Pre-Submitted Questions

What are 1135 waivers especially on telehealth?
Looking for more information on CMS 1135 Waivers?

Accredited organizations can learn more by visiting Resources and Tools > Tools > Learn More in their Joint Commission Connect® extranet site.
Vaccination Information
Required Documents

1. Overall COVID vaccination rate of eligible staff, excluding exempted staff
2. A list of all staff, including positions/titles, including COVID Vaccination status
3. All policies regarding health care staff COVID vaccinations
   • Policies for COVID Vaccination exemptions
   • Policies for COVID Vaccination Requirements
   • Policies for mitigation of unvaccinated staff
4. List of newly hired staff in last 60 days
Compliance Timelines
Timelines for **Original 25 States, DC and Territories**

- **1/27/2022 – 2/27/2022**
  - Establish and implement policies and procedures
  - All staff have at least one dose of vaccine
- **2/28/2022 – 3/27/2022**
  - Establish and implement policies and procedures
  - Staff must be 100% Vaccinated*
Timelines for **Additional 24 States**

- **2/14/2022 – 3/14/2022**
  - Establish and implement policies and procedures
  - *All staff have at least one dose of vaccine*

- **3/15/2022 – 4/13/2022**
  - Establish and implement policies and procedures
  - *Staff must be 100% Vaccinated*
Timelines for Texas

• **2/22/2022 – 3/20/2022**
  • Establish and implement policies and procedures
  • All staff have at least one dose of vaccine

• **3/21/2022 Forward**
  • Establish and implement policies and procedures
  • Staff must be 100% vaccinated*
Pre-Submitted Questions

What are the requirements for COVID-19 vaccination? What is considered fully vaccinated?
Pre-Submitted Questions

What should we do if an employee does not want to be vaccinated?
Do we need exemptions from all of our unvaccinated employees?
Current FAQ’s

The following is a list of related FAQs:

- COVID-19 CMS Vaccination Requirements - Applicable Entities
- COVID-19 CMS Vaccination Requirements - Applicable Staff
- COVID-19 CMS Vaccination Requirements - CMS Definition of 'Fully Vaccinated'
- COVID-19 CMS Vaccination Requirements - Exemptions
- COVID-19 CMS Vaccination Requirements - Good Faith Efforts
- COVID-19 CMS Vaccination Requirements - Required Documents, Policies and Procedures
- COVID-19 CMS Vaccination Requirements - Determination of Compliance
Recovery and The Joint Commission
Frequent questions you’ve submitted

• Will I have an Onsite or Offsite (virtual) survey?
• How or when will we get a survey?
• What type of instruction have you provided to your surveyors?
• What will that survey process look like, any differences?
• What will the surveyors focus on?
Onsite survey activity

Onsite survey activity has been ongoing with close monitoring of the rise of COVID-19 and impacts on survey activity.

Organizations should continue to monitor the Notification of Scheduled Events section of the Joint Commission Connect page for notification of the scheduled survey.

We are aware that some surveys are past their due dates, CMS is also aware – we will conduct those surveys when we are able to do so.

We are prioritizing initial and past due organizations.
Offsite (virtual) survey

**Offsite (virtual) survey**—we are conducting offsite surveys for Disease Specific Care (DSC), free-standing Behavioral Health Care (BHC), and Home Care programs.

- We continue to monitor COVID/variant cases and retain the ability to expand to more offsite surveys for other programs if necessary; however, our primary focus is onsite surveys when possible

What is an offsite survey?

- Utilization of Secure Zoom technology for the survey and facility review accessed through the agenda on the Extranet
- Use of a secure SharePoint site for document upload to review pre-survey
- Discussions via webcam (Zoom)
- Review of processes and physical environment via mobile webcam (Zoom)
How do you determine where to conduct onsite surveys?

Community Prevalence Dashboard

- Number of COVID-19 cases are lower with less impact to organizations
- Cases/thousand population and new cases within the county
- Determination that Joint Commission staff can travel to areas safely and find appropriate accommodations
What instructions have been provided to our surveyors?

- **Follow the most current CDC guidelines**
- Do not travel if you are sick
- Do not travel if you have been in close contact with individuals with known or suspected COVID-19
- Avoid large crowds
- When traveling wear a mask/face covering
- Practice physical distancing
- Practice good hand hygiene

All Joint Commission Surveyors and Reviewers conducting on-site events are fully vaccinated, as defined by CDC.
What instructions have been provided to our surveyors?

- **Review and follow individual state department of health specific travel regulations**
- When onsite wear a medical mask and eye protection is encouraged
- **Follow the organizations’ infection prevention and control policies for entry and use of PPE**
- Do NOT enter at risk or confirmed COVID-19 resident rooms
- Do NOT enter rooms where high-risk procedures performed
- The Joint Commission does not have a routine COVID-19 testing program for surveyors

**Joint Commission surveyors are designated as essential workers**
What has changed about the survey process?

The survey process and its components will remain the same however here are some guidelines for the survey:

• Limiting the number of individuals in group sessions
• The use of audio or videoconferencing could be incorporated to safely expand the number of attendees for sessions
• Use of masks will be a routine practice
• Maximize the use of technology to eliminate the number of people needed to sit directly next to an individual for an extended period of time. (For example, screen sharing or projecting medical records)
• Interviewing patients and staff by telephone
• Driving in separate cars to offsite or patient homes
Survey process - continued

- We will NOT Enter at risk or confirmed COVID-19 rooms or homes.
- We will avoid visiting a unit with any confirmed COVID-19 patients when possible.
- Limited physical review of high risk and aerosol generating procedures.
- Consider using a simulation and/or distant review of certain activities/procedures.
- Practice social/physical distancing during the survey.
- Follow “PPE” and risk reduction strategies as established by the CDC.
- Limit attendance at group sessions e.g., opening, briefings, system tracers.
- Limiting observers or scribes to avoid additional exposure during the survey.
What will be the focus of survey activities?

- During the opening conference we will have a discussion with you about the impact of the current pandemic and your organization’s response.
  - We will discuss both Infection Control and Emergency Management.
  - The focus of our survey will not be the timeframe of the public health emergency but the current situation within your organization.
Additional Questions

• For onsite surveys, should staff/surveyors be vaccinated?
The Joint Commission implemented a policy requiring all US-based enterprise staff to be vaccinated against COVID-19.

• Can we provide additional avoid dates?
We would ask that you do not provide additional avoid dates due to the difficulty in scheduling surveys – avoid dates already submitted will be honored to the extent we can do so.
General Questions
Pre-Submitted Questions

Can a home care nurse administer COVID-19 vaccines in the home?
Pre-Submitted Questions

Are most agencies using volunteers again? If so, are they going into homes?
Pre-Submitted Questions

Are there any CoPs specifically related to COVID-19??
Pre-Submitted Questions

If a patient is diagnosed with COVID, can we suspend home visits?
Pre-Submitted Questions

If a COVID patient is discharged home for hospice care after a COVID diagnosis and is still coughing and short of breath but more than 10 days have passed since the positive test, do we have to follow isolation or when can we stop?

Summary of CDC Update as January 2022

Key Points for Healthcare Professionals

• **Asymptomatic or mild, symptomatic COVID-19**: Isolation can end at least 5 days after symptom onset and after fever ends for 24 hours...if these people can continue to properly wear a well-fitted mask around others for 5 more days...

• **Moderate COVID-19 illness**: Isolate for 10 days.

• **Severely ill (i.e., requiring hospitalization, intensive care, or ventilation support)**: Extending the duration of isolation and ... up to 20 days after symptom onset, and after fever ends (without the use of fever-reducing medication) and symptoms are improving, may be warranted.

• **Moderately or severely immunocompromised people** might have a longer infectious period: Extend isolation to 20 or more days. Use a test-based strategy and consult with an infectious disease specialist to determine

• **Recovered patients**: can continue to have detectable SARS-CoV-2 RNA ...for up to 3 months after illness onset. However, ...they are not likely infectious
Pre-Submitted Questions

What is the difference between PPE and wearing a mask because of COVID?

Pre-Submitted Questions

Personal Protective Equipment is covered under OSHA regulation and protects the wearer

- Gloves – contamination of hands (e.g., exam gloves)
- Gowns – contamination of skin or clothing
- Masks – breathing in infectious agents
- Eye/face protection – splashes or touching eyes/face

Source Control protects others

- Gloves – prevent exposures (e.g., sterile gloves)
- Gowns – prevent transfer from the body or clothing
- Masks – prevent droplets from being dispersed

Masks during COVID function as both PPE and source control
Pre-Submitted Questions

How does my organization decide if we need to wear PPE?
Follow Hierarchical Approach to IC Standards

OSHA PPE Requirements

In general, employers must:

• Perform a “hazard assessment” to identify possible risks for exposure
• Identify and provide appropriate PPE
• Train employees in the use and care of the PPE
• Maintain PPE, including replacing worn or damaged PPE.
• Monitor compliance and periodically review, update and evaluate the effectiveness of the PPE program.

Pre-Submitted Questions

Which PPE should homecare staff be wearing?

Resources:

Occupational Safety and Health Administration https://www.osha.gov/coronavirus/control-prevention/healthcare-workers
Pre-Submitted Questions

Should mask and eye protection still be worn when providing routine patient care for non-COVID patients in the home?

Do you advise that people wear a facemask when there are no symptoms of illness? If yes, WHY?
Current CDC Recommendation

“Source control and physical distancing ...are recommended for everyone in a healthcare setting.....While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for individuals who are up to date with all recommended COVID-19 vaccine doses ...located in counties with low to moderate community transmission.”

Pre-Submitted Questions

What do surveyors expect to see from providers regarding an infection risk assessment and infection surveillance?
Pre-Submitted Questions

Are there established protocols to follow when a patient develops COVID-19 at home while receiving Home Health services?
# Post-Exposure Follow-up of Healthcare Workers

## CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (updated January 21, 2022)


## Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

*“Up to Date” with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC*

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date and Not Up to Date</td>
<td>10 days OR 7 days with negative test¹, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>No work restriction, with prioritization considerations (e.g., types of patients they care for)</td>
</tr>
</tbody>
</table>

### Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

<table>
<thead>
<tr>
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<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date</td>
<td>No work restrictions, with negative test on days 1, 2, 3, 5–7</td>
<td>No work restriction</td>
<td>No work restriction</td>
</tr>
<tr>
<td>Not Up to Date</td>
<td>10 days OR 7 days with negative test¹</td>
<td>No work restriction with negative tests on days 1, 2, 3, 5–7 (if shortage of tests prioritize Day 1 to 2 and 5–7)</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
</table>

¹Negative test result within 48 hours before returning to work.

For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0.
Time For More Questions?
Thank You

We support your efforts in response to the COVID-19 pandemic and hope to provide helpful resources.