Preventing COVID-19 in Primary Care Health Centers

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Intended Audience

This webinar is being presented to aid primary health centers in planning to resume and increase operations during the COVID-19 pandemic.

The focus is on key issues and prevention strategies to consider prior to resuming or increasing patient care in primary health centers based on what we know about COVID-19.

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Acknowledgement

The Joint Commission Disclaimer

These slides are current as of July 8, 2020. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

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Objectives

- Joint Commission Resources
- Transmission
- Strategies to Stop/Slow Transmission using the Hierarchy of Controls

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COVID-19
Joint Commission Resources, and Community Transmission

Careers / Contact Us

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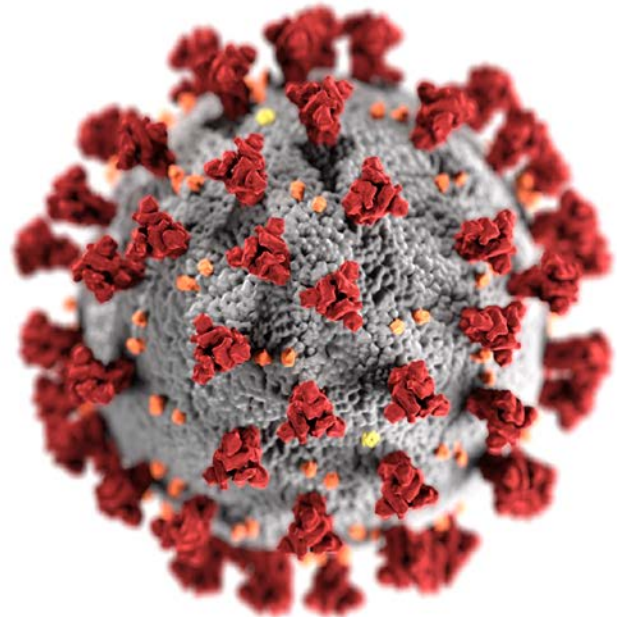
Our Websites: ∨   Search this site.   🔍   Login

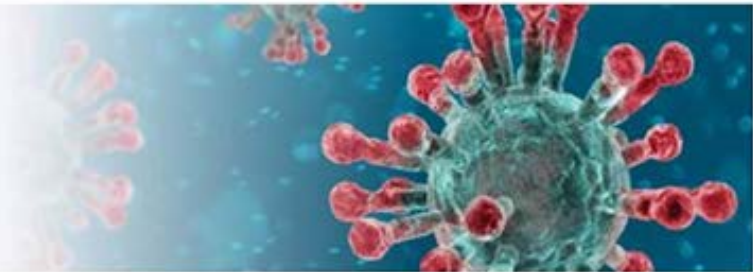Accreditation & Certification ∨   Standards ∨   Measurement ∨   Performance Improvement ∨   Resources ∨   About Us ∨

Coronavirus (COVID-19)

Trusted Guidance. Trusted Resources.

The Joint Commission recognizes the incredible challenge that health care organizations and front-line workers face with the COVID-19 crisis. Read a letter and watch a video from our CEO.

Statements to Support Our Health Care Providers

June 22, 2020 – FAQ and Position Statement Revisions: Preventing Nosocomial COVID-19 Infections as Organizations Resume Regular Care Delivery

June 22, 2020 – *Revised* – Position Statement: Preventing Nosocomial COVID-19 Infections as Organizations Resume Regular Care Delivery

May 27, 2020 – Regular Surveys and Reviews to Resume in June — With Some Changes to Protect Safety

May 12, 2020 – Statement on Removing Barriers to Mental Health Care for Clinicians and Health Care Staff

April 6, 2020 – FAQ in Response to The Joint Commission Statement on Use of Face Masks Brought From Home

https://www.jointcommission.org/covid-19/

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Position Statement

Position Statement (revised June 22, 2020): Preventing Nosocomial COVID-19 Infections as Organizations Resume Regular Care Delivery

The Joint Commission supports the following positions for healthcare organizations to prevent nosocomial COVID-19 infections as they are resuming routine care.

Healthcare organizations should continue to follow CDC recommendations for universal masking of staff, patients, and visitors. If there are situations where a patient cannot wear a mask (e.g., under 2 years of age, respiratory compromise, or examination of the nose, mouth, lips, and perioral area) personnel providing [...]

FAQs and Revisions for the Position Statement: Preventing Nosocomial COVID-19 Infections as Organizations Resume Regular Care Delivery – June 22, 2020

FREQUENTLY-ASKED QUESTIONS

Will these new recommendations be scored?
These positions are issued as guidance only unless required by federal or local regulation. There are no plans to score these at this time, and none would become Joint Commission requirements without going through our usual development process.

What do mean by contingency measures?
The National Academy of Medicine report "Rapid Expert Consultation on Crisis Standards of Care for the [...]

Joint Commission Position Statement: Preventing Nosocomial COVID-19 Infections as Organizations Resume Regular Care Delivery *Updated June 22, 2020* and FAQs and Revisions for the Position Statement provided– available at https://www.jointcommission.org/en/covid-19/

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Resources on Symptoms, Transmission and General Prevention
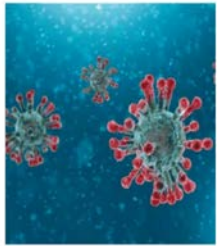
Preventing COVID-19 Transmission in Ambulatory Health Care Centers
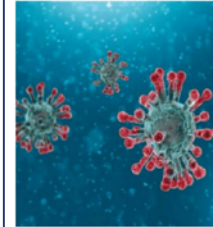
- Sylvia Garcia-Houchins, MBA, RN, CIC
  Director, Infection Prevention and Control

- Darla VanPutten-Adams, MD
  Surveyor, Ambulatory Health Care

- Elizabeth Even, MSN, RN
  Associate Director, Standards Interpretation Group

https://www.jointcommission.org/resources/news-and-multimedia/webinars/coronavirus-webinar-replays/preventing-coronavirus-transmission-in-ambulatory-health-care-settings/

Preventing COVID-19 Transmission

- Sylvia Garcia-Houchins, MBA, RN, CIC
  Director, Infection Prevention and Control

https://www.jointcommission.org/resources/news-and-multimedia/webinars/coronavirus-webinar-replays/preventing-coronavirus-transmission-key-issues-for-all-organizations-to-consider/

Dentistry in the Time of COVID-19

Amanda Nelson, DMD, ABGD, FAGD, FACD
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Herman McKenzie, MBA, CHSP
Jay Afrow, DMD, MHA

June 24, 2020

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https://www.jointcommission.org/resources/news-and-multimedia/webinars/coronavirus-webinar-replays/dentistry-in-the-time-of-covid-19/

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Key Points

- Spread is primarily by droplet transmission among those in close contact (within about 6 feet) or from contaminated surfaces

- Risk of exposure is increased during aerosol generating procedures

- The majority of people who have *tested positive* for COVID-19 have had fever, cough and shortness of breath

- ***Pre-symptomatic and asymptomatic people have* tested positive for COVID-19 and have been *linked to transmission***

  - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

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Guiding Your Risk Assessment

- Community Characteristics:
- Local and State Health Authorities
  - Prevalence of Community COVID-19
    - Substantial community transmission
    - Minimal to moderate transmission
    - No to minimal transmission
  - Stay Connected!

https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html

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Guiding Your Risk Assessment

- Facility Characteristics:
  - Healthcare Workforce
  - Processes
  - Patient characteristics
  - Resources
    - Space, supplies, financial

https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html

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How Can You Prevent The Spread?
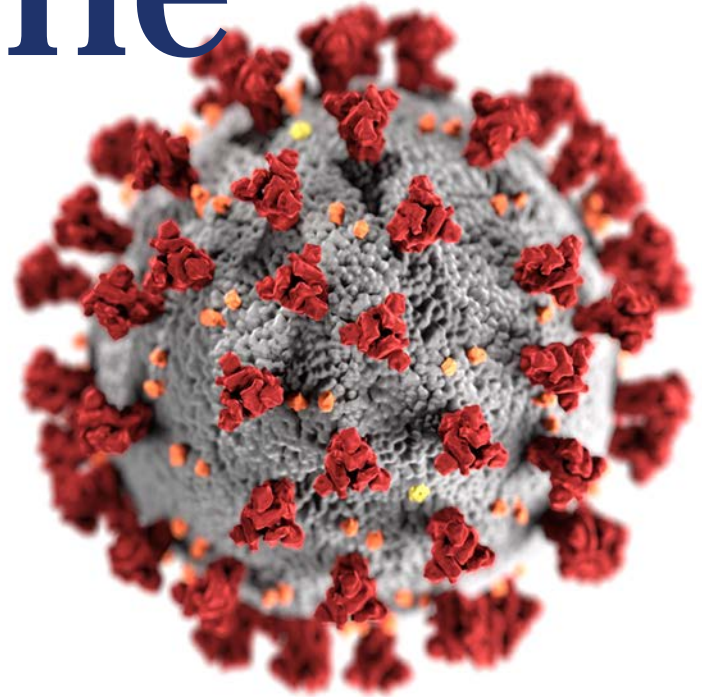
Strategies to Stop Transmission

Hierarchy of Controls

Most effective → Least effective

- **Elimination** — Physically remove the hazard
- **Substitution** — Replace the hazard
- **Engineering Controls** — Isolate people from the hazard
- **Administrative Controls** — Change the way people work
- **PPE** — Protect the worker with Personal Protective Equipment

https://www.cdc.gov/niosh/topics/hierarchy/default.html
https://www.cdc.gov/niosh/topics/ptd/

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Hierarchy of Controls – **Elimination**

- ❑ Prioritize services and patient visits
- ❑ Screen all who enter facility
- ❑ Face coverings for patients for source control
- ❑ Limit access by nonpatients
- ❑ Hand hygiene
- ❑ Enhanced cleaning/disinfection
- ❑ Stop face to face patient group classes
- ❑ Test prior to appointment or procedure
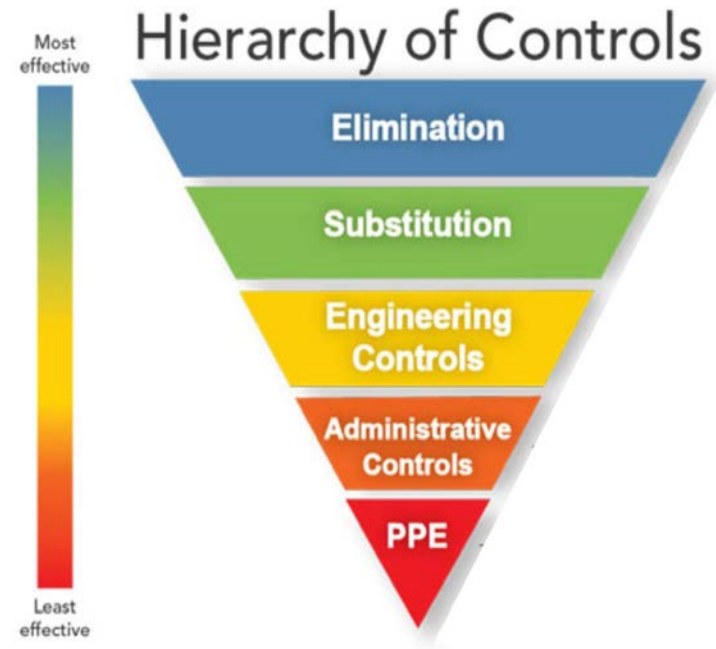
These examples are for illustrative purposes only. Please refer to your risk assessment when implementing your mitigation strategies

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Prioritize Patient Visits

- Who needs to be seen in person vs. telehealth
- Common areas of concern
  - Diabetes, hypertension
- Well checks
  - Pediatrics, women's health, school physicals, dental needs

https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf

Potential for Patient Harm, if deferred	Examples of Health Care	Substantial Community Transmission	Minimal to Moderate Community Transmission	No to Minimal Community Transmission
Highly likely	Dental Emergencies; well-newborn checks	Provide care without delay; or transfer to a facility with less community spread	Provide care without delay; or transfer to a facility with less community spread	Provide care without delay, while resuming regular care practices
Less Likely	Vaccinations; Physical therapy, musculoskeletal injury	Provide care remotely; in-person care when feasible, prioritize at-risk populations	Provide care remotely; work towards in-person care for all in this category; telehealth	Resume care; telehealth
Unlikely	Routine care; well controlled chronic conditions	Defer until community transmission decreases or telehealth	Same as above, prioritize at-risk populations, and those who deferring would cause harm	Resume care; telehealth

Prioritize Pediatric Visits

– If a practice can provide only limited well-child visits, providers are encouraged to prioritize

  – Newborn care

  – Vaccination of infants and young children (through 24 months of age)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html

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Common Prescreening Questions

- In what community do you live?
- Are you ill or caring for someone who is ill?
- Work exposure?
- Asked to self-quarantine?

- Recent travel (within 2 weeks)?
- Visited a senior living home?
- Recent close contact (within six feet for 15 minutes) with someone with COVID-19 ?

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html

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Symptom Screening

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache

- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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Patients at Increased Risk of Severe Illness

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
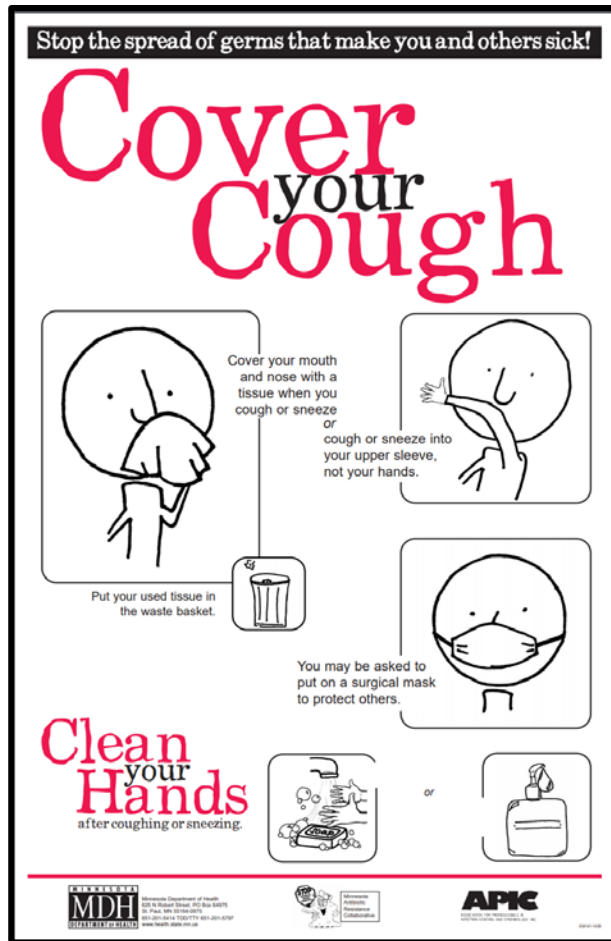
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Symptom Screening Considerations

- Inform patients
- Check temperature before leaving home
- Notify clinic if febrile
- Rescreening upon arrival
- HIPAA compliance
- Additional time for staff to make calls

Source Control: Modify Practices

Respiratory Etiquette:
Conventional

Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze
or
cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands
after coughing or sneezing.

MDH
Minnesota Department of Health

APIC

Source Control :
NEW

STOP THE SPREAD OF CORONAVIRUS

Wear a mask when you leave home!

- Help protect our healthcare workers by wearing a mask in our building, just as you would anywhere outside your home.
- To help conserve supplies, use cloth or homemade masks when visiting us, performing essential work or errands while also observing social distancing guidelines.

Perform Hand Hygiene when entering and leaving the facility, the patient's room, or your home.

Wash hands with soap and water or clean hands with alcohol-based sanitizer

Modified from CDC.gov

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Poster Available at: https://www.jointcommission.org/-/media/tjc/documents/covid19/universal-masking-statement-04232020.pdf

Face Coverings vs. Masks

Reduces Droplet Dispersal
Variable Filtration
Depending on Material
NOT PPE

Reduces Droplet Dispersal
"Standard" Filtration
PPE: Needed for direct patient care

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Resource:: https://www.fda.gov/media/137121/download

Basic Infection Prevention Principles

HAND HYGIENE

– Soap and water for visibly soiled hands

– Alcohol-based hand rub (ABHR) inside and outside of rooms and at entrances

https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-11x17-en.pdf

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Enhanced Cleaning and Disinfecting

- **Environmental Cleaning**
- **Monitor high-touch areas**
- **Bathroom Accommodations**

- **Clean and Disinfect**
  - **Hard Surfaces**
  - **Soft Surfaces**
- **Maintain Operability**

Hard Surfaces: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Soft Surfaces: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf

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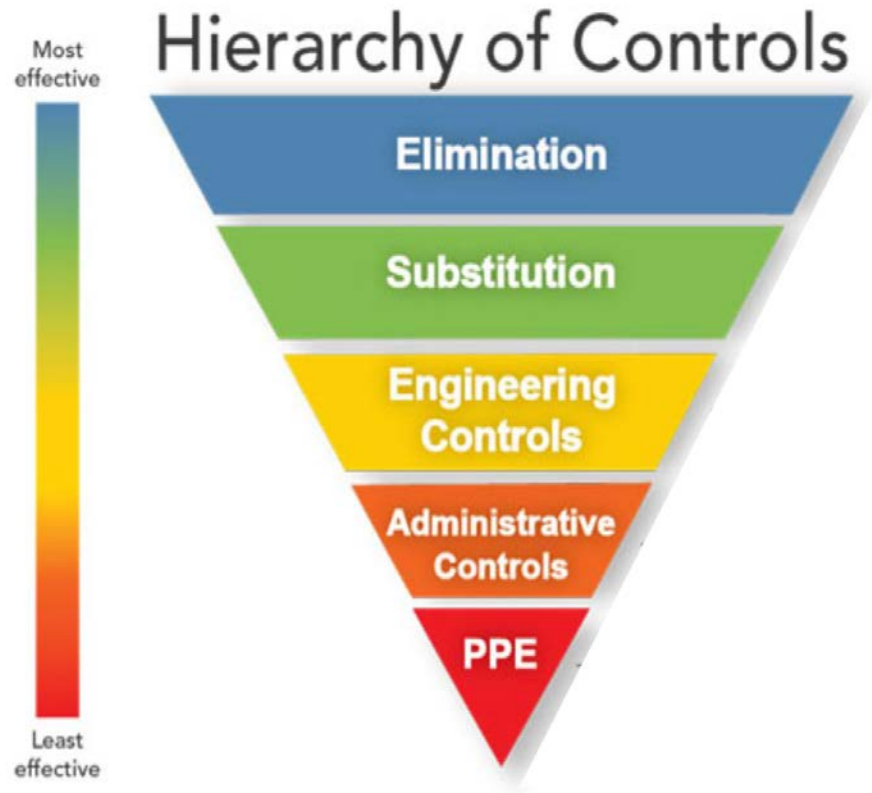
Testing Prior to Appointment or Procedure

– **Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)**

https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html#gene

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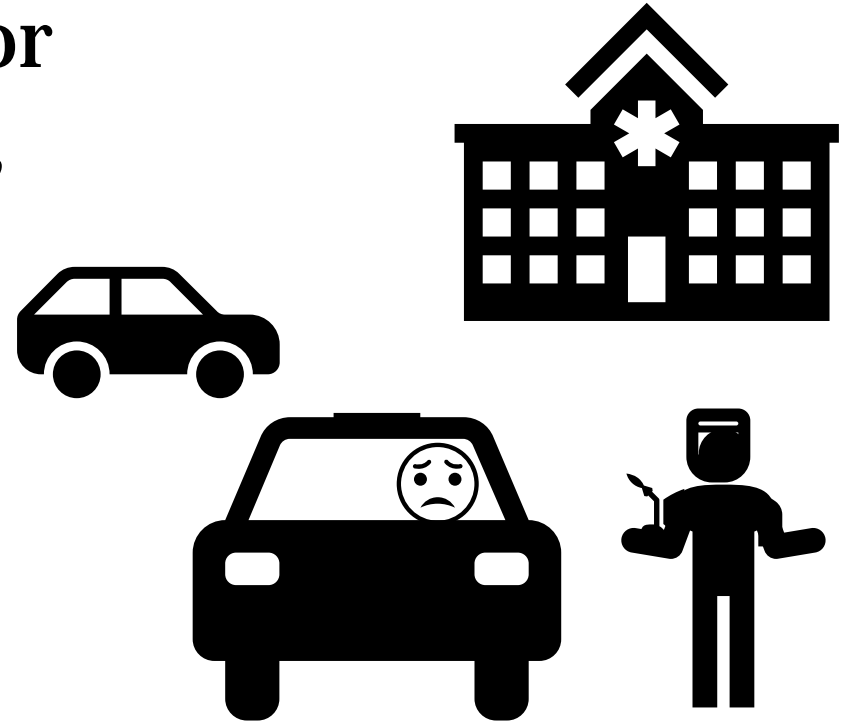
Hierarchy of Controls - **Substitution**

- Replace high risk procedures with lower risk procedures

  - ☐ Use non-aerosol generating procedures vs. aerosol generating ones
  - ☐ Telehealth
  - ☐ Teledentistry

Most effective

Least effective

Hierarchy of Controls

Elimination

Substitution

Engineering Controls

Administrative Controls

PPE

These examples are for illustrative purposes only. Please refer to your risk assessment when implementing your mitigation strategies

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Telehealth

- Increases social distancing
- Accepted by patients
- Decreases PPE use
- Maintains continuity of care
- Patient triage

https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf

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Home Care for COVID-19 + Patients

- **When possible, manage mildly ill COVID-19 patients at home**

- Assess for other sources of illness

- Consider the patient's ability to engage in home monitoring

  - ability for safe isolation at home

  - risk in the patient's home environment

  - risks related to underlying disease and comorbidities

- Engage local public services and community organizations for needs (i.e. groceries, medications, etc.)

This Photo by Unknown Author is licensed under CC BY-SA

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html

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Teledentistry

- Avoid unnecessary visits
- Modern form of communication and education
- Improve access
- Reduction in patients time away from work
- In-office appointments more accessible

https://www.americanteledentistry.org/facts-about-teledentistry/

Photo credit: Dr. Amanda Nelson

Hierarchy of Controls - **Engineering**

Alter the Environment to Decrease Exposures

- ❑ Ventilatory controls
- ❑ Plexiglass barriers
- ❑ Direct traffic flow
- ❑ Touch free payment options
- ❑ Block waiting room seating
- ❑ Separate entrances
- ❑ Floor markers to achieve social distancing
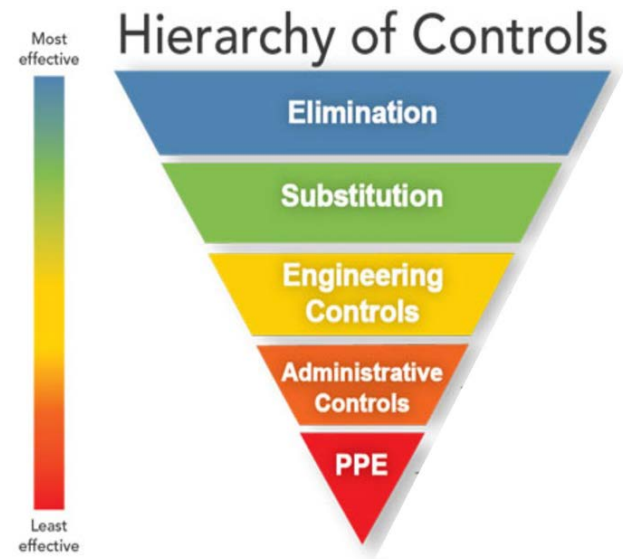
These examples are for illustrative purposes only. Please refer to your risk assessment when implementing your mitigation strategies

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Room Turnover

– Considerations
  – Size of room
  – Number of ACH
  – Length of time patient was in room
  – Patient coughing/sneezing
  – Patient wearing face covering
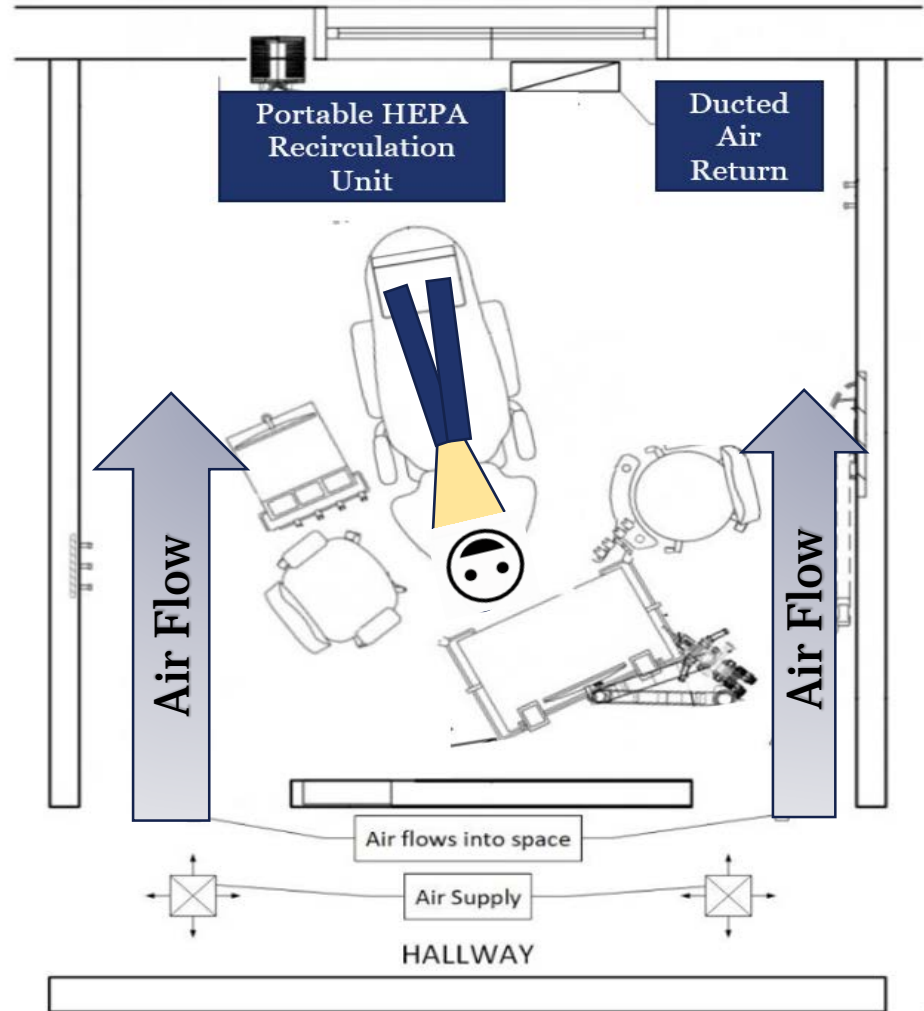 – Aerosol generating procedure
  – PPE used

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html

The number of air changes per hour (ACH) and time and efficiency.

ACH	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6	46	69
8	35	52
10	28	41
12	23	35
15	18	28
20	14	21
50	6	8

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https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1

Ventilation

- Ventilatory Controls:
- The HVAC supply is oriented towards the entrance of the room
- The return is at the rear of the room
- The HEPA filter is at the rear of the room
- Keep 'fan mode" on

Portable HEPA Recirculation Unit

Ducted Air Return

Air Flow

Air Flow

Air flows into space

Air Supply

HALLWAY

Graphic Modified from CDC/NIOSH

Trial Run of Engineering Controls

- Soft Opening
  - Patient Flow Barriers
  - Air Flow
  - Waiting Areas
  - Points of Entry
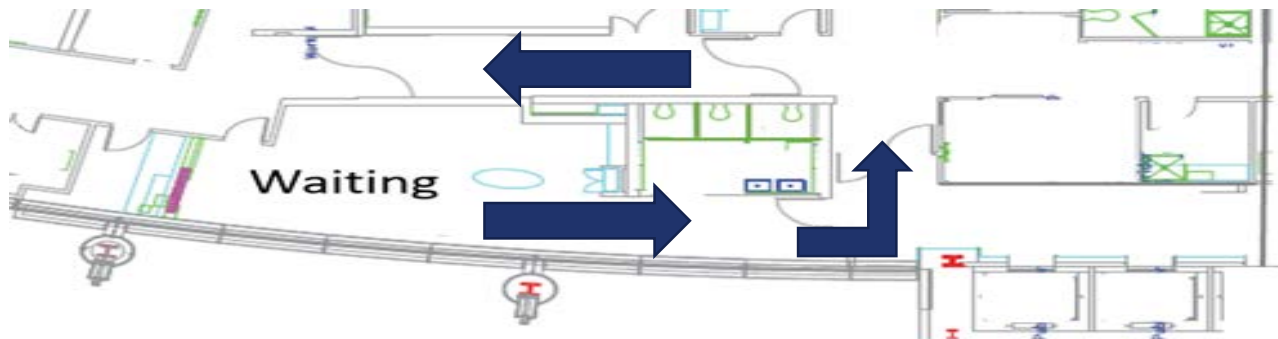
Hierarchy of Controls - **Administrative**

❑ Review Emergency Operations Plan

❑ Organizational decision to make changes

❑ Make changes

  ❑ What changed?

  ❑ Did you educate/train staff?

  ❑ How did you ensure compliance?

❑ Document the above
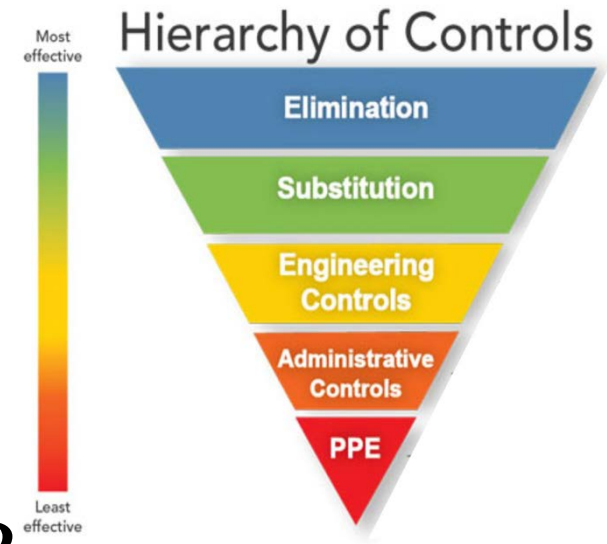
These examples are for illustrative purposes only. Please refer to your risk assessment when implementing your mitigation strategies

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Process changes

- ❑ Scheduling
- ❑ Infection Control
- ❑ Screening
- ❑ Sick leave
- ❑ Missed appointments
- ❑ Telework
- ❑ Managing clinic access

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html

Alter Schedules

- Alternate staff work schedules
- Arrange for some staff to work remotely
- Increase time between face to face appointments
- Block clinic hours for vulnerable or symptomatic patients
- Designate separate clinic locations
- Extend clinic hours to evenings and weekends
- Evaluate return to clinic intervals

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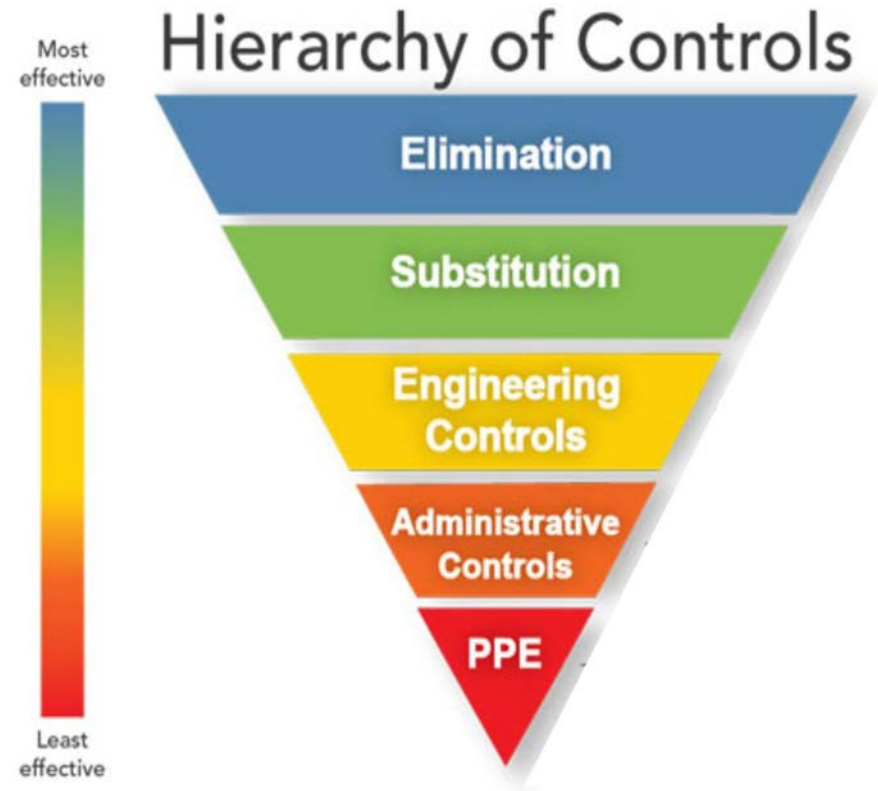# Communicating New Processes

- Staff
  - Chain of reporting
  - Changes in processes
  - Concerns

- Patients
  - Assessing population
  - Public Service Announcements

Training, Competence, Compliance

❑ **Screening of symptomatic vs asymptomatic patients**
❑ **Triage of ill patients**
❑ **Check-in process**
❑ **Donning and doffing PPE**
❑ **Respirators**
❑ **Cleaning products**

Hierarchy of Controls - **PPE**

- Available and Used Appropriately
- Examples:
  - Gowns
  - Masks/Respirators
  - Eye protection
  - Face shields
  - Gloves

Hierarchy of Controls

Most effective

Elimination

Substitution

Engineering Controls

Administrative Controls

PPE

Least effective

PPE Concerns

Need for PPE

Limited Resources

Patient care activities

Aerosol generating procedures

Additional users of PPE

Dwindling stock

Limited supplies/suppliers

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PPE Burn Rate Calculator

– The rate of supply use depends on multiple factors including

- Number of patients
- Number of staff
- Processes organizations put in place to conserve supplies
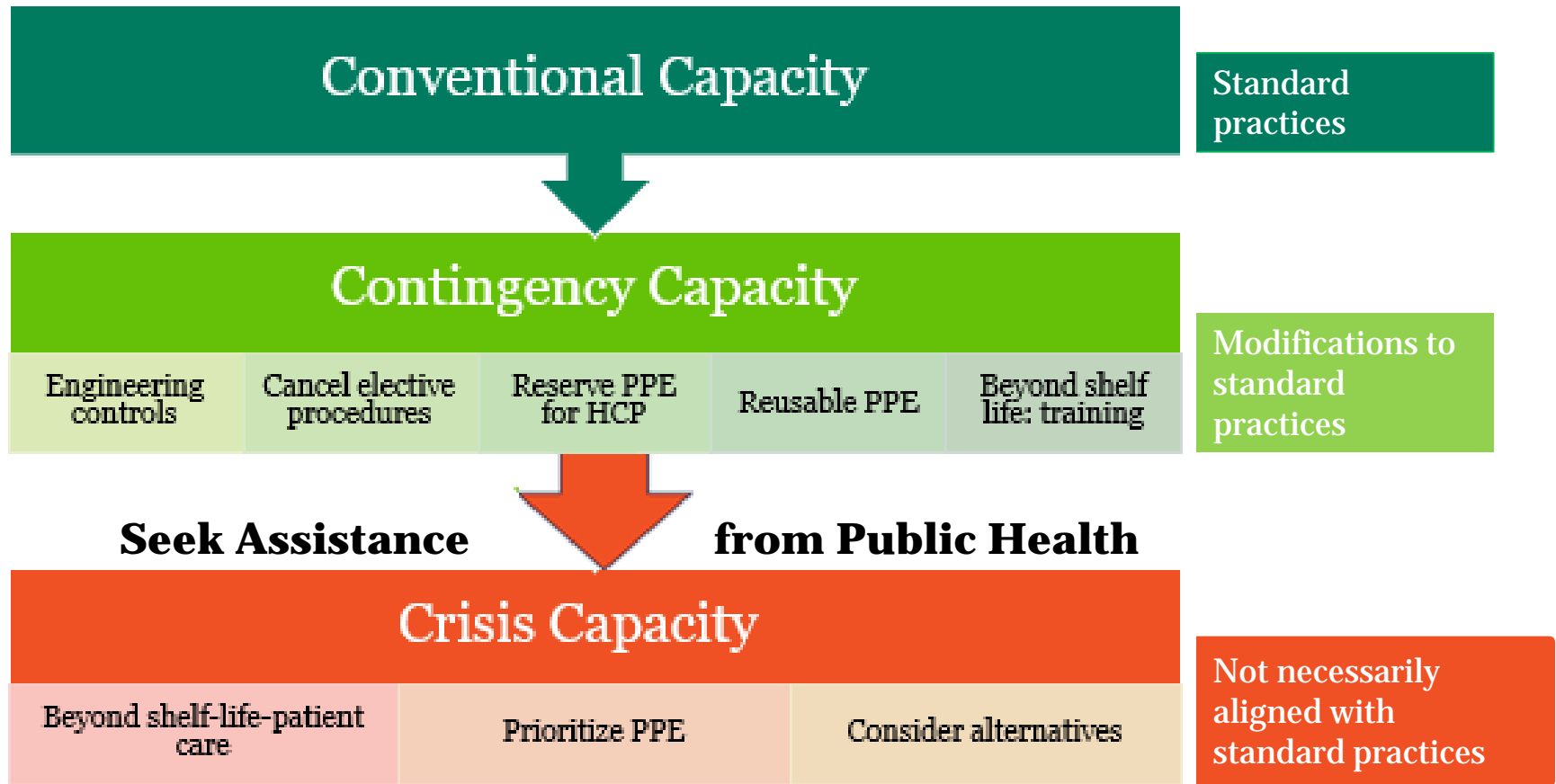- Increases in production and distribution

PPE Burn Rate Calculator

Personal Protective Equipment Burn Rate Calculator [3 sheets]

This spreadsheet can help healthcare facilities plan and optimize the use of personal protective equipment (PPE) for response to coronavirus disease 2019 (COVID-19). Get the Instructions

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

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CDC: PPE Optimization Strategy

Conventional Capacity

Standard practices

Contingency Capacity

Engineering controls	Cancel elective procedures	Reserve PPE for HCP	Reusable PPE	Beyond shelf life: training

Modifications to standard practices

Seek Assistance from Public Health

Crisis Capacity

Beyond shelf-life-patient care	Prioritize PPE	Consider alternatives

Not necessarily aligned with standard practices

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Assessed Risk = Resources Needed

Patient + **Procedure** + **Community Spread** = **PPE required**

COVID-19 Patient?	Aerosol Generating Procedure?	Spread of COVID in community?	Type of PPE
Yes	Yes	Any level	N95, face/eye protection, gloves, gown
Yes	No	N/A	N95 or mask, face/eye protection, gown, gloves
No/ Unknown	Yes	Any level	N95 or mask and face/eye protection, gloves, gown
No/Unknown	No	Moderate or Substantial	Mask and eye protection *
No/ Unknown	No	Minimal or Limited	Mask or cloth covering (source control) *

* Additional PPE as required by Standard and Transmission based Precautions —— 46

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PPE Selection based on COVID-19 Status and Anticipated Exposure

Respiratory Protection Program

- ## Written program required by OSHA

- ## Employer must protect HCW from hazards

Hospital Respiratory Protection Program Toolkit

Resources for Respirator Program Administrators

MAY 2015

https://www.cdc.gov/niosh/docs/2015-117/default.html

https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html

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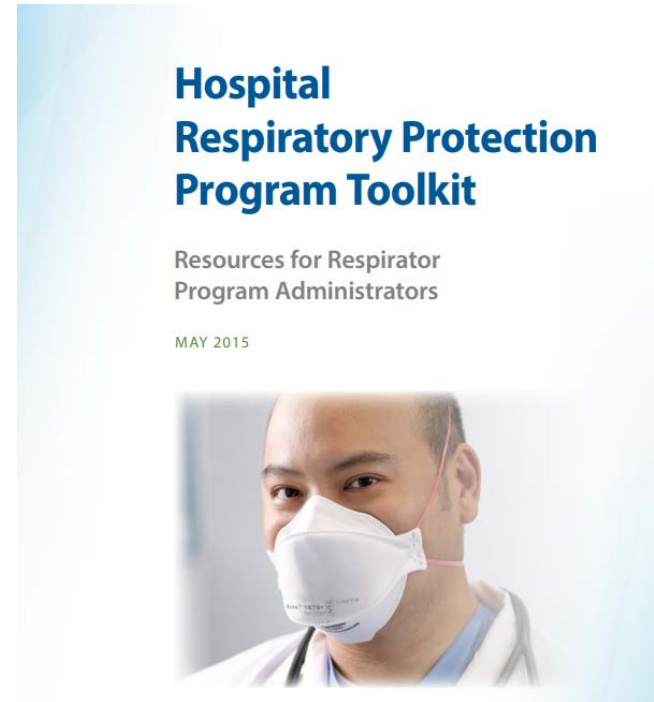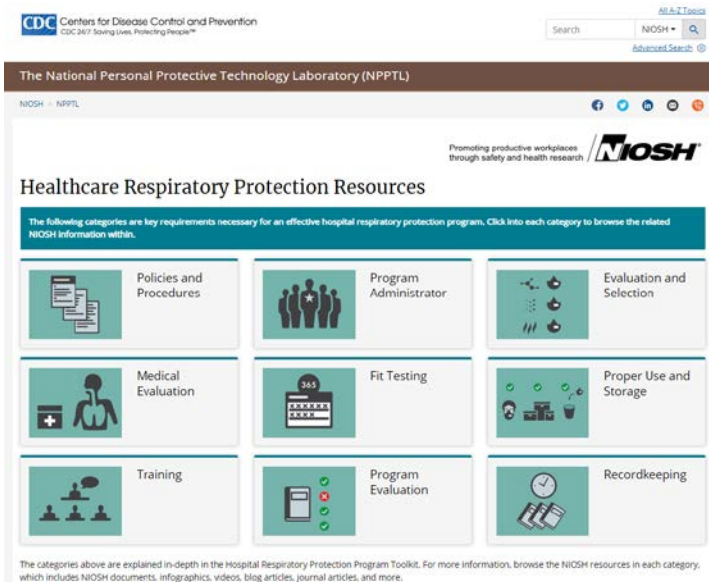
Please Remember:

– **Make decisions about PPE:**

- – **Based on assessment of your organization risks and hazards**
- – **In conjunction with health department**

– **As PPE becomes available, healthcare facilities will resume standard practices**

– Continue to maximize use of Elimination, Substitution, Engineering and Administrative Controls to decrease the likelihood of exposure

If Patient or Staff Member Tests Positive

– Establish a plan to address

– Contact public health for assistance

– Review measures to prevent transmission

– Identify potential exposure points

  – Patients not masked

  – Staff not masked

  – Aerosol generating procedures

https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html#signs_symptoms

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CDC Recommendations: **HCP with suspected or confirmed COVID-19**

Symptom Based - Preferred
- 3 days without symptoms
- 10 days since 1st signs

Test Based - Symptomatic
- Same as Symptom based, plus
- 2 consecutive negative test results

Time Based - Asymptomatic Carrier
- 10 days since confirmed test

Test Based - Asymptomatic
- 2 consecutive negative test results

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

Vulnerability Points

❑ Do your staff know how COVID-19 is transmitted and how to prevent spread?

❑ Do you have the supplies and equipment to protect your staff and patients?

❑ Can you provide supplies and equipment needed to care for the patient in all phases of care?

❑ Are your staff and patients committed to decreasing the risk of transmission?

❑ Are you depending on a test that has false negatives?

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Staff Wellbeing – #1 Priority

– **Commitment**
– **Illness**
    – **Screening**
    – **Returning to Work**
– **Stressors**
    – **Fears**
    – **Personal & Family Safety**

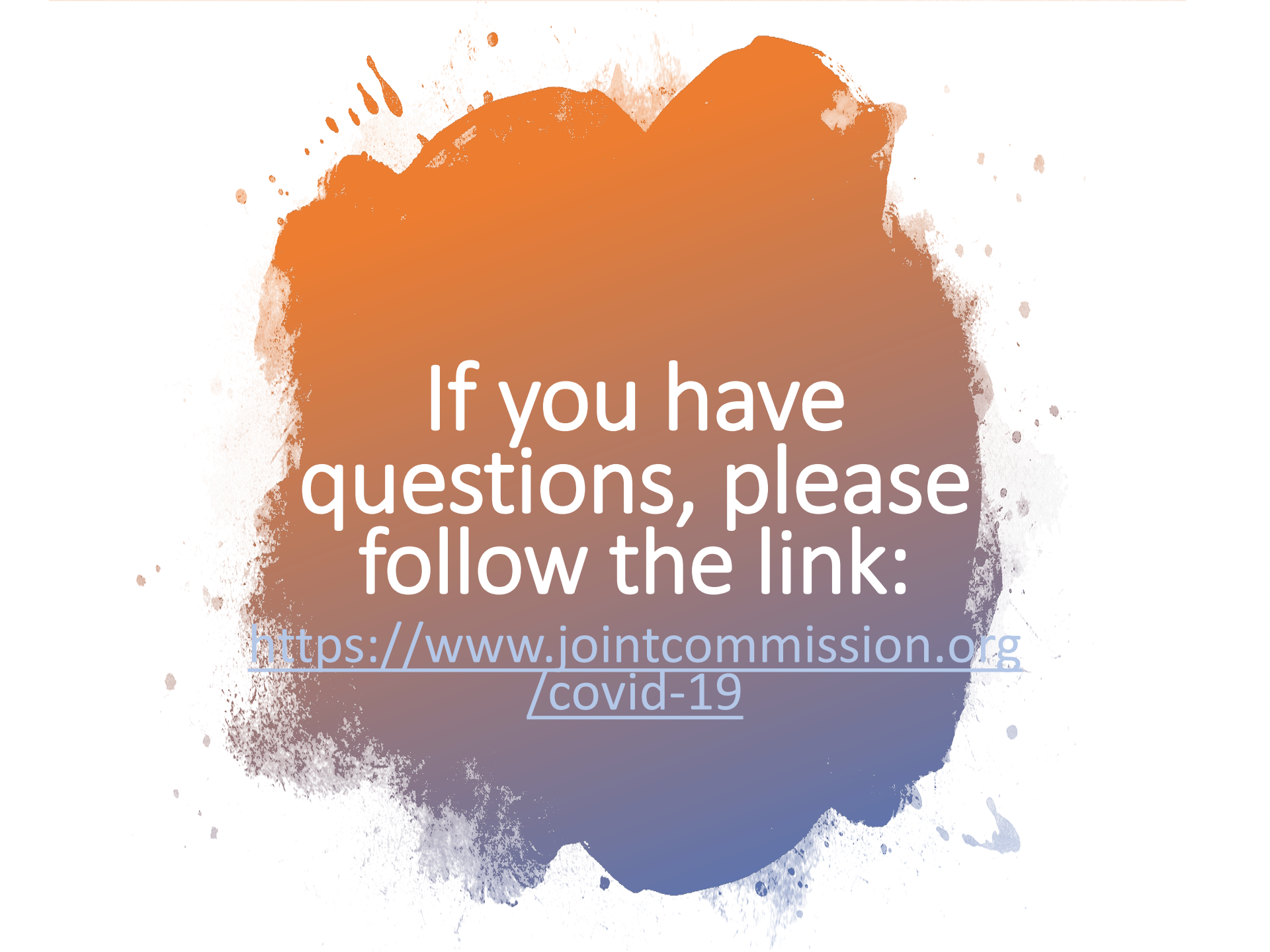https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html

In Summary

- Use your resources
- Prevent the spread of COVID
  - Conduct risk/hazard assessment
- Other factors to consider
  - Keeping staff safe

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If you have questions, please follow the link:

https://www.jointcommission.org/covid-19