COVID-19 Webinar for Disease-Specific Care Certification

Q&A With The Joint Commission

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Panel

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Today’s webinar will be focused on disease-specific care certification related questions. We will not be addressing questions about accreditation to ensure there is time to address all the certification related questions.
Infection Control Practices
Hierarchical Approach

Must comply with these!

Mostly your choice as to which you follow.

Rules and Regulations

CoPs and CfCs*

Manufacturers’ Instructions for Use

Evidence-Based Guidelines and National Standards

Consensus Documents

Organization’s Infection Prevention and Control Policy

* For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.
Deciding IP Practices During COVID 19

Federal Mandate

State mandate

Local Mandate

CMS requirement (if deemed)

Instructions for Use

Evidence based guidelines

Consensus documents

CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
What Does CDC Say? Visitors/Screening

Updated November 4, 2020:

• Source control
• Limit points of entry
• Assess all entering facility for COVID
  • Individual screening or
  • Electronic monitoring
  • Temperature monitoring

## CDC: Community Transmission

<table>
<thead>
<tr>
<th>Type of Community Transmission</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial community transmission</td>
<td>Large scale community transmission, including communal settings (e.g., schools, workplaces)</td>
</tr>
<tr>
<td>Minimal to moderate community transmission:</td>
<td>Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases</td>
</tr>
<tr>
<td>No to minimal community transmission</td>
<td>Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting</td>
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### PPE Selection: Risk = Resources Needed

<table>
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<tr>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Any level</td>
<td>FFR, face/eye protection, gloves, gown</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>FFR or mask, face/eye protection, gown, gloves</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>Yes</td>
<td>Moderate or substantial</td>
<td>FFR and face/eye protection, gloves, gown</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>Yes</td>
<td>Minimal or limited</td>
<td>FFR or mask *</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>No</td>
<td>Moderate or Substantial</td>
<td>Mask and eye protection *</td>
</tr>
<tr>
<td>No/Unknown</td>
<td>No</td>
<td>Minimal or Limited</td>
<td>Mask or cloth covering (source control) *</td>
</tr>
</tbody>
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**FFR:** Filtering Facepiece Respirator

* Additional PPE as required by Standard and Transmission based Precautions
Personal Protective Equipment: Optimization Strategies


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

CDC: PPE Optimization Strategy

Conventional Capacity
strategies that should already be in place as part of general infection prevention and control plans in healthcare settings

Contingency Capacity
strategies that can be used during periods of anticipated PPE shortages

Crisis Capacity*
strategies that can be used when supplies cannot meet the facility's current or anticipated PPE utilization rate

Respirator
Mask
Gown
Eye Protection
Gloves

### Contingency vs Crisis Strategy: N95

<table>
<thead>
<tr>
<th>Contingency Capacity Strategies</th>
<th>Contingency Capacity Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended use: N95</td>
<td>Limited reuse</td>
</tr>
<tr>
<td>Prolonged period</td>
<td>Multiple donning and doffing</td>
</tr>
<tr>
<td>Multiple contacts</td>
<td>Same mask over several episodes/days</td>
</tr>
<tr>
<td>Slow Burn Rate</td>
<td>Risk: multiple touches of mask</td>
</tr>
<tr>
<td>Limited number of touch</td>
<td>Consider:</td>
</tr>
<tr>
<td>opportunities</td>
<td>Limit surface contamination</td>
</tr>
<tr>
<td></td>
<td>Develop guidelines for staff</td>
</tr>
<tr>
<td></td>
<td>Limit number of ‘re-uses’</td>
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FDA FAQ: Hand Sanitizer

Q. Do hand sanitizers have an expiration date? Are they still effective after the expiration date?

• OTC drug products generally must list an expiration date unless they have data showing that they are stable for more than 3 years.
• FDA does not have information on the stability or effectiveness of drug products past their expiration date.
• Hand sanitizer produced under the temporary policies for hand sanitizer production and compounding may not have an expiration date listed because they are expected to be used during this public health emergency.

Thank You

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

What Your Organization Needs to Know About the Coronavirus

Trusted Guidance. Trusted Resources.

View resources
Resources

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

- Standards Interpretation
  - https://www.jointcommission.org/standards/standard-faqs/