Panel

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Topic for Today

Today’s webinar will be focused solely on the behavioral health care and human services accreditation program related questions as they relate to COVID-19 and The Joint Commission.

For questions related to other accreditation or certification programs, please join us for those webinars.
Recovery and The Joint Commission
In addition to conducting accreditation surveys and certification reviews, we have been advocating for the safety and wellbeing of healthcare workers at the highest levels of policy making.

We want to assure you that we want to work together to reduce your risk and ours during the onsite survey/review process.
Your questions

You have had a number of questions about our return to survey:

How or when will we get a survey?
What will that survey process look like, any differences?
What type of instruction have you provided your surveyors?
What will the surveyors focus on?
When and how will survey activity resume?

- Survey activity has started in low risk areas – includes all programs
- **Low Risk criteria**
  - Number of COVID-19 cases are lower and less impact to organizations
  - the # cases/thousand population and new cases within the county
  - Determination that our staff can travel to that area safely and find appropriate accommodations.
- In addition, your AE will contact you to determine your readiness.
- We are aware that surveys are past their due dates, CMS is also aware – we will conduct those surveys when we are able.
- Prioritized initials and past due organizations. We will also be looking for organizations due in the next few months that meet the low risk criteria and are currently ready for survey.
What instructions have been provided to surveyors?

- Do not travel if you are sick
- Do not travel if you have been in close contact with known or suspected COVID-19 patients
- When traveling they are required to wear a mask/face covering
- **Required to wear a mask on survey and follow the organizations guidelines. The organization will provide the PPE to the surveyor as required by their policy.**
- Practice physical distancing
- Practice good hand hygiene
- Follow CDC guidelines
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 individual’s homes
Survey process - continued

- We will NOT Enter an at risk or confirmed COVID-19 home or room.
- 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 information

- 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

- **Offsite (Virtual) Surveys** – early surveys, initial surveys, resurveys, and follow-up surveys (Psych Hospital, Behavioral)

- Offsite event is a combination of:
  - Secure Zoom technology for the survey and facility review
  - Use of a secure SharePoint site for document upload to review pre-survey
  - Initial/re-surveys conducted virtually will have a follow up survey onsite (HAP).
  - Organization is contacted to verify ability and willingness to participate
Any there any special standards to review for virtual care/telehealth IOP?
Pre-Submitted Questions

From BHC Webinar:

1. If providing counseling via telehealth during COVID, will you accept verbal acknowledgement of treatment plans if clients are not coming in?
2. Can you explain the current Joint Commission virtual process related to policies due to COVID-19?
Pre-Submitted Questions

We are 100% telemedicine in our practice. How should we prepare for our survey?
Pre-Submitted Questions

What are the minimum expectations for telehealth visits documentation when only the provider and patient are participating? Screenings? Documentation a nurse would typically complete?
If our organization is due for an onsite survey in 2021, should we expect our survey to be delayed?
Our State SOTA has waived regulations regarding tox screens, more expansive take home medications. Will The Joint Commission be citing us on the records that are non-compliant?
What are patient’s rights when refusing to wear a face mask and out on the milieu?
Why are MN and other states not allowing virtual surveys? Is it a state decision or Joint Commission decision?
When determining survey availability, is it the activation of the state emergency operation plan status or the hospital's that The Joint Commission will be concerned with?
Infection Control
Hierarchical Approach

- 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.

Must comply with these!

Mostly your choice as to which you follow.
How to Get Your Answers!

1. Is there a State or Local MANDATE?
   a) Review Department of Health Information
   b) Understand ‘required’ vs ‘recommended’

2. Are you deemed? If so, what is the CMS requirement?

3. What EBG or clinical practice guidelines are you following?
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
Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

DATE: December 17, 2020
TO: State Survey Agency Directors
FROM: Director
Quality, Safety & Oversight Group

SUBJECT: COVID-19 Infection Control for Psychiatric and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

Memorandum Summary

- **CMS is committed** to taking critical steps to protect all Americans including those with intellectual and developmental disabilities to ensure America’s health care facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **CMS is providing guidance** to psychiatric hospitals, Psychiatric Residential Treatment Facilities (PRTFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) to improve their infection control and prevention practices, in part, to prevent or lessen the need for use of seclusion and restraint as an infection control intervention.
- **All Psychiatric hospitals, PRTFs and ICF/IIDs should monitor the CDC website** for information and resources, and contact the local health department, when necessary (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

Providing care to patients and clients in Psychiatric hospitals, PRTFs and ICF/IIDs present unique care considerations and associated infection control challenges during the COVID-19 Public Health Emergency (PHE). CMS is providing additional clarification and guidance to improve infection control practices to assist in preventing the transmission of COVID-19, and to help avoid the need for use of seclusion and restraint, specifically as an infection control intervention.
Evidence-Based and Clinical Practice Guidelines

Coronavirus (COVID-19)

SAMHSA recognizes the challenges posed by the current COVID-19 situation and is providing the following guidance and resources to assist individuals, providers, communities, and states across the country. SAMHSA stands ready to assist in any manner possible.

https://www.samhsa.gov/coronavirus

COVID-19 Guidance for Behavioral Health Residential Facilities


CDC: General Infection Prevention Recommendations

Continue Telehealth strategies
Screening/triage at point of entry
Re-evaluate admitted (non-COVID) patients for symptoms
Universal Source Control
  - Patient/visitors wear face covering
  - Staff wear medical mask
  - Physical distancing
Optimize engineering controls
Pre-Submitted Questions

Can you provide some guidance on COVID IC in the psychiatric environment?

For behavioral health patients in the unit following COVID-19 protocol, will the hospital be affected if some patients do not follow protocol within the unit? Any different suggestions or policies for mental health patients?

How do we keep patients safe at the higher level-of-care, specifically, partial hospitalization or intensive outpatient care level?

I am interested in changes needed to manage patients in both inpatient and outpatient behavioral health
Key Considerations

Focus on safety
- Protect patient/resident
- Protect staff

Address concerns
- Staffing
- Patient/resident

Modify delivery of care
- Individual therapy
- Group therapy

## Focus on Safety

<table>
<thead>
<tr>
<th>Protect patients/resident</th>
<th>Protect staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Screening</td>
<td>• Training</td>
</tr>
<tr>
<td>• Restrict Visitors</td>
<td>• PPE</td>
</tr>
<tr>
<td>• Create smaller cohorts</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Minimize staff movement between facilities</td>
<td>• Provide emotional support</td>
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</tbody>
</table>

Address Concerns

- Staff concerns
  - COVID exposure
  - Return to work
  - Plan for shortages
- Patient/resident concerns
  - Communicate regularly
  - Discuss changes
  - Talk about stress
Pre-submitted Questions

Is it okay for us to remove facemasks for one-on-one therapy sessions in private offices when a distance of 6 feet or more can be maintained?

What is your recommendation for face-to-face sessions with distancing more than 6 feet? Is mask required?

What safety measures would be expected in group therapy setting?

How do we determine when it is safe to meet with clients face to face and what precautions should we take? i.e. should both client and therapist wear a mask along with social distancing?
Modify Delivery of Care

**General considerations:**
- Stagger times for individual therapy
- Group therapy:
  - Stagger sessions
  - Close room to participants only
- Educate patients
- Address coping

**Infection Prevention strategies:**
- Mask for healthcare worker
- Cloth face covering for resident
- Social distancing
- Hand hygiene
- Cleaning and disinfection
Pre-submitted Questions

Does all staff wear N95 masks when caring for patients without symptoms or even in the same environment with patients?

Please clarify the use of PPE for care of the COVID and non-COVID patient with and without AGP.
## CDC: Community Transmission

<table>
<thead>
<tr>
<th>Type of Community Transmission</th>
<th>Definition</th>
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<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

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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>
</table>

* Additional PPE as required by Standard and Transmission based Precautions
Pre-submitted Questions

Our interpretation of OSHA regulations regarding N95 masks is that we are required to fit test all staff who must wear them. Can The Joint Commission share what they know about "fit test" and if there are situations that do not require the test.
OSHA: Respiratory Protection

Enforcement Discretion. In view of these shortages and limitations, OSHA has provided specific enforcement discretion, as described below, for CSHOs enforcing the \textit{Respiratory Protection} standard, 29 CFR § 1910.134, during the present COVID-19 outbreak. CSHOs are to refer to the memoranda listed below (also listed in Attachment 5), and should continue to check for additional or modified guidance:


CSHOs should assess whether the employer is making good-faith efforts to provide and ensure workers use the most appropriate respiratory protection available for exposures to SARS-CoV-2. Below is a summary of key guidance from the above memoranda. CSHOs should also consult the memoranda themselves for complete details of OSHA's enforcement policies on the Respiratory Protection standard during the outbreak. The employer's good faith efforts should be accomplished through, in order:
OSHA Enforcement Memos

OSHA field offices shall exercise enforcement discretion concerning the annual fit testing requirement, 29 CFR § 1910.134(f)(2), as long as employers:

- Organizations must continue:
  - Implement hierarchy of controls
  - Good faith effort to comply with standard
  - NIOSH-certified respirator
  - Use CDC optimization strategies
  - Educate healthcare workers
  - Conduct fit testing as needed

Pre-submitted Questions

Are staff and clients required to wear masks in an outpatient therapy office, and if so, can they bring their own cloth masks?

We are having difficulty finding N95 masks to purchase.

Does The Joint Commission require a mask wearing policy for clients when in the common areas?

Is there really a difference between the effectiveness of surgical mask vs. a cloth mask with a pocket for filter insert? I know the poster said cloth was not considered PPE. Why?

What type of mask should behavioral health staff be wearing around patients?
Conventional Capacity...Facemask for HCP

- **PPE**
  - Protect from splashes, sprays, splatters, respiratory secretions
  - Remove and discard after patient encounter

- **Source Control**
  - Cover one’s mouth and nose to prevent respiratory secretions
  - Use until become soiled, damaged or hard to breathe through

Pre-submitted Questions

What are the expectations for documenting COVID screenings? Can we verbally obtain permissions in place of a signature for things like registrations and treatment plans if obtaining the signature isn't feasible due to COVID restrictions?

When should an individual be tested once exposed?
## CDC Guidance for Asymptomatic HCW Who Were Exposed to COVID-19

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
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| HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19<sup>3</sup> | • HCP not wearing a respirator or facemask<sup>1</sup>  
• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask  
• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure<sup>1</sup> | • Exclude from work for 14 days after last exposure<sup>6</sup>  
• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19<sup>6</sup>  
• Any HCP who develop fever or symptoms consistent with COVID-19<sup>6</sup> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |

HCP other than those with exposure risk described above | N/A | No work restrictions  
• Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19<sup>6</sup> and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19<sup>6</sup> at the beginning of their shift.  
• Any HCP who develop fever or symptoms consistent with COVID-19<sup>6</sup> should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
Pre-submitted Questions

If a patient continues to test "positive" for COVID-19, what precautions should be implemented if located on an inpatient MH unit?
Pre-submitted Questions

Are there any recommendations from The Joint Commission for repeat testing of patients?
Pre-Submitted Questions

Is it a requirement that staff be notified if a PUI has a positive COVID?
What Does CDC Say?

Establish reporting within and between healthcare facilities and to Public Health Authorities

- Promote awareness to staff
  - Patients with confirmed COVID
  - Facility response plan
- Designate person responsible for communication
Pre-Submitted Questions

Is there a COVID FAQ regarding continued use of expired hand gel? (due to limited supply as the result of COVID)
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.

Pre-Submitted Questions

Can you give any details regarding Joint Commission survey focus regarding the pandemic/infection control?

What will surveyors focus on in upcoming surveys regarding infection control during COVID-19?

What infection control practices will Joint Commission expect to see created in response to COVID?
CMS 1135 Waivers
The Department of Health and Human Services released a statement on Friday, 10/02/20 stating the PHE was extended.

The renewal effective date is Friday, 10/23/20 and will last for 90 days.

This is the third extension of the PHE.

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

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.
Can you still use the CMS 1135 waiver if the hospital is no longer operating under its Emergency Plan?
Pre-Submitted Questions

What CMS-1135 waivers apply to the behavioral health unit and what does The Joint Commission expect regarding documentation accepting the use of these CMS-1135 waivers?
If there is a Joint Commission Waiver and a CMS blanket waiver which one does a deemed hospital follow?
Annual retrainings for staff performing restraints include reenactments of the physical restraint to assess skill competencies. With COVID distancing protocols, these reenactments are being avoided during the training. What is The Joint Commission’s position on this?
Please address if the definition of "seclusion" differs when it pertains to a patient who is COVID-19 positive and refuses to maintain distance from others.
Environment of Care and Life Safety
What is expected regarding fire drills during COVID?
Pre-Submitted Questions

For screening stations set up at entrances is an ILSM appropriate for egress concerns or should we submit a 1135 waiver?
Pre-Submitted Questions

What are best practices for ligature risk and designs?
Is there a waiver for compliance with scheduled drills that were not able to be undertaken due to COVID-related staff changes, office closures, and distancing protocols?
Since 50% of drills are supposed to be unannounced, will we be held accountable for holding all drills as announced drills, not having staff physically gather, and have the site safety officer go around and ask staff how they would respond?
What environment of care changes have been made to locked behavioral health units as a result of the pandemic?
Thank You

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

- COVID Resources
  - [https://www.jointcommission.org/covid-19/](https://www.jointcommission.org/covid-19/)

- Standards Interpretation
  - [https://www.jointcommission.org/standards/standard-faqs/](https://www.jointcommission.org/standards/standard-faqs/)