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.
Pre-Submitted Questions

Any insight on what inspections can be performed by remote video inspection (RVI)?
Are there any requirements pertaining to using plexiglass as barriers? Such as openings for speak through and pass through of paper items? Dimensions requirements per square inches.
Pre-Submitted Questions

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

Are there guidelines for utilizing portable forced air systems to convert an existing hospital room for AIIR needs?
The Joint Commission Return to survey activity

- In addition to conducting accreditation surveys, 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 on-site survey/review process.
When and how will review activity resume?

- Review 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 reviews are past their due dates, we will conduct those reviews 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 review.
What instructions have been provided to reviewers?

- 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 you are required to wear a mask/face covering
- **You are required to wear a mask on survey and follow the organization’s 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
Survey/ Review process

- We will NOT enter an at risk or confirmed COVID-19 room. We will not visit a unit with any confirmed COVID-19 patients.
- 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 review
- Follow “PPE” and risk reduction strategies as established by the CDC
- Limit attendance at group sessions (e.g., opening, briefings, system tracers)
- Limit observers or scribes to avoid additional exposure during the review
Additional information

- We would ask that you do not provide additional avoid dates due to the difficulty in scheduling reviews – avoid dates already submitted will be honored to the extent we can.
- Virtual 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 review
  - Initial reviews conducted virtually will have a follow-up review on-site.
  - Organization is contacted to verify ability and willingness to participate.
Pre-Submitted Questions

Are programs waving stroke hour requirements due to COVID?
Pre-Submitted Questions

Can we do our inpatient diabetes survey like we do the intracycle calls and switch the in-person survey to next year?
Pre-Submitted Questions

Can we follow Optimist trial vitals and neuro-checks following alteplase?
Pre-Submitted Questions

During the crisis, does the institution have to do face-to-face ongoing competencies, or will Zoom be sufficient education to meet the standards?
Pre-Submitted Questions

How is COVID-19 impacting the community education requirements for stroke?
Pre-Submitted Questions

What should frontline workers expect The Joint Commission to ask questions about, in regard to COVID-19?
Pre-Submitted Questions

Will education requirements for PSC be waived for physicians due to the pandemic?
Pre-Submitted Questions

What labeling is required for hand sanitizers in the patient care areas?
Pre-Submitted Questions

If chemicals used for cleaning of medical equipment change due to shortages from the pandemic (such as Clorox wipes) does a letter need to be obtained from the manufacturer giving approval to use the new substitute chemical if it is not included in MIFU’s?
Pre-Submitted Questions

Is anyone using UV cleaning on isolation gowns?
Emergency Use Authorization

Emergency Use Authorization (EUA) information, and list of all current EUAs

Under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), the FDA Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by CBRN threat agents when there are no adequate, approved, and available alternatives.
Coronavirus Disease 2019 (COVID-19) Emergency Use Authorizations for Medical Devices

On February 4, 2020, the Secretary of the Department of Health and Human Services (HHS) determined, pursuant to section 564 of the Federal Food, Drug and Cosmetic (FD&C) Act, that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves a novel (new) coronavirus (nCoV) first detected in Wuhan City, Hubei Province, China in 2019 (2019-nCoV). The virus is now named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes the disease COVID-19.

On the basis of this determination, the Secretary of HHS has subsequently declared that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for the detection and/or diagnosis of COVID-19 (February 4, 2020), personal respiratory protective devices (March 2, 2020), and other medical devices, including alternative products used as medical devices (March 24, 2020), for use during the COVID-19 outbreak pursuant to section 564 of the Act and subject to the terms of any authorization granted under that section.
FDA EUAs (9/17/20)

- Blood Purification
- CRRT and HD Devices
- In Vitro Diagnostics
- Decontamination Systems for PPE
- Infusion Pump
- PPE
- Remote or Wearable Patient Monitoring Devices EUAs
- Respiratory Assist Devices EUAs
- Ventilators and Ventilator Accessories EUAs
- Other Medical Device EUAs

Pre-Submitted Questions

During a survey, will infection control still be scrutinized for 2020 or will some sort of reprieve be given due to a facilities emergency operation plan in relation to COVID.
Pre-Submitted Questions

Are hospitals requiring audit of PPE, donning and doffing techniques throughout COVID-19?
Pre-Submitted Questions

Do all staff need to wear N95 masks when caring for patients without symptoms or even in the same environment with patients?
PPE Selection

Acceptable Alternative PPE – Use Facemask

Face shield or goggles

Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.

One pair of clean, non-sterile gloves

Isolation gown

N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

One pair of clean, non-sterile gloves

Isolation gown

cdc.gov/COVID19

AGP’S
## PPE Selection: Risk = Resources Needed

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<td>Any level</td>
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<td>Moderate or Substantial</td>
<td>Mask or cloth covering (source control) *</td>
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FFR: Filtering Facepiece Respirator

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

Is eye protection really necessary?
Pre-Submitted Questions

Is The Joint Commission requiring a separate room for donning and one for doffing?
At discharge, why is room closure required for a COVID positive patient (for all X air changes per hour) if there is no AGP performed? This is a droplet disease.
Room Turnover Time

- Considerations
  - Size of room?
  - Number of air exchanges/hour?
  - Length of time patient was in room?
  - Patient coughing/sneezing?
  - Patient wearing face covering?
  - PPE worn?
  - Aerosol generating procedure?

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https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1
Pre-Submitted Questions

Is visitor screening required and if so, what are the requirements?
Pre-Submitted Questions

Are hospitals required to indicate that social distancing must be done in an elevator? For example, placing dots or x’s on the floor to direct people where to stand on elevators? Is COVID testing for all employees mandatory?
Follow the Hierarchy

- 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
Searching Health Departments

Local and State Health Departments

- Repository of information
  - Community spread
  - Positivity rates
- Provide guidance
  - Visitor restrictions
  - Reopening
  - Mask usage
  - Screening
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/