Panel

Diane Cullen, MSN, MBA, RN, CIC
Associate Director
Standards Interpretation Group
The Joint Commission

Wayne Murphy
Field Director
Division of Accreditation and Certification Operations
The Joint Commission

Edward Smith, RN, MSN, FNP
Associate Director
Standards Interpretation Group
The Joint Commission

Herman A. McKenzie, MBA, CHSP
Director of Engineering
Standards Interpretation Group
The Joint Commission

Maura Naddy, MSN, RNC-OB
Associate Director
Standards Interpretation Group
The Joint Commission

Jennifer Welch, MBA
Associate Director
Division of Accreditation and Certification Operations
The Joint Commission
Topic for Today

Today’s webinar will be focused solely on the home care 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.
CMS 1135 Waivers
Public Health Emergency (PHE) Extension

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.
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.
Infection Control
Hierarchical Approach

* 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.
Deciding IP Practices During COVID 19

Federal Mandate

State mandate

Local Mandate

CMS requirement (if deemed)

CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Evidence based guidelines

Instructions for Use

Consensus documents
Screening and Testing
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

Pre-Submitted Questions

If home care is wearing proper PPE and the patient has been determined to be exposed to COVID or COVID + - is there an exposure to staff if the patient is not wearing PPE?

Should caregivers be removed from their schedules and suspend client services if either has been exposed to COVID-19?

Pre-Submitted Questions

Do we need a negative COVID test before allowing previously positive staff back to work?

Pre-Submitted Questions

What are the requirements for someone to administer the test to clients in their home?

Are N95 masks recommended for collection of COVID-19 swab tests?

Personal Protective Equipment
## CDC: Community Transmission

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

## Patient + Procedure + Community Spread = PPE

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>Yes</strong></td>
<td>Any level</td>
<td>FFR, face/eye protection, gloves, gown</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td>N/A</td>
<td>FFR or mask, face/eye protection, gown, gloves</td>
</tr>
<tr>
<td><strong>No/Unknown</strong></td>
<td><strong>Yes</strong></td>
<td>Moderate or substantial</td>
<td>FFR and face/eye protection, gown, gloves</td>
</tr>
<tr>
<td><strong>No/Unknown</strong></td>
<td><strong>Yes</strong></td>
<td>Minimal or limited</td>
<td>FFR or mask *</td>
</tr>
<tr>
<td><strong>No/Unknown</strong></td>
<td><strong>No</strong></td>
<td>Moderate or Substantial</td>
<td>Mask and eye protection *</td>
</tr>
<tr>
<td><strong>No/Unknown</strong></td>
<td><strong>No</strong></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

FFR: Filtering Facepiece Respirator
What would you advise as a standard on when to discontinue full PPE for positive patients in the home?

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

Contingency vs Crisis Strategy: N95

Contingency Capacity Strategies

- Extended use: N95
  - Prolonged period
  - Multiple contacts
- Slow Burn Rate
- Limited number of touch opportunities

Crisis Capacity Strategies

- Limited reuse
  - Multiple donning and doffing
  - Same mask over several episodes/days
- Risk: multiple touches of mask
- Consider:
  - Limit surface contamination
  - Develop guidelines for staff
  - Limit number of ‘re-uses’
CDC Contingency Capacity Update: Clarifications on Extended Use Respirators

Wearing the same N95 respirator for repeated close contact encounters with several different patients WITHOUT removing between patient encounters

- Best suited for same infectious disease
- Considerations:
  - Ability of N95 to retain fit
  - Contamination concerns
  - Practical considerations (meal breaks)
  - Discard if contaminated
  - May consider using facemask/faceshield over respirator to reduce contamination risk
- If need to re-use the extended use mask- see Crisis Capacity Strategies

CDC Crisis Capacity Update: Clarification on **Limited Re-use of Respirators**

Follow manufacturer’s IFUs for maximum number of donnings

If no IFU:
- Limit number of reuses to no more than 5 donnings per device per HCP
  - HCP should check seal
  - If needed > 5 donnings:
    - Respiratory protection managers should consider implementing a qualitative respirator fit performance evaluation
  - Do not use same N95 for multiple HCP

Limited reuse with extended use:
- Caution to minimize self contamination and degradation of respirator
- If no IFU for maximum, limit to a total of 5 donnings regardless of number of hours worn

General Infection Prevention
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/

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