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Pre-Submitted Questions

For psychiatric hospitals or units, what is the best way to have therapy groups - should we be practicing social distancing for patients and staff?
Pre-Submitted Questions

Are there recommendations for testing strategies when returning to elective surgery?
Pre-Submitted Questions

Is there any update regarding the immunity or protection from repeated infections with SARS-CoV-2?
Pre-Submitted Questions

What are the room requirements for a patient with COVID-19?

Can you address cohorting of patients?

We have one unit, with 22 beds, how would I accommodate a COVID 19 positive patient without taking a room away from the general population?
What are your thoughts/observations of best practices regarding transport of patients with known COVID-19 infection to and from procedural areas and other areas within the acute care setting?
Pre-Submitted Questions

In a non-negative pressure room in the emergency room, what is the standard time recommendation for leaving room closed before it can be cleaned?
## Room Turnover

- Considerations
  - Size of room
  - Number of ACH (air changes per hour)
  - Length of time patient was in room
  - Patient coughing/sneezing
  - Patient wearing face covering
  - Aerosol generating procedure
  - PPE used

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

<table>
<thead>
<tr>
<th>ACH</th>
<th>Time (mins.) required for removal 99% efficiency</th>
<th>Time (mins.) required for removal 99.9% efficiency</th>
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<tr>
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<td>138</td>
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</tr>
<tr>
<td>4</td>
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<tr>
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<td>8</td>
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</table>

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

PPE Questions:
• What PPE should be worn and when?
• How do I optimize limited supplies of PPE?
• How do I reprocess N95 respirators?
COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

**Preferred PPE – Use** N95 or Higher Respirator

- Face shield or goggles
- 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

**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

[cdc.gov/COVID19]
## Community Transmission

<table>
<thead>
<tr>
<th>Type of Community Transmission</th>
<th>Definition</th>
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<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>
</tr>
</tbody>
</table>
# PPE Selection: Risk = Resources Needed

<table>
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<tr>
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</tr>
</thead>
<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>
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</table>
PPE Challenges

Need for PPE
- Patient care activities
- Aerosol generating procedures
- Additional users of PPE

Limited Resources
- Dwindling stock
- Limited supplies supplierners

PPE Burn Rate Calculator

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

<table>
<thead>
<tr>
<th>PPE Type</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
</table>
| All PPE  | - Use physical barriers and other engineering controls  
- Limit number of patients going to hospital or outpatient settings  
- Use telemedicine whenever possible  
- Exclude all HCP not directly involved in patient care  
- Limit face-to-face HCP encounters with patients  
- Exclude visitors to patients with known or suspected COVID-19  
- Cohort patients and/or HCP | - Selectively cancel elective and non-urgent procedures and appointments for which PPE is typically used by HCP  
- Decrease length of hospital stay for medically stable patients with COVID-19 | - Cancel all elective and non-urgent procedures and appointments for which PPE is typically used by HCP |

Contingency vs Crisis Strategy: N95

- Contingency Strategies
  - Extended use: N95
    - Prolonged period
    - Multiple contacts
  - Used beyond shelf life for fit test and training

- Crisis Capacity Strategies
  - Beyond shelf life for care delivery
  - Non-NIOSH approved
  - Limited reuse
  - Prioritized use
Are You in Crisis Capacity?

Evaluate Adequacy of Current N95 FFR Inventory and Supply Chain
Is your current N95 FFR inventory and supply chain equal to or greater than your PPE needs?

Are there N95 FFRs available from local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) that can cover your PPE needs based on your burn rate and ability to procure more PPE when needed?

Use the Personal Protective Equipment (PPE) Burn Rate Calculator to help you plan and optimize the use of PPE during the response to coronavirus disease 2019 (COVID-19).

Evaluate Availability of Other Respirators in Your Inventory
Are there NIOSH-approved respirators that meet or exceed the level of protection of N95 FFRs available in your inventory or from the supply chain to cover your PPE needs?

Are there NIOSH-approved respirators available from local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) that can cover your PPE needs?

Other devices that can be used include N99, N100, P95, P99, P100, R95, R99, and R100 FFRs, elastomeric respirators, and powered air-purifying respirators (PAPRs).

The use of these devices is included in the conventional capacity strategies to conserve the supply of N95 FFRs. More information on other NIOSH-approved respiratory protective devices can be found here.

Evaluate Extended Use of N95 FFRs
Can extended use of N95 FFRs (using the same N95 FFR for more than one patient contact) cover your PPE needs based on your burn rate and ability to procure more PPE when needed?

More information on extended FFR use and other contingency capacity strategies can be found here.

You are not operating at crisis capacity.
Follow conventional capacity strategies or if shortages are expected, contingency capacity strategies. Continue to monitor current respiratory protection needs and usage. More information on optimization strategies can be found here.

Apply crisis capacity strategies.
More information can be found at here.

Check supply chain and other resources frequently (e.g., daily).
Evaluate Adequacy of Current N95 FFR Inventory and Supply Chain

Is your current N95 FFR inventory and supply chain equal to or greater than your PPE needs?

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Pre-Submitted Questions

How do I reprocess N95 respirators?

Pre-Submitted Questions

What will surveyors focus on in upcoming surveys regarding infection control during COVID-19?
Can you speak to updating infection control plans relative to COVID?

Will future clinical standards reflect hospital preparedness for pandemic management?
Pre-Submitted Questions

What education will be required for employees regarding COVID?
Pre-Submitted Questions

What are the minimum expectations for telehealth visits documentation when only the provider and patient are participating? Screenings? What is the documentation a nurse would typically complete.
Pre-Submitted Questions

Is there a standard document or format for tracking the dates when our hospital went into pandemic response and when we stopped. It is my understanding we have to have the dates documented when we were in pandemic response for surveying.
Pre-Submitted Questions

Can we implement the CMS Blanket 1135 waivers if our organization has not officially activated our Emergency Operating Plan (EOP)?
Pre-Submitted Questions

As we have all stood up our Incident Command Centers during this COVID crisis, what documentation is required to show our activities?
Pre-Submitted Questions

Do we have to physically submit a waiver request to CMS or is it a blanket waiver and specific request not needed?
Pre-Submitted Questions

How long after the 1135 waver expires do we need to go back to normal operation? i.e. COVID-19 temporary isolation rooms?
Pre-Submitted Questions

In a recent notice from TJC stating that surveys will resume in June, there is a statement that surveys will not look at retrospective compliance and will focus on how we dealt with the pandemic and current practices. Can you provide more details?
Pre-Submitted Questions

What additional documentation is advised regarding current medical staff members practicing via telemedicine?
Pre-Submitted Questions

What determines for the HSO the "end" of operating under the EOP? Internal declaration/document? No longer operating under waivers? EOP Incident Command Center no longer being staffed (but ldrs accessible virtually)? Combination of these?
Pre-Submitted Questions

What is the expectation (timeframe) for getting caught back up on employee licenses, certifications, competencies?
What will surveyors look for related to disaster credentialing and telehealth privileges?
Pre-Submitted Questions

When can we expect to hear updates on the 1135 waivers? Will there be sufficient warning before waivers end?
Pre-Submitted Questions

Which standards are impacted by waivers and if a conflict between a federal waiver and state law, which takes precedent?
Pre-Submitted Questions

You mentioned previously that the CMS 1135 Waiver information could be found on TJC's extranet site under "resources and tools." I am unable to find the information there.
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.
Pre-Submitted Questions

What additional documentation is advised regarding current medical staff members practicing via telemedicine?
• 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/ review:

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

- Survey/ 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 surveys/ reviews are past their due dates, CMS is also aware – we will conduct those surveys/ 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 survey.
What instructions have been provided to surveyors/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 they are required to wear a mask/face covering
- **Required to wear a mask on survey/review and follow the organizations guidelines. The organization will provide the PPE to the surveyor/reviewer as required by their policy.**
- Practice physical distancing
- Practice good hand hygiene
- Follow CDC guidelines
What has changed about the survey process?

The survey/review process and its components will remain the same however here are some guidelines for the survey/review:

- 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 patient homes
Survey/ Review process - continued

- We will **NOT** Enter an at risk or confirmed COVID-19 homes or rooms.
- 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 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

• **Virtual surveys** – early surveys and initial surveys have occurred in some programs (Hospital, Behavioral, Lab, NCC, CAH and Home care)

• 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 survey

• Initial surveys conducted virtually will have a follow up survey onsite.
• Organization is contacted to verify ability and willingness to participate
COVID-19 resources

What Your Organization Needs to Know About the Coronavirus

Trusted Guidance. Trusted Resources.

View resources
Pre-Submitted Questions

Any insight on what inspections can be performed by remote video inspection (RVI)?
Pre-Submitted Questions

Are there templates, checklists or guides related to EM, and what is required when recovering from a disaster?
Pre-Submitted Questions

Does the waiver of 42 CFR Â§482.41(d) for hospitals allow for hospitals to adjust/delay PMs for medical equipment?
For the cleaning supply and equipment room, do we follow ANSI/ASHRAE/ASHE sterile supply standards?
Pre-Submitted Questions

Has The Joint Commission received any guidance on 1135 Waivers or any other grace for delaying ITM of fire alarm, sprinkler, emergency power or piped medical gas systems?
Pre-Submitted Questions

On the BBI do we have to submit waivers for the following items:

- 1. Medical Gas Master alarms
- 2. Delay Egress Doors
- 3. Reduction in the flow switches testing
- 4. permits the Hospital to follow ASHRAE 170 to reduce humidity to 20%.
Pre-Submitted Questions

Will any EOC and Life Safety documents be reviewed remotely or only on-site?
Pre-Submitted Questions

With the new CMS requirements of LS survey at off site ED and ambulatory surgery centers, how many days should be expected of the LS Surveyor to spend at offsites?
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/