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.

Perspectives, April 2019
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
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 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

- 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

## 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>
</tr>
</tbody>
</table>

## PPE Selection: Risk = Resources Needed

<table>
<thead>
<tr>
<th>Patient</th>
<th>Procedure</th>
<th>Community Spread</th>
<th>PPE</th>
</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>
</tr>
</tbody>
</table>

FFR: Filtering Facepiece Respirator

* Additional PPE as required by Standard and Transmission based Precautions
Re-use of PPE? N95 masks?

**Contingency vs Crisis Strategy: N95**

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

**Contingency Crisis 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’
Pre-Submitted Questions

If an employee is exposed and should quarantine for 14 days, is there an alternative to get 2 negative tests at a certain point instead?

Protocols for staff if they have been exposed to COVID outside of work? Is it necessary to have staff report their own temperature for each shift?

Pre-Submitted Questions

Are plexiglass screens acceptable for social distancing for patients waiting rooms?

https://www.cdc.gov/niosh/topics/hierarchy/default.html
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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>138</td>
<td>207</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>104</td>
</tr>
<tr>
<td>6</td>
<td>46</td>
<td>69</td>
</tr>
<tr>
<td>8</td>
<td>35</td>
<td>52</td>
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<tr>
<td>10</td>
<td>28</td>
<td>41</td>
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<tr>
<td>12</td>
<td>23</td>
<td>35</td>
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<td>15</td>
<td>18</td>
<td>28</td>
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<tr>
<td>20</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>50</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1

## Relevant Joint Commission Ambulatory Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC.01.03.01</td>
<td>Identify risk in the community and prioritize risk for acquiring and transmitting infection</td>
</tr>
<tr>
<td>IC.01.04.01</td>
<td>Set goals to minimize risk of transmitting infection</td>
</tr>
<tr>
<td>IC.01.05.01</td>
<td>Develop Infection Prevention plan using evidence-based guidelines</td>
</tr>
<tr>
<td>IC.01.05.01</td>
<td>The IP program includes plan for preventing, identifying and managing infections and communicable disease</td>
</tr>
<tr>
<td>IC.01.06.01</td>
<td>Prepare to respond to an influx of infectious patients</td>
</tr>
<tr>
<td>IC.02.01.01</td>
<td>Implement your Infection Prevention Plan</td>
</tr>
<tr>
<td>IC.02.02.01</td>
<td>Reduce the risk of infection associated with medical equipment, devices and supplies</td>
</tr>
<tr>
<td>IC.02.03.01</td>
<td>Prevent transmission of infectious disease among patients and staff</td>
</tr>
<tr>
<td>IC.02.05.01</td>
<td>Implement evidence-based practices to prevent healthcare acquired infections</td>
</tr>
</tbody>
</table>
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.
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/