

## *Setting the Record Straight Webinar Series*

# Part 3: Joint Commission Guidance and Resources

Wednesday, May 13, 2020

**Sylvia Garcia-Houchins**, Director, Infection Prevention  
and Control in the Joint Commission



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**

a **PHMC** affiliate



# National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a nonprofit member-supported organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Direct, nurse-led healthcare services
- Policy research and advocacy
- Training and technical assistance support





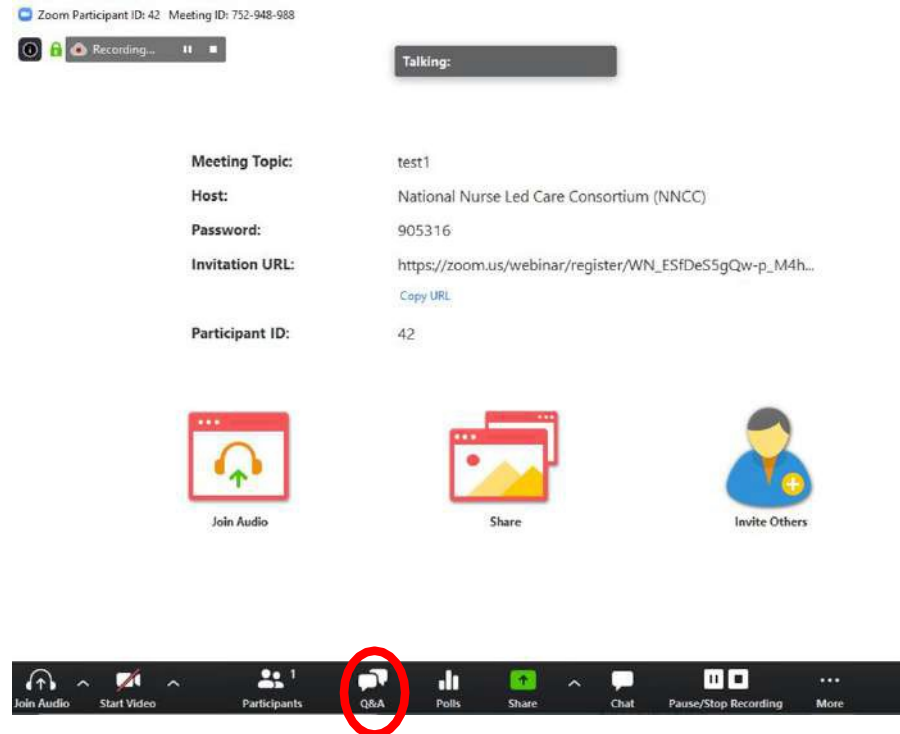
# Housekeeping Items

## Question & Answer

- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

## Continuing Education Credits

- Please take the SurveyMonkey evaluation at the end of this webinar to receive CME/CNE
- You must complete survey to receive credit.
- Certificate will arrive within 1 week of completing the survey.





# Poll

Is your organization Joint Commission accredited?





# Setting the Record Straight: The Joint Commission Guidance and Resources

Sylvia Garcia-Houchins, MBA, RN, CIC

Director, Infection Prevention and Control

The Joint Commission

May 13, 2019





# Disclosures

Ms. Garcia-Houchins is an employee of the Joint Commission.  
She has nothing to disclose.



# The Joint Commission Disclaimer

These slides are current as of **May 12, 2020**. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

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# The Joint Commission



# The Joint Commission

- Accredits and certifies nearly 21,000 health care organizations and programs in the United States.
- Recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards

All people always  
experience the

SAFEST

HIGHEST QUALITY



BEST-VALUE

health care across  
all settings.



# The Joint Commission

- Partner to understand and support your goals and needs
- Act as a resource for solutions to health care safety and quality issues (e.g., *Sentinel Event Alerts*, *Quick Safety*)
- Advocacy to states, payers, CMS



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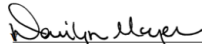

**Public Statement on the Shortages of Critical Medical Equipment**  
**March 27, 2020**

As organizations that represent or collaborate with individuals and institutions at the forefront of delivering health care in the midst of the COVID-19 pandemic, we are vitally concerned with the shortages of masks, face shields and other personal protective equipment (PPE), ventilators, swab kits, and testing capacity that are critically needed by frontline caregivers and patients. In the most affected areas, hospitals, other healthcare delivery organizations, physicians, dentists, nurses, and other caregivers need help now. Many others will need the same help in the coming weeks.

PPE is needed immediately to protect the caregivers who are risking their own health to care for patients in the most need. Shortages of ventilators and intensive care facilities threaten the lives of the sickest patients.

We strongly support emergency efforts at the federal level to dramatically increase the production and distribution of PPE and other necessary medical equipment and supplies. We also support the availability of telehealth services during this time to use less PPE while preventing the spread of infection.

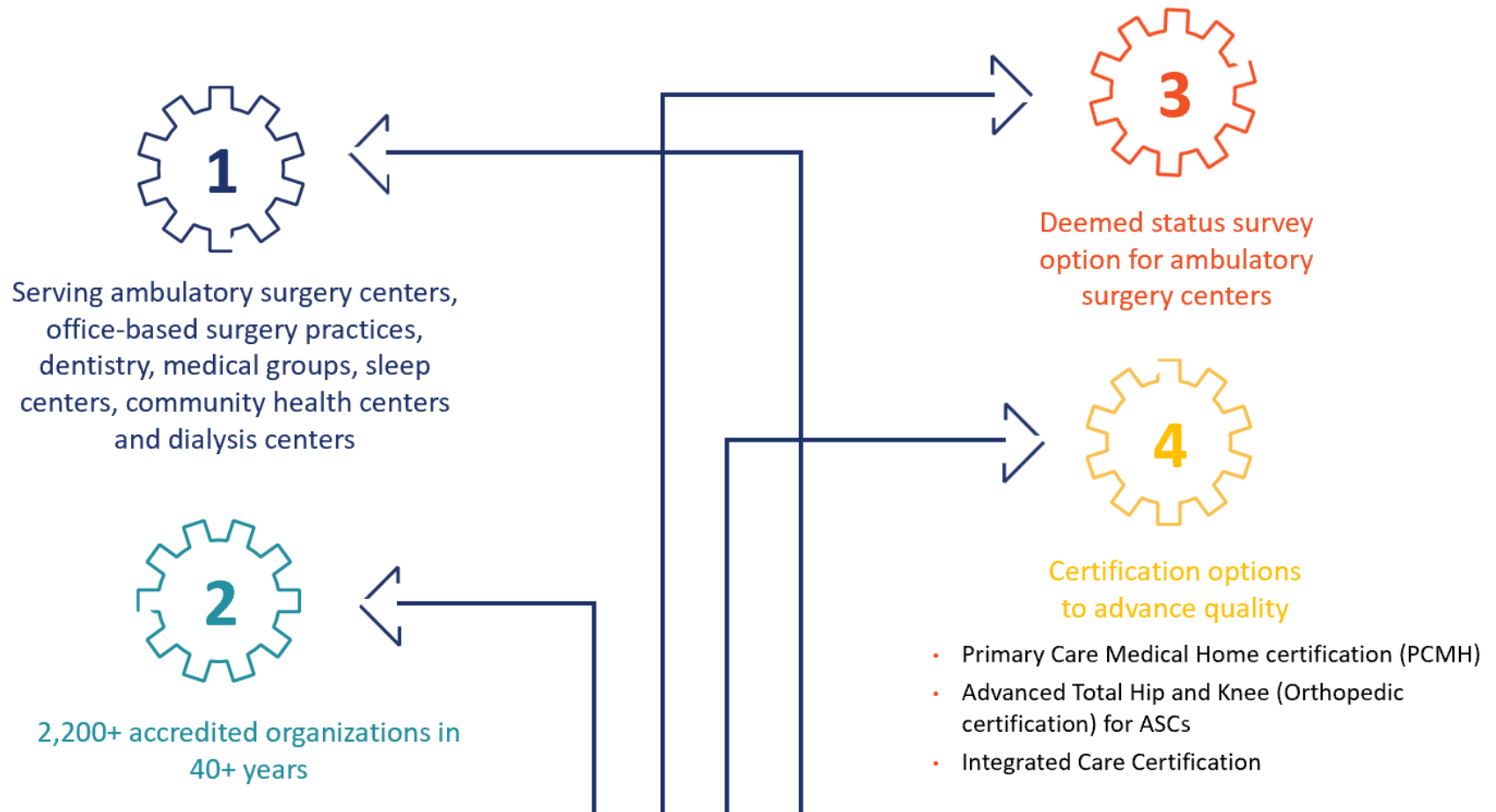
We must all work immediately to remove any impediments anywhere in the supply chain and come together at the federal, state, and local levels to develop an approach for a fair, equitable, and swift distribution across the nation that is based upon evidence of the most need.

|  |  |
|--|--|
| <br>Darilyn Moyer, MD, FACP<br>Executive Vice President and CEO<br>American College of Physicians | <br>Richard J. Pollack<br>President and CEO<br>American Hospital Association                  |
| <br>David B. Hoyt, MD, FACS<br>Executive Director<br>American College of Surgeons               | <br>James L. Madara, MD<br>CEO And Executive Vice President<br>American Medical Association |
| <br>Kathleen T. O'Loughlin, DMD, MPH<br>Executive Director<br>American Dental Association       | <br>Mark R. Chassin, MD, FACP, MPP, MPH<br>President and CEO<br>The Joint Commission        |



# Ambulatory Health Care Accreditation

## Services & Product Mix

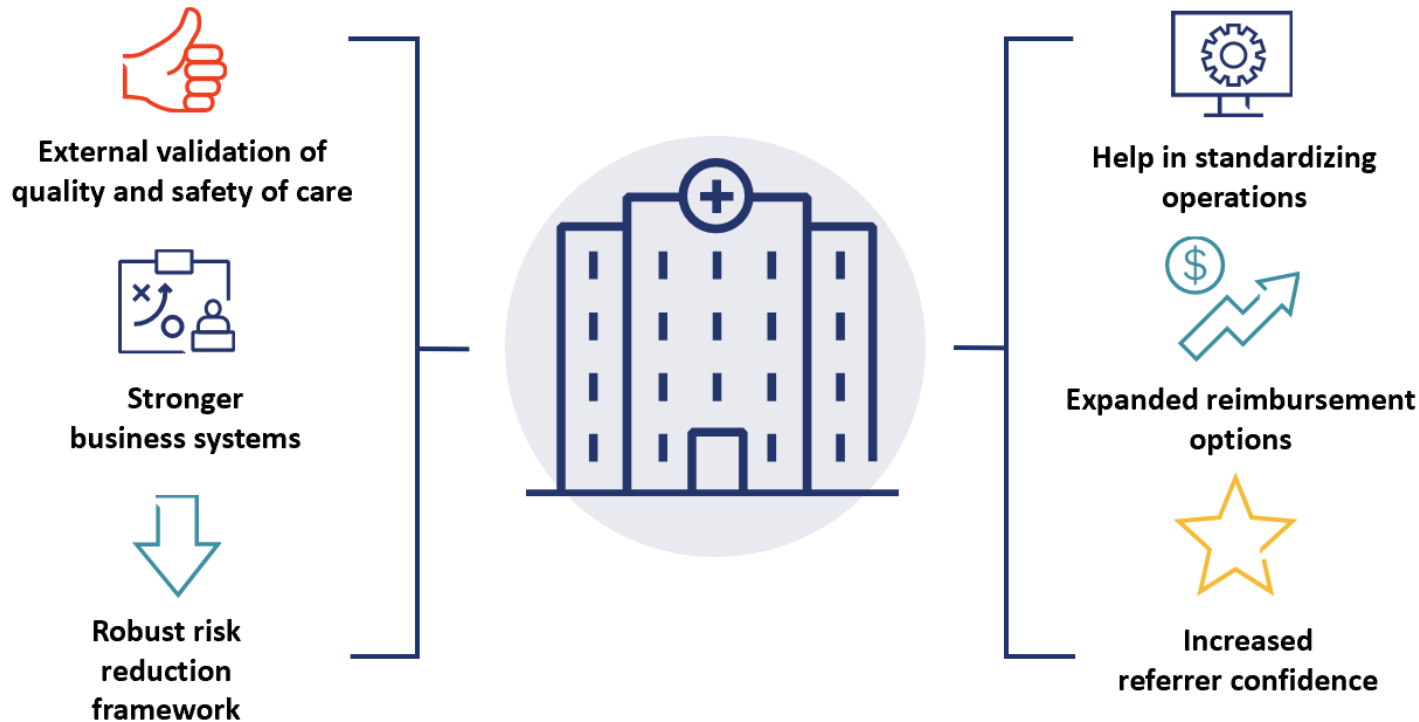




# Ambulatory Health Care Accreditation

## How It Benefits Your Organization

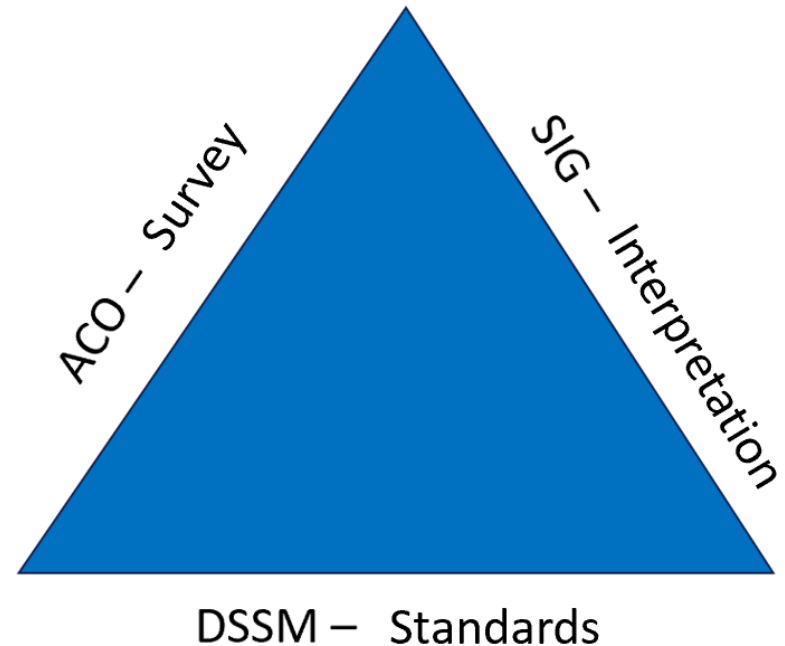
Accreditation addresses the ambulatory care organization's performance in specific areas, ensuring that patient care, treatment and services are provided in a safe manner. The Joint Commission's accreditation process benefits your organization by providing:





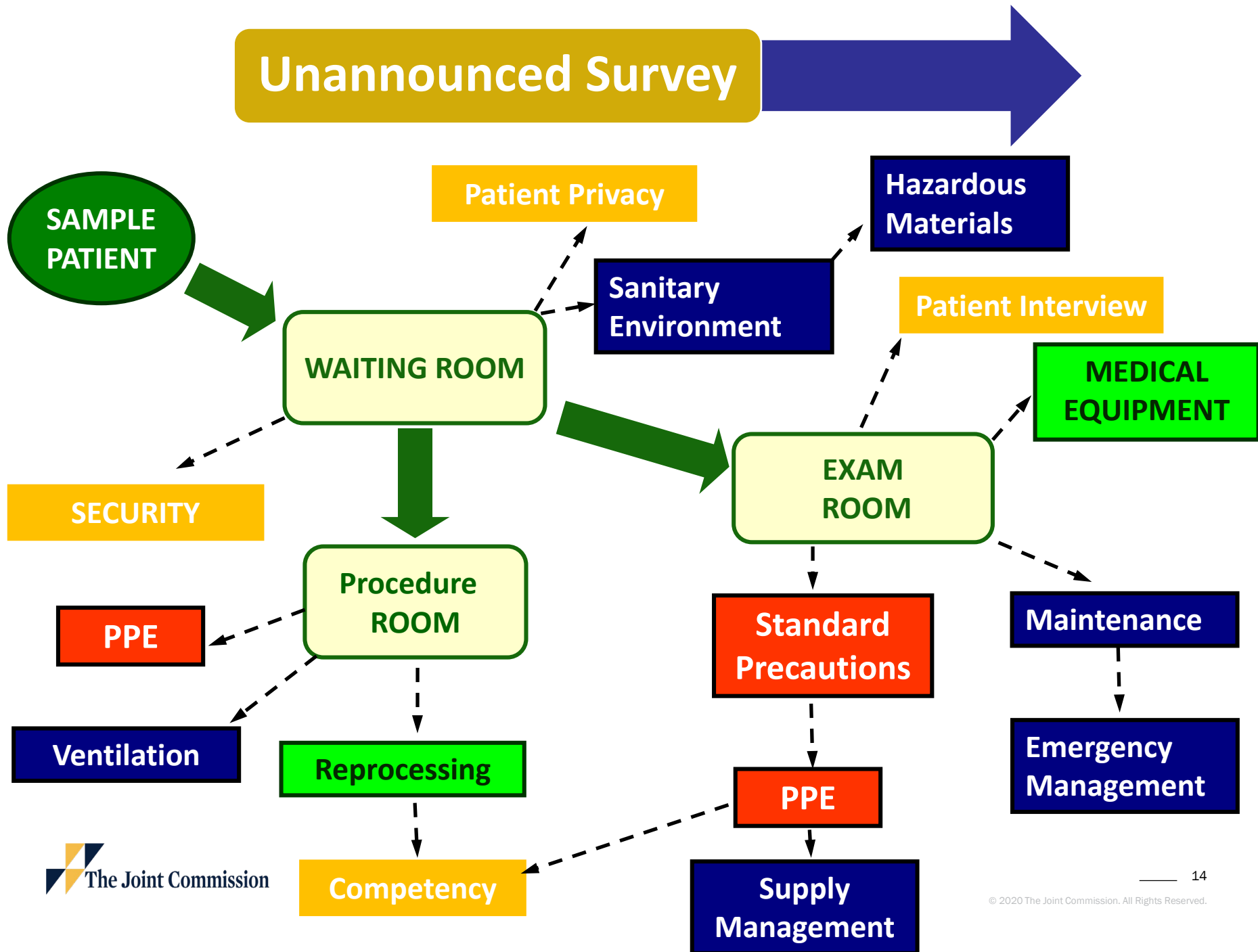
# Overview

- Division of Standards and Survey Methods (DSSM)
- Accreditation and Certification Operations (ACO)
- Standards Interpretation Group (SIG)



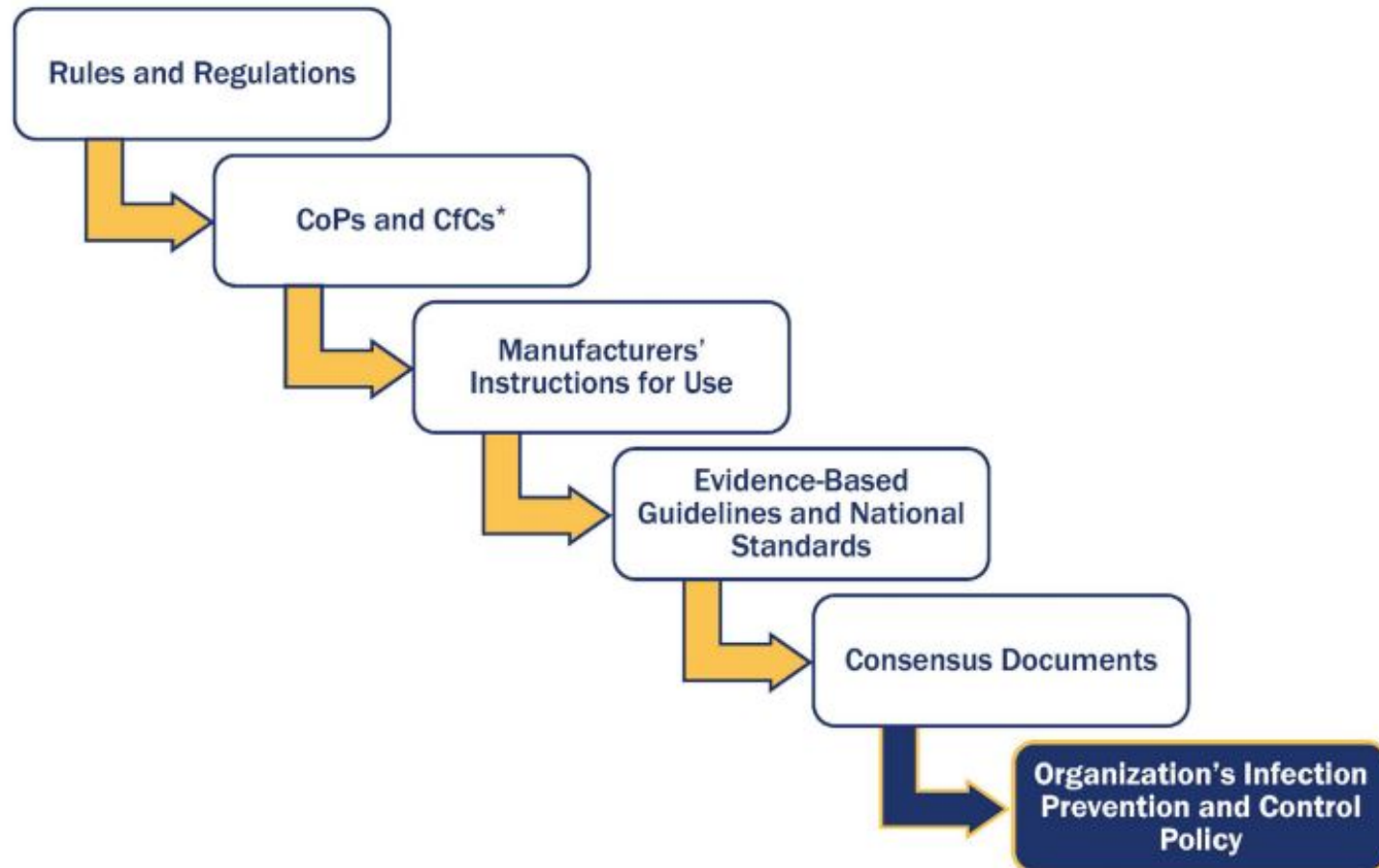


# Unannounced Survey





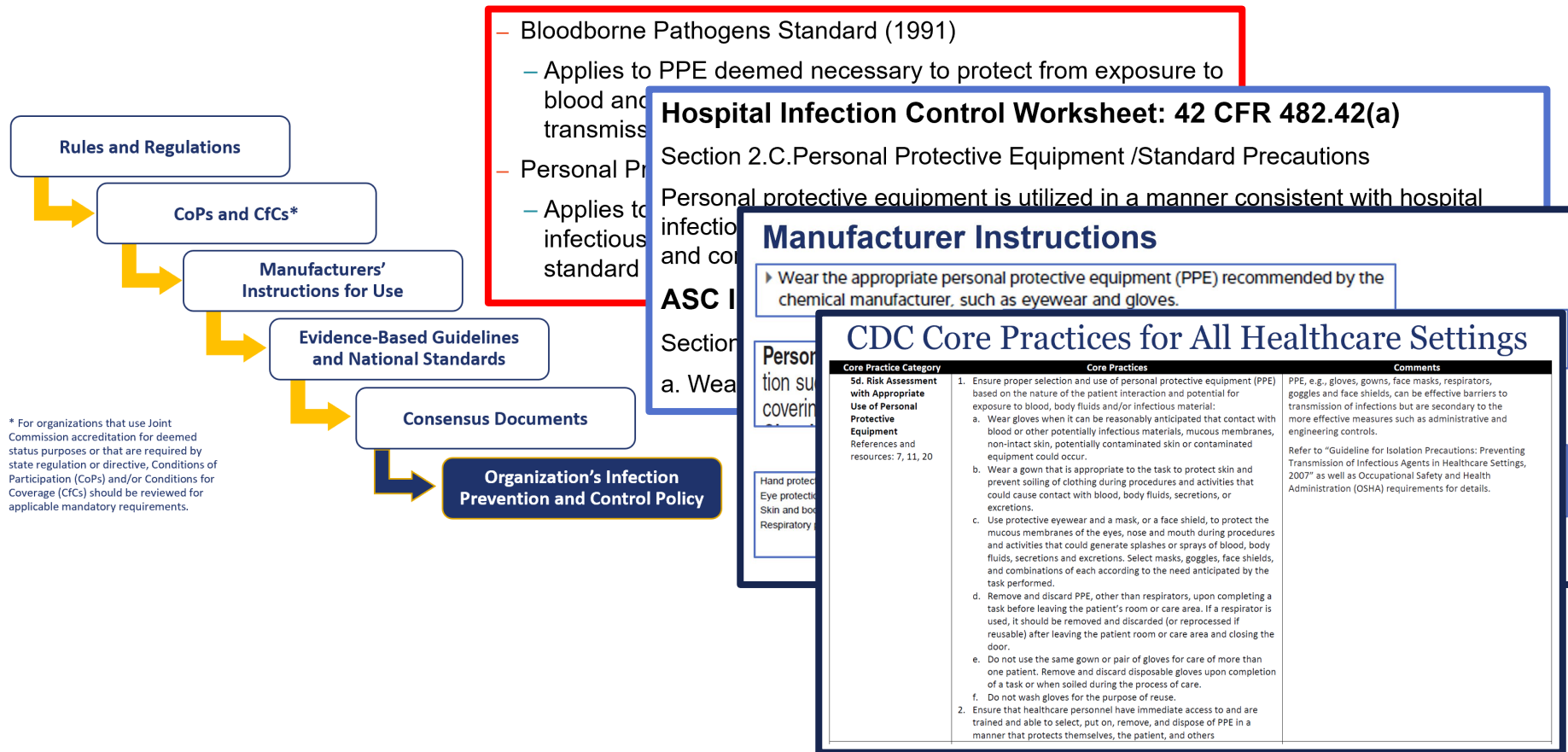
# Hierarchical Approach to IC Standards



*\* 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.*



# Hierarchical Approach to PPE



\* 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.



# Key OSHA Requirements

- Perform a “hazard assessment”
- Develop an exposure control plan annually
- Identify hazards and appropriate PPE
- Educate employees in the use and care of the PPE
- Enforce use

**REQUIRED FOR ALL ORGANIZATIONS:  
MUST FOLLOW  
LAW AND REGULATION**



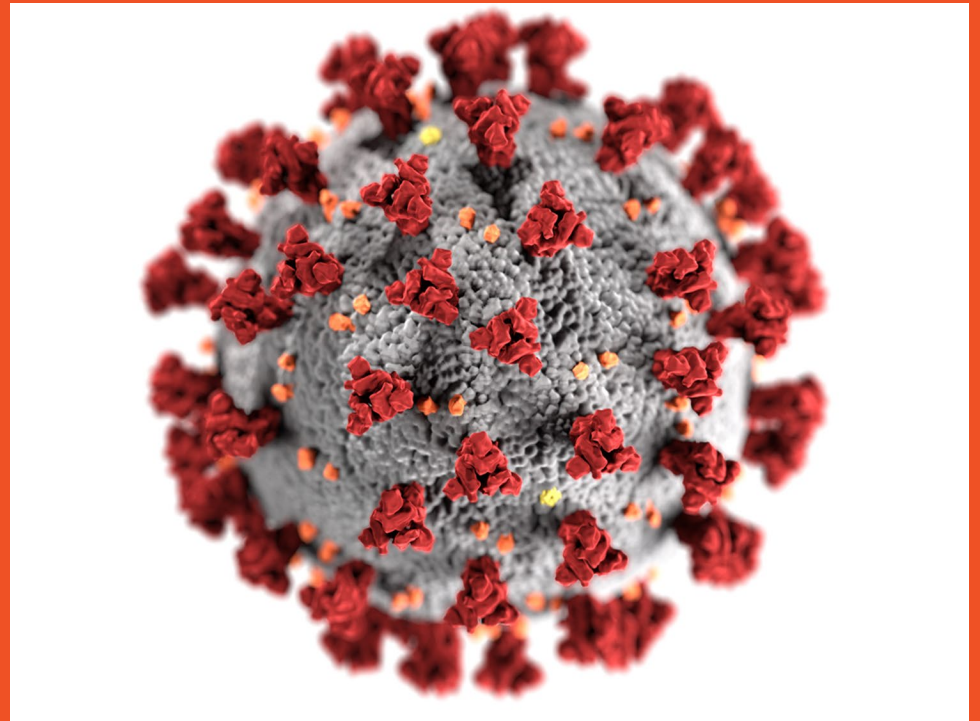


# How Does the Rest of The Hierarchy Apply

- **CMS:** only applies to deemed organizations
- **Manufacturer Instructions:** specific to product or equipment
- **CDC Recommendations:** if required by regulation, a Joint Commission standard or facility policy



# COVID-19





# Remember How Transmission Occurs



Source: CDC\Brian Judd  
<https://phil.cdc.gov/details.aspx?pid=11161>

- Person to person via droplets (6 feet)
- Airborne transmission (aerosol generating procedures)
- Transmission via surfaces
  - viable for hours to days on surfaces



**Asymptomatic and Presymptomatic SARS-CoV-2 Infections in  
Residents of a Long-Term Care Skilled Nursing Facility —  
King County, Washington, March 2020**

- 23 of 76 (30.3%) surveyed tested positive for COVID-19
  - 10 had symptoms (8 typical; 2 atypical)
  - 13 had no symptoms
    - 10 developed symptoms (mean interval 3 days)
    - **3 did not develop symptoms**



# Presymptomatic and Asymptomatic Spread

The NEW ENGLAND JOURNAL of MEDICINE

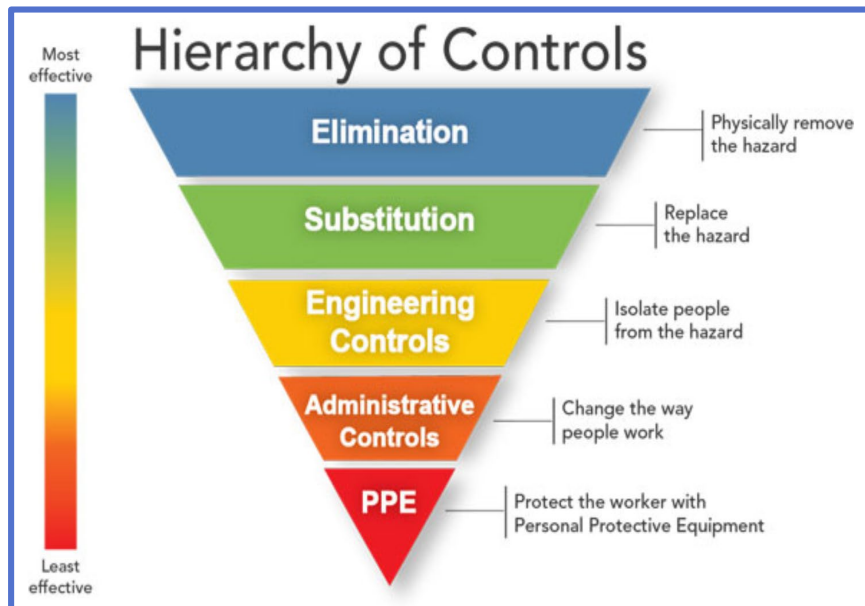
ORIGINAL ARTICLE

Presymptomatic and Asymptomatic Spread of SARS-CoV-2 in a Health-Care Facility

M. A. James, J.R. Jacobs, J. Taylor, J. W. Dyal, J. Harney, Z. Chisty, H.P. McLaughlin, N. Thornburg, J. Harcourt, S. Clark, C. Brostrom-Smith, P. Montgomery, N.D. Stone, T.A. Clark, M.A. Honein, J.A. Jernigan, for the Public Health–Seattle and King County and CDC COVID-19 Investigation Team\*



# Use What We Know to Stop Transmission



- Elimination – limit visitors
- Substitution – telehealth instead of in-person
- Engineering controls – Plexiglass shields
- Administrative controls – take staff temperatures
- PPE – source control



# Use What We Know to Stop Transmission

- Source Control
- Social Distancing
- **Appropriate PPE**
- Hand Hygiene
- Clean and disinfect surfaces



Modified from : CDC\Brian Judd  
<https://phil.cdc.gov/details.aspx?pid=11161>



# Source Control: Universal Masking

- Patients/Visitors
  - Face covering
- Healthcare Workers
  - Leaving home - face covering
  - Direct patient care – medical mask
  - No direct care – face covering



The Joint Commission

## Statement on Universal Masking of Staff, Patients, and Visitors in Health Care Settings April 23, 2020

On April 13, 2020, the U.S. Centers for Disease Control and Prevention revised its [infection prevention and control recommendations](#) related to COVID-19. To address [asymptomatic and pre-symptomatic transmission](#), CDC recommended that healthcare facilities “...implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms...” Source control involves having people wear a cloth face covering or facemask over their mouth and nose to contain their respiratory secretions and thus reduce the dispersion of droplets from an infected individual. This will decrease the possibility that anyone with unrecognized COVID-19 infection will expose others and will allow organizations to forgo contact tracing if a case is identified. For source control to be effective, it requires that everyone wear a mask within healthcare buildings to [prevent droplet and \(to a lesser degree\) aerosol spread](#) of respiratory viruses such as COVID-19.

The Joint Commission supports the CDC’s recommendations. The Joint Commission believes that universal masking within healthcare settings is a critical tool to protect staff and patients from being infected by asymptomatic and presymptomatic individuals and should be implemented in any community where coronavirus is occurring. Even a single case of community spread of COVID-19 means that healthcare facilities and staff are at risk because other asymptomatic and presymptomatic patients may come in for care and inadvertently infect staff. This document summarizes key steps and provides materials that may be helpful in implementing this recommendation.

### Patients and Visitors

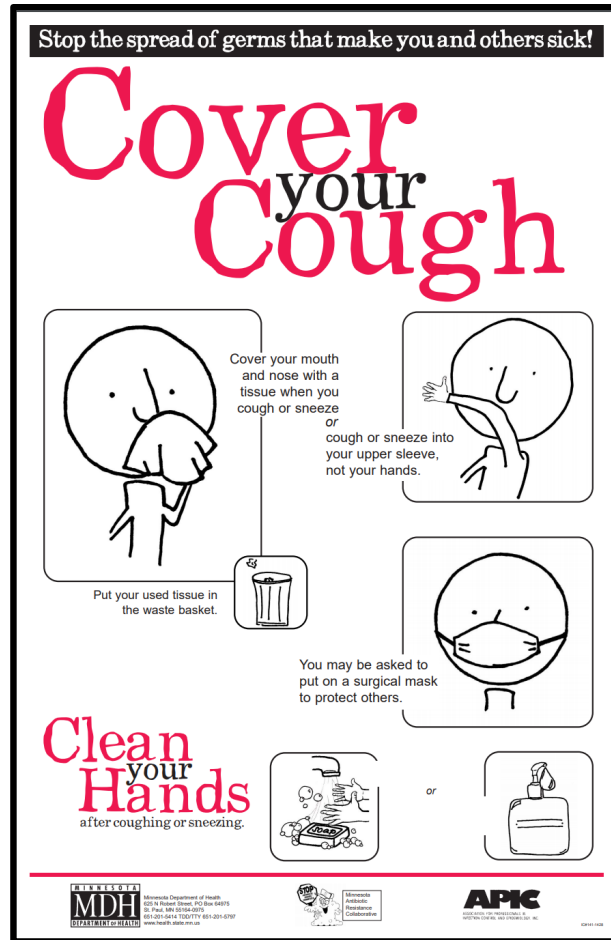
All patients and visitors should be instructed to wear a cloth mask when entering any healthcare building. If they arrive without a cloth mask, one should be provided. If there is a sufficient supply of medical grade facemasks one may be provided instead of a cloth mask. In accordance with CDC recommendations, facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise

<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/universal-masking-statement-04232020.pdf>



# Source Control: Modify Practices

## Respiratory Etiquette: Conventional



## Source Control : NEW





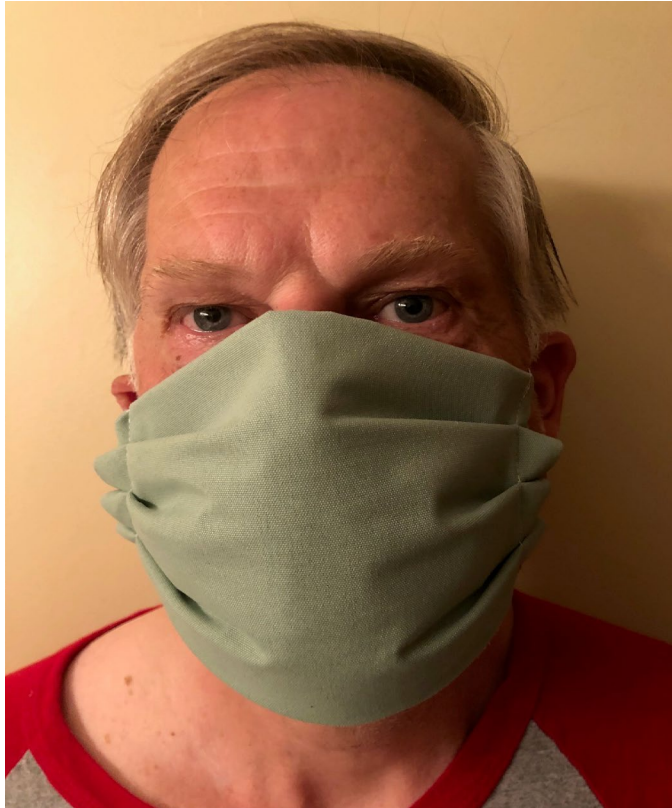
# Resources



Poster Available at:  
<https://www.jointcommission.org/-/media/tjc/documents/covid19/universal-masking-statement-04232020.pdf>



# Source Control: Face Coverings and Masks



Reduces Droplet Dispersal  
Variable Filtration  
Depending on Material  
**NOT PPE**



Reduces Droplet Dispersal  
“Standard” Filtration  
**PPE: Needed for direct patient care**



# Resources

Poster Available at:  
<https://www.jointcommission.org/-/media/tjc/documents/covid19/universal-masking-statement-04232020.pdf>

## Do's and Don'ts

Do's and Don'ts for Health Care Staff Wearing  
Facemasks During the COVID-19 Pandemic\*

### Do's

- ✓ Wear a cloth or medical facemask whenever you are within 6 feet of other people.
- ✓ Wear a medical facemask as personal protective equipment when providing direct care.
- ✓ Change your facemask if it is damaged (e.g., torn, wet or visibly soiled) or becomes hard to breathe through.
- ✓ Remove ear loop facemasks by handling only the ear loops and tie face masks by handling only the ties.
- ✓ Perform hand hygiene before and after removing a facemask.
- ✓ Practice extended use of disposable medical facemasks (e.g., do not remove mask except to discard) rather than reuse (e.g., remove and store mask between uses) if supplies are limited.
- ✓ In crisis situations, if a facemask must be re-used, store and handle in a manner that prevents contamination of the inside of the mask and wash hands after re-applying.

### Don'ts

- ✗ Wear a cloth facemask as personal protective equipment (e.g., when providing direct care to a patient).
- ✗ Remove your mask unless you are at least 6 feet away from other people, this includes co-workers, visitors and patients.
- ✗ Touch the front of a used mask during use or removal.
- ✗ Wear a facemask that is soiled, damaged or hard to breathe through.
- ✗ Wear a medical facemask for aerosol generating procedures (use an N95, Elastomeric, or Powered Air Purifying Respirator for these procedures).
- ✗ Reuse medical facemasks unless the organization has reached crisis situation and has contacted the local health authority and no alternative or additional supplies can be anticipated.

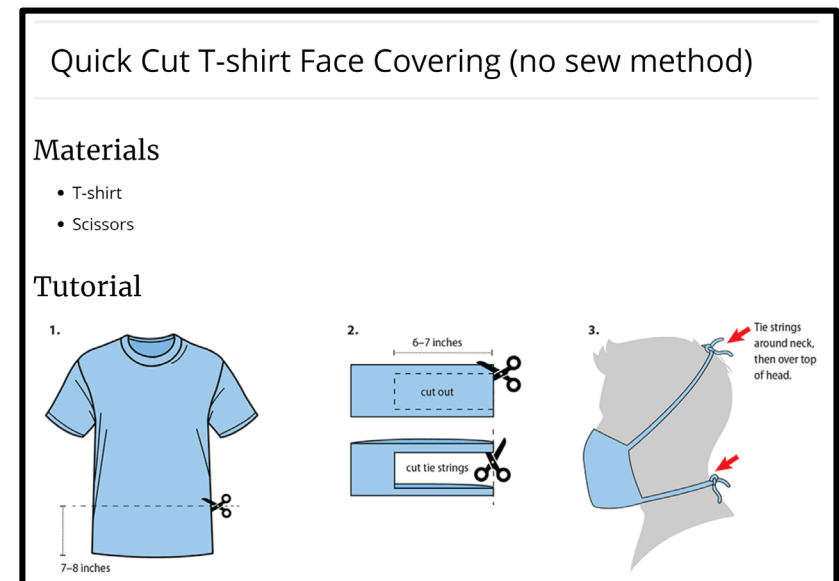
\* Facemasks are just one element that should be used in conjunction with other measures, such as social distancing, to protect people from exposure to COVID-19. When facemasks are worn as PPE they must be used with other PPE as determined by the clinical situation and facility policies and procedures.



# Need to Preserve Staff Supplies

## EXAMPLE: “MAKE A MASK” Campaign:

- Post instructions on your website
- Ask volunteers to make or donate cloth masks
- Provide supplies at entrance



Source:

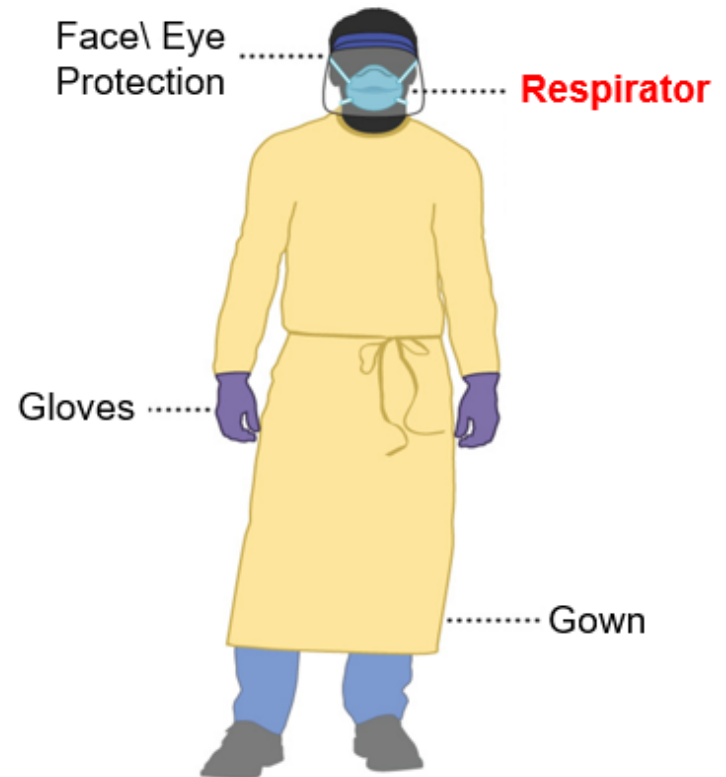
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>



# Coronavirus: PPE Selection Based on Anticipated Exposure



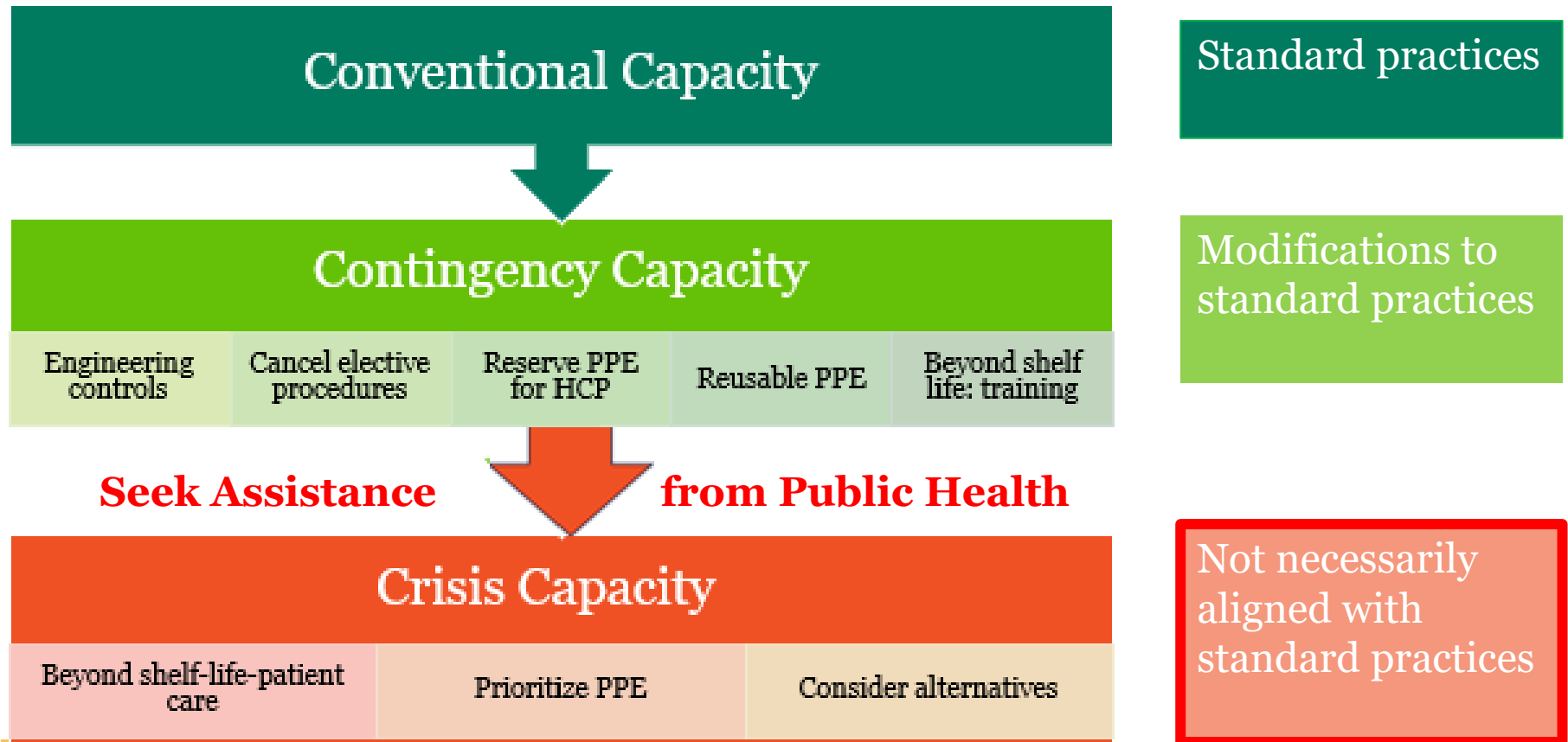
**Routine Care**



**Aerosol Generating Procedures**



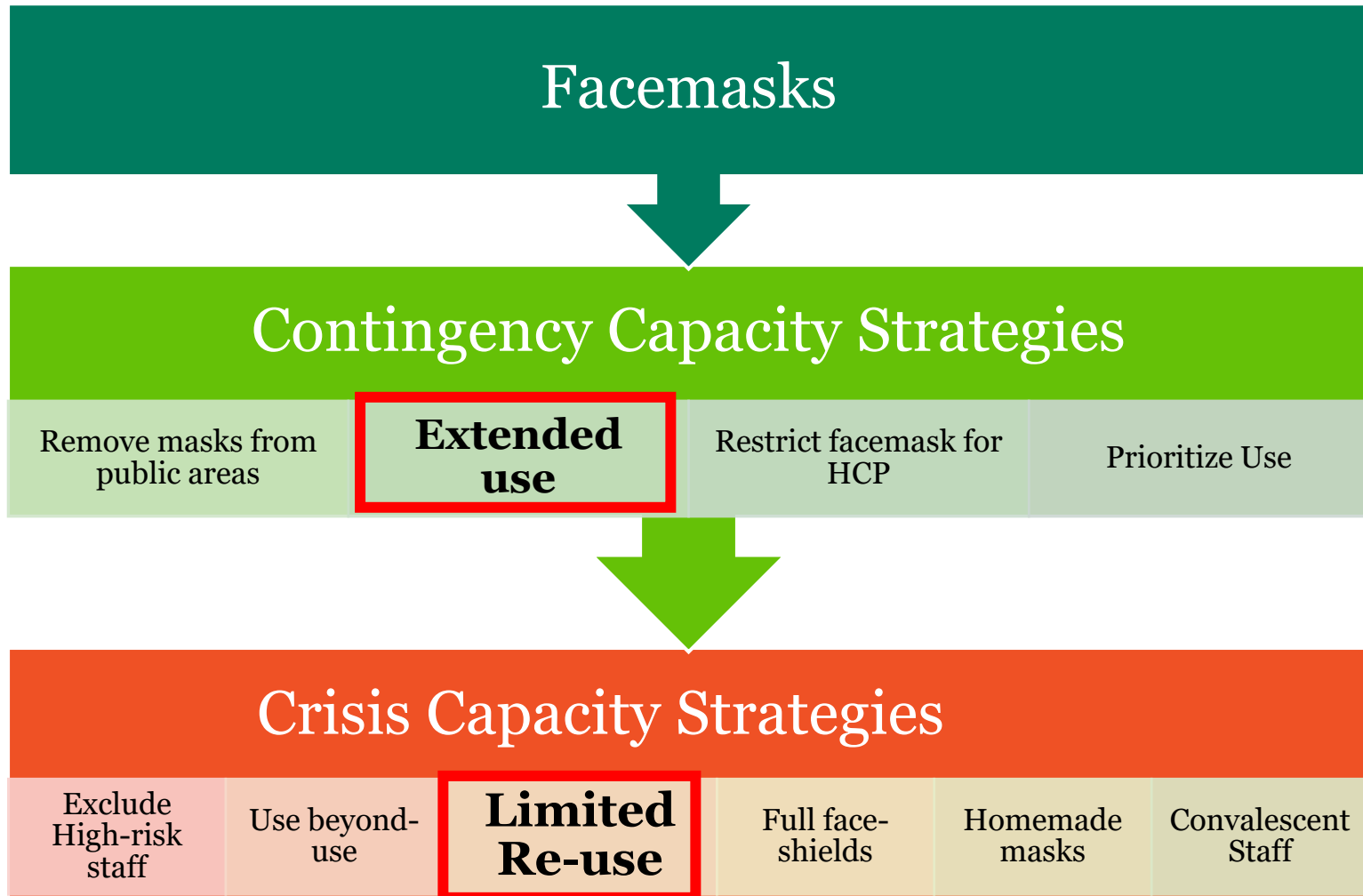
# CDC: PPE Optimization Strategy



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>



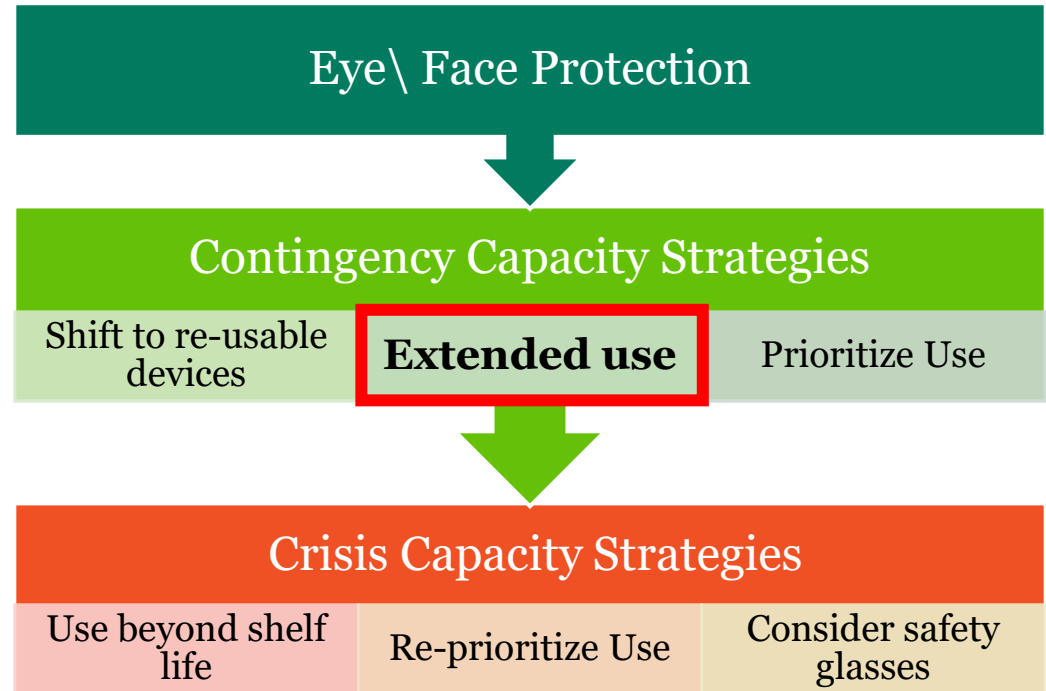
# CDC: Facemask Optimization Strategy



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html> Accessed April 12,2020



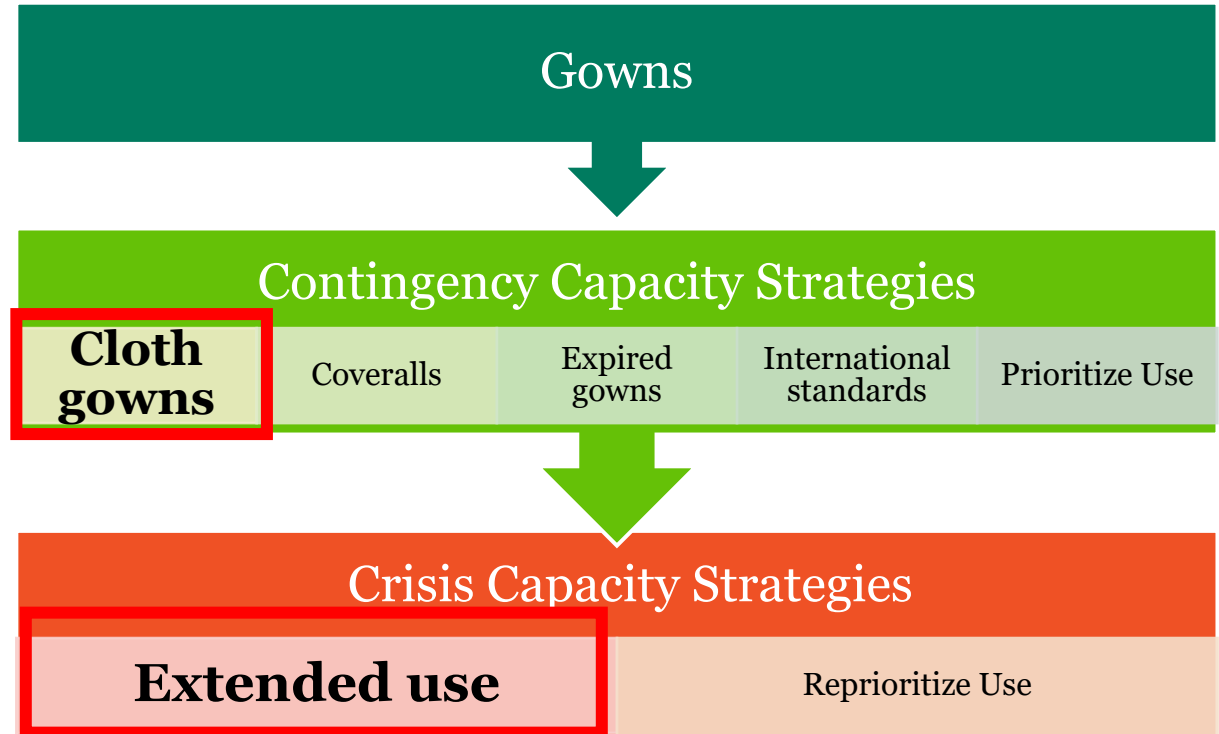
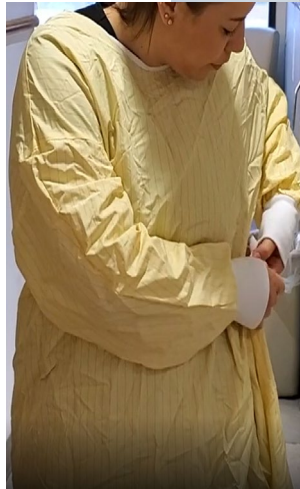
# CDC: Eye\ Face Optimization Strategy



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html> Accessed April 12,2020



# CDC: Gown Optimization Strategy




<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html> Accessed April 12,2020



# Current Situation

- The rate of supply use depends on multiple factors including
  - Number of patients
  - Number of staff
  - Processes organizations put in place to conserve supplies
  - Increases in production and distribution

## 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](#)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>



# Routine Patient Care of *ANY* Patient

## Follow Standard Precautions

Care activities with chance of splatter or high-contact patient care that provide opportunities for transfer of pathogens to the hands and clothing.

- Dressing changes where fluids cannot be contained
- Open wounds which cannot be covered adequately

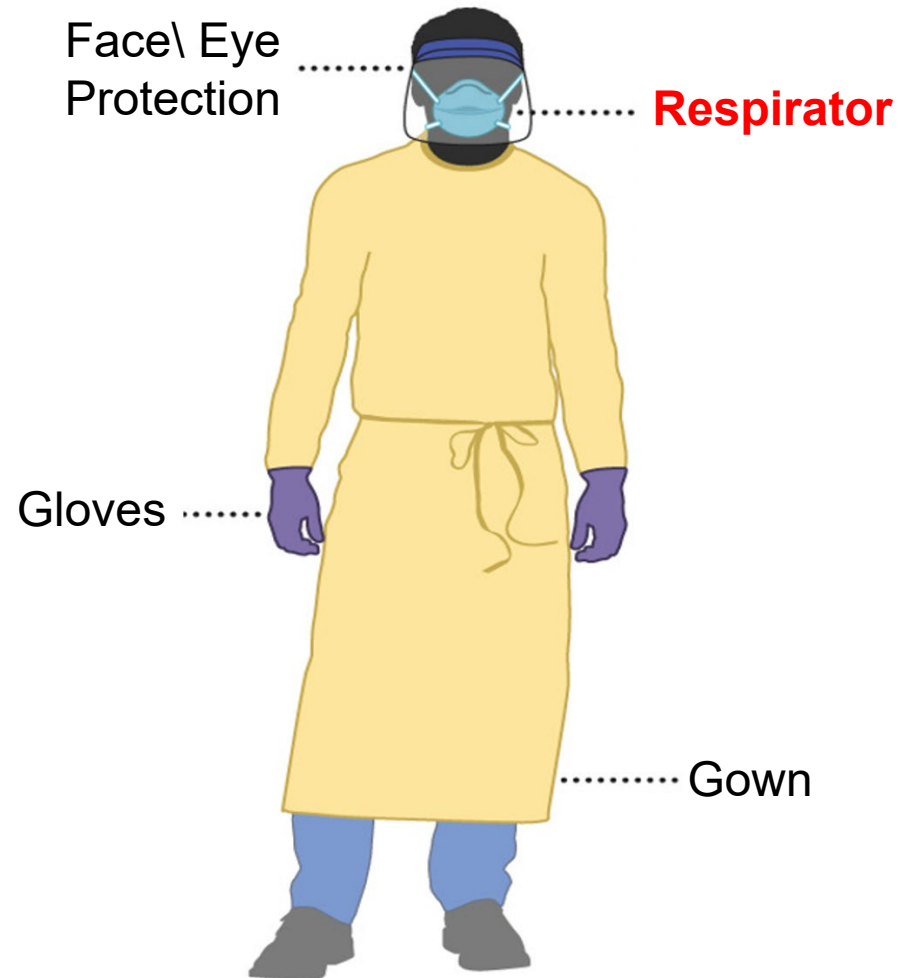




# Aerosol Generating Procedures

## Examples of aerosol-generating procedures:

- DENTAL PROCEDURES
- Nebulizer treatments
- Cardiopulmonary resuscitation
  - Manual ventilation
  - Open suctioning





# Poll



# Filtering Facepiece Respirators



## N95 (or higher) mask

Disposable

Filters airborne particles

Requires fit testing



## Elastomeric Filtering Facepiece

Reusable device

Requires fit testing

May be disinfected



## Powered Air-Purifying Respirator (PAPR)

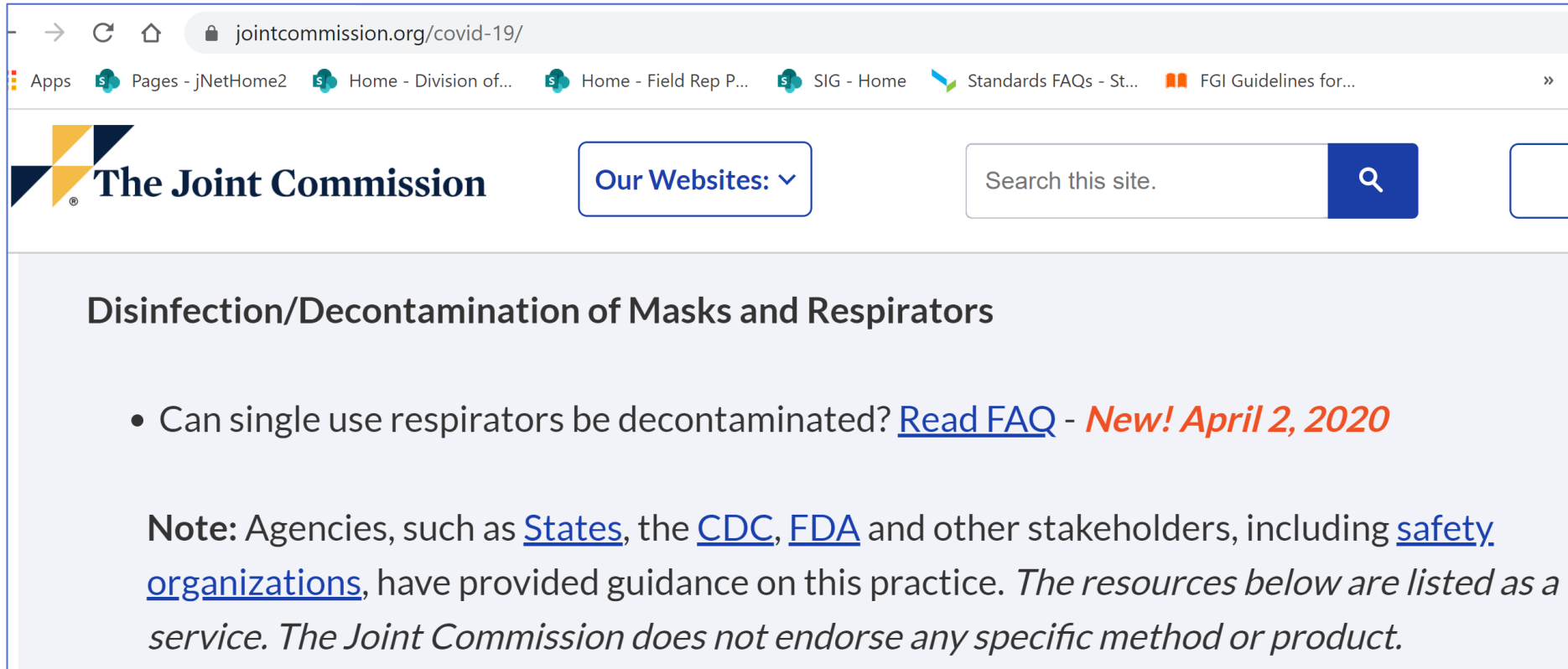
Reusable device

Battery operated

Half or full facepiece




# Joint Commission Coronavirus Website

A screenshot of the Joint Commission's COVID-19 website. The browser address bar shows 'jointcommission.org/covid-19/'. The top navigation bar includes links for 'Apps', 'Pages - jNetHome2', 'Home - Division of...', 'Home - Field Rep P...', 'SIG - Home', 'Standards FAQs - St...', and 'FGI Guidelines for...'. The Joint Commission logo is on the left, followed by a 'Our Websites: v' dropdown menu. A search bar with the text 'Search this site.' and a magnifying glass icon is on the right. The main content area has a light blue background and features the title 'Disinfection/Decontamination of Masks and Respirators'. Below the title is a bullet point: 'Can single use respirators be decontaminated? [Read FAQ](#) - **New! April 2, 2020**'. A note follows: 'Note: Agencies, such as [States](#), the [CDC](#), [FDA](#) and other stakeholders, including [safety organizations](#), have provided guidance on this practice. *The resources below are listed as a service. The Joint Commission does not endorse any specific method or product.*'

→ ↻ 🏠 jointcommission.org/covid-19/

Apps Pages - jNetHome2 Home - Division of... Home - Field Rep P... SIG - Home Standards FAQs - St... FGI Guidelines for... »

 **The Joint Commission**

Our Websites: v

Search this site. 🔍

## Disinfection/Decontamination of Masks and Respirators

- Can single use respirators be decontaminated? [Read FAQ](#) - **New! April 2, 2020**

**Note:** Agencies, such as [States](#), the [CDC](#), [FDA](#) and other stakeholders, including [safety organizations](#), have provided guidance on this practice. *The resources below are listed as a service. The Joint Commission does not endorse any specific method or product.*

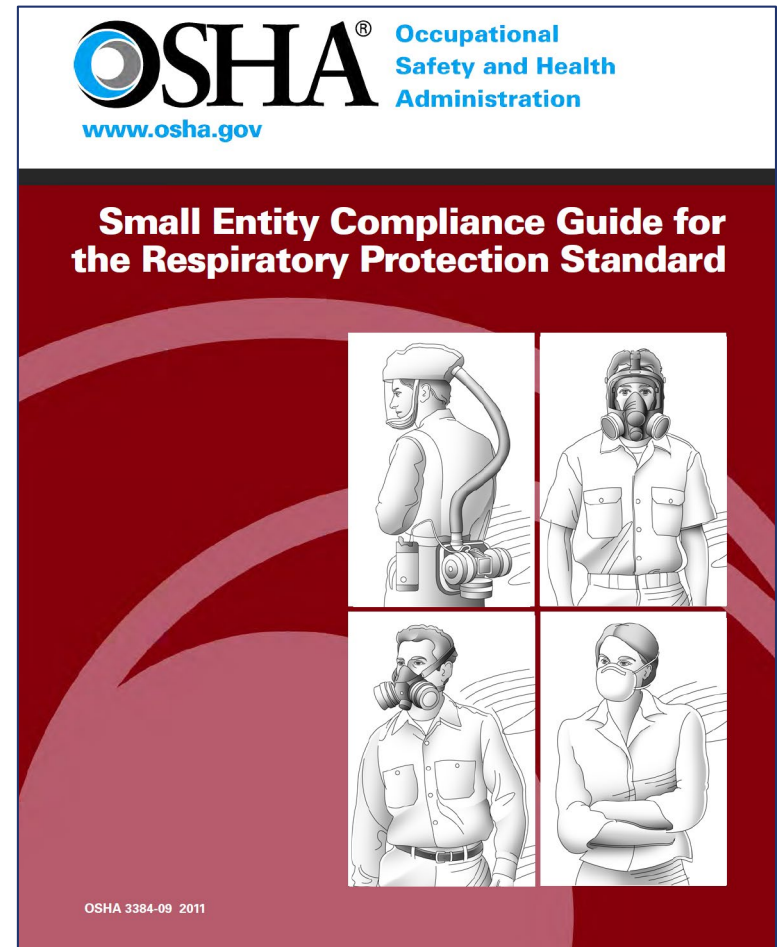
<https://www.jointcommission.org/en/covid-19/> PPE Section



# Respiratory Protection Program

## OSHA Requirement

- Depends on type of respirator
- May include
  - Medical Evaluation
  - Fit Testing
  - Fit Check



Resource Link:

<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>



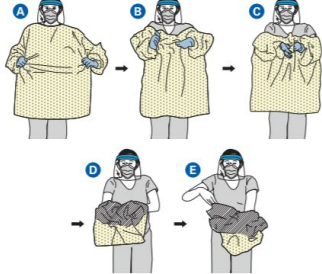


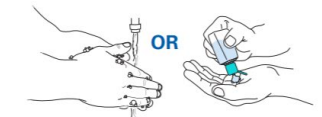
# Training and Competency of Staff PPE

- Lots of resources
  - Joint Commission Site: Videos
  - YouTube
  - Posters


EVERYONE needs the same message

**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)**  
**EXAMPLE 2**

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GOWN AND GLOVES**
  - Gown front and sleeves and the outside of gloves are contaminated!
  - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands.
  - While removing the gown, fold or roll the gown inside-out into a bundle.
  - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container.
- 2. GOGGLES OR FACE SHIELD**
  - Outside of goggles or face shield are contaminated!
  - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield.
  - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.
- 3. MASK OR RESPIRATOR**
  - Front of mask/respirator is contaminated — **DO NOT TOUCH!**
  - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
  - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.
  - Discard in a waste container.
- 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



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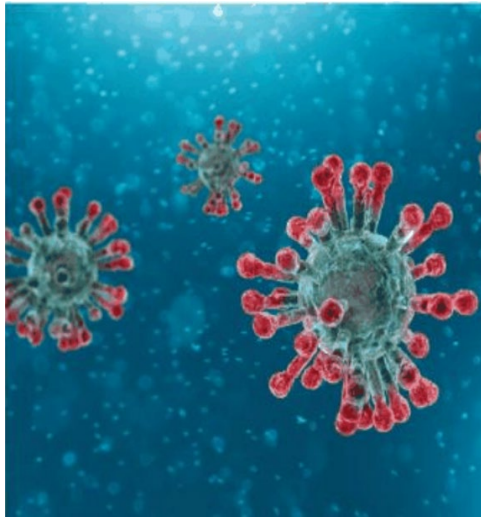
Source:

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>



# Webinar Available:

## Preventing COVID-19 Transmission in Ambulatory Health Care Centers



- **Sylvia Garcia-Houchins, MBA, RN, CIC**  
**Director, Infection Prevention and Control**
- **Darla VanPutten-Adams, MD**  
**Surveyor, Ambulatory Health Care**
- **Elizabeth Even, MSN, RN**  
**Associate Director, Standards Interpretation Group**

**Available at** <https://www.jointcommission.org/resources/news-and-multimedia/webinars/coronavirus-webinar-replays/preventing-coronavirus-transmission-in-ambulatory-health-care-settings/>



# Looking Ahead

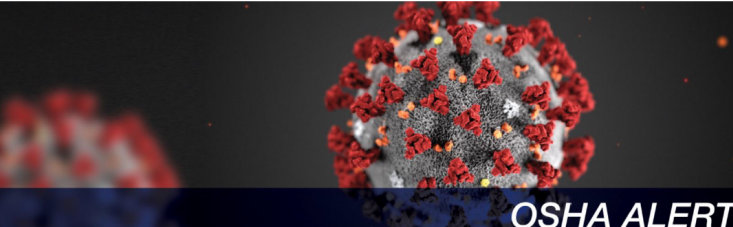
- Reopening
  - Elective Procedures
  - Dental



# Poll



# New Dental Resource



**OSHA ALERT**

## COVID-19 Guidance for Dental Practitioners

OSHA is committed to protecting the health and safety of America's workers and workplaces during these unprecedented times. The agency will be issuing a series of industry-specific alerts designed to help keep workers safe.

If you are a dental practitioner, the following tips can help reduce the risk of exposure to the coronavirus:

- Encourage workers to stay home if sick.
- Maximize use of telemedicine for non-emergency consultations, and prioritize urgent and emergency procedures.
- Install physical barriers or partitions between patient treatment areas.
- Provide adequate ventilation and airflow in patient treatment areas so that air moves away from staff work areas.
- Frequently clean and disinfect surfaces and equipment with hospital-grade Environmental Protection Agency-approved cleaning chemicals from [List N](#) that have label claims against the coronavirus.
- Minimize the number of staff present when aerosol-generating procedures are performed, and ensure staff who are present are appropriately protected.
- Provide appropriate personal protective equipment, such as eye goggles, face shields, and N95 respirators, as necessary to protect dental practitioners and support personnel.
- Encourage workers to report any safety and health concerns.

For more information, visit [www.osha.gov/coronavirus](https://www.osha.gov/coronavirus) or call 1-800-321-OSHA (6742). Visit this [link](#) for more detailed guidance for dental industry workers.

OSHA issues alerts to draw attention to worker safety and health issues and solutions.

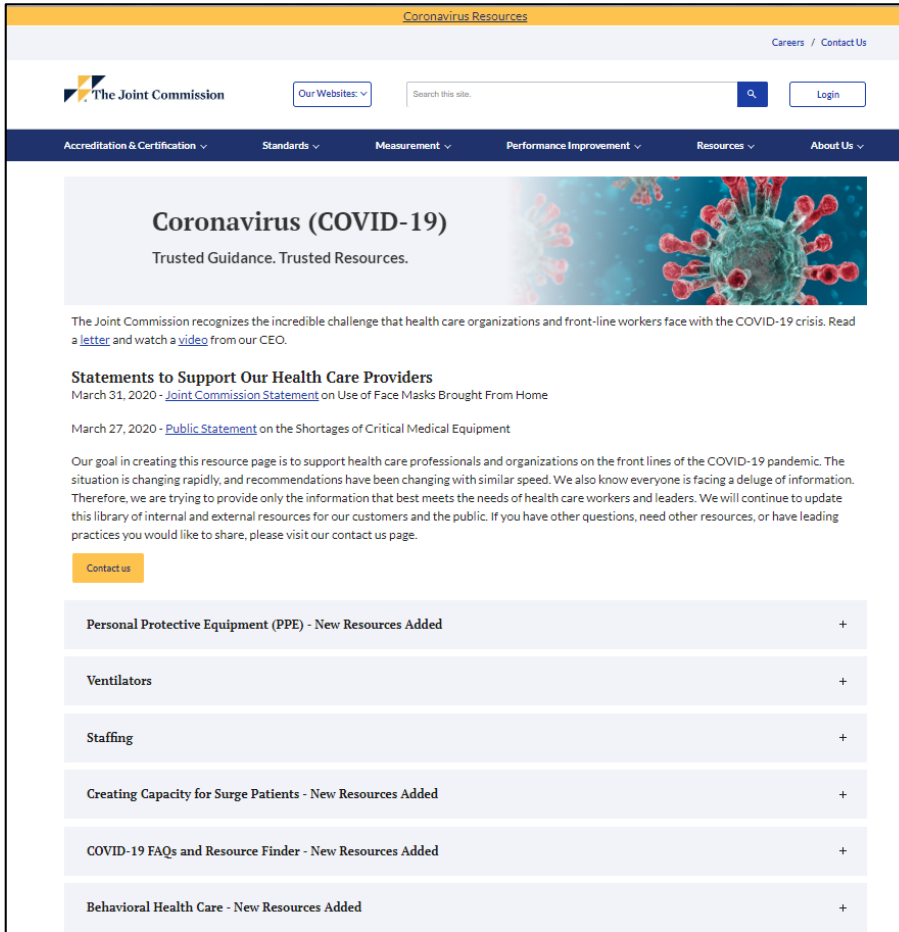
**OSHA** Occupational Safety and Health Administration • [osha.gov/coronavirus](https://www.osha.gov/coronavirus) • 1-800-321-OSHA (6742) • @OSHA\_DOL

OSHA-4010-09-2020

- Available at <https://www.osha.gov/Publications/OSHA4019.pdf> and thru the Joint Commission Coronavirus



# Resources: The Joint Commission



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## Coronavirus (COVID-19)

Trusted Guidance. Trusted Resources.

The Joint Commission recognizes the incredible challenge that health care organizations and front-line workers face with the COVID-19 crisis. Read a [letter](#) and watch a [video](#) from our CEO.

### Statements to Support Our Health Care Providers

March 31, 2020 - [Joint Commission Statement](#) on Use of Face Masks Brought From Home

March 27, 2020 - [Public Statement](#) on the Shortages of Critical Medical Equipment

Our goal in creating this resource page is to support health care professionals and organizations on the front lines of the COVID-19 pandemic. The situation is changing rapidly, and recommendations have been changing with similar speed. We also know everyone is facing a deluge of information. Therefore, we are trying to provide only the information that best meets the needs of health care workers and leaders. We will continue to update this library of internal and external resources for our customers and the public. If you have other questions, need other resources, or have leading practices you would like to share, please visit our contact us page.

Contact us

|  |   |
|--|---|
| Personal Protective Equipment (PPE) - New Resources Added  | + |
| Ventilators  | + |
| Staffing   | + |
| Creating Capacity for Surge Patients - New Resources Added | + |
| COVID-19 FAQs and Resource Finder - New Resources Added    | + |
| Behavioral Health Care - New Resources Added               | + |

<https://www.jointcommission.org/covid-19/>



Thank you for Keeping Patients and  
Staff Safe!

Questions and Comments  
[sgarcia-houchins@jointcommission.org](mailto:sgarcia-houchins@jointcommission.org)



# Questions?

Please type your questions into the Q&A pod.



Emily Kane  
[ekane@phmc.org](mailto:ekane@phmc.org)





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