

COVID-19 Webinar for Home Care Accreditation

Q&A With The Joint Commission

March 15, 2022

Today's Home Care Panelists

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CMS 1135 Waivers

Pre-Submitted Questions

What waivers are still in effect?

Public Health Emergency (PHE) Extension

The Department of Health and Human Services released a statement on 01/14/22 stating the PHE was extended

The renewal effective date is Sunday 01/16/22 and will last for 90 days

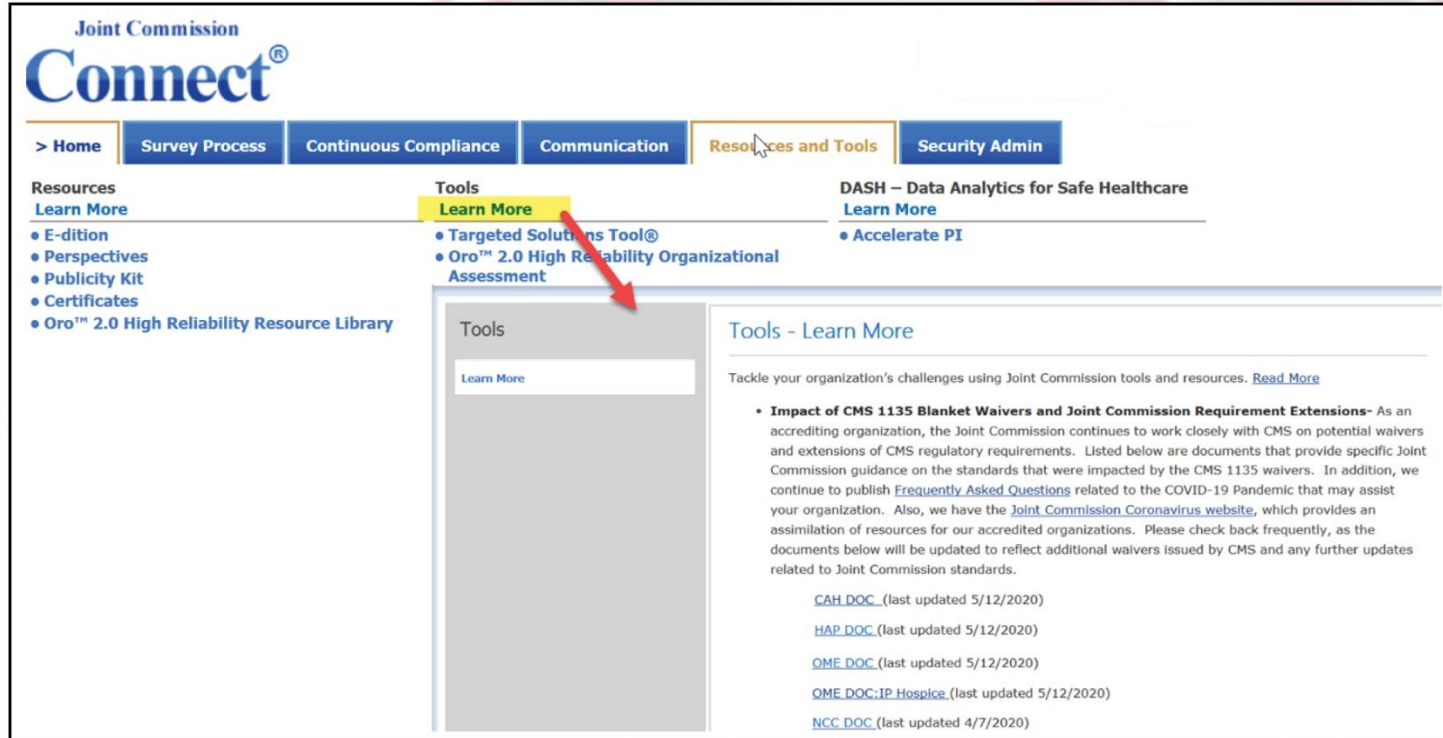
This is the eighth extension of the PHE

★ 1135 Waivers will remain in effect during the declared PHE

Pre-Submitted Questions

What are 1135 waivers especially on telehealth?

Looking for more information on CMS 1135 Waivers?



The screenshot shows the Joint Commission Connect website interface. The navigation menu includes: > Home, Survey Process, Continuous Compliance, Communication, Resources and Tools (highlighted), and Security Admin. Under Resources, there is a 'Learn More' link and a list of items: E-dition, Perspectives, Publicity Kit, Certificates, and Oro™ 2.0 High Reliability Resource Library. Under Tools, there is a 'Learn More' link (highlighted with a red arrow) and a list of items: Targeted Solutions Tool@ and Oro™ 2.0 High Reliability Organizational Assessment. The main content area is titled 'Tools - Learn More' and contains the following text:

Tackle your organization's challenges using Joint Commission tools and resources. [Read More](#)

- **Impact of CMS 1135 Blanket Waivers and Joint Commission Requirement Extensions-** As an accrediting organization, the Joint Commission continues to work closely with CMS on potential waivers and extensions of CMS regulatory requirements. Listed below are documents that provide specific Joint Commission guidance on the standards that were impacted by the CMS 1135 waivers. In addition, we continue to publish [Frequently Asked Questions](#) related to the COVID-19 Pandemic that may assist your organization. Also, we have the [Joint Commission Coronavirus website](#), which provides an assimilation of resources for our accredited organizations. Please check back frequently, as the documents below will be updated to reflect additional waivers issued by CMS and any further updates related to Joint Commission standards.

[CAH.DOC](#) (last updated 5/12/2020)
[HAP.DOC](#) (last updated 5/12/2020)
[OME.DOC](#) (last updated 5/12/2020)
[OME.DOC:IP Hospice](#) (last updated 5/12/2020)
[NCC.DOC](#) (last updated 4/7/2020)

Accredited organizations can learn more by visiting **Resources and Tools > Tools > Learn More** in their *Joint Commission Connect*® extranet site.

Vaccination Information

Required Documents

1. Overall COVID vaccination rate of eligible staff, excluding exempted staff
2. A list of all staff, including positions/titles, including COVID Vaccination status
3. All policies regarding health care staff COVID vaccinations
 - Policies for COVID Vaccination exemptions
 - Policies for COVID Vaccination Requirements
 - Policies for mitigation of unvaccinated staff
4. List of newly hired staff in last 60 days

Compliance Timelines

Timelines for **Original 25 States, DC and Territories**

- **1/27/2022 – 2/27/2022**
 - Establish and implement policies and procedures
 - All staff have at least one dose of vaccine
- **2/28/2022 – 3/27/2022**
 - Establish and implement policies and procedures
 - Staff must be 100% Vaccinated*

Timelines for **Additional 24 States**

- **2/14/2022 – 3/14/2022**
 - Establish and implement policies and procedures
 - All staff have at least one dose of vaccine
- **3/15/2022 – 4/13/2022**
 - Establish and implement policies and procedures
 - Staff must be 100% Vaccinated*

Timelines for Texas

- **2/22/2022 – 3/20/2022**
 - Establish and implement policies and procedures
 - All staff have at least one dose of vaccine
- **3/21/2022 Forward**
 - Establish and implement policies and procedures
 - Staff must be 100% vaccinated*

Pre-Submitted Questions

What are the requirements for COVID-19 vaccination? What is considered fully vaccinated?

Pre-Submitted Questions

What should we do if an employee does not want to be vaccinated?

Pre-Submitted Questions

Do we need exemptions from all of our unvaccinated employees?

Current FAQ's

The following is a list of related FAQs:

[COVID-19 CMS Vaccination Requirements - Applicable Entities](#)

[COVID-19 CMS Vaccination Requirements - Applicable Staff](#)

[COVID-19 CMS Vaccination Requirements - CMS Definition of 'Fully Vaccinated'](#)

[COVID-19 CMS Vaccination Requirements - Exemptions](#)

[COVID-19 CMS Vaccination Requirements - Good Faith Efforts](#)

[COVID-19 CMS Vaccination Requirements - Required Documents, Policies and Procedures](#)

[COVID-19 CMS Vaccination Requirements - Determination of Compliance](#)

Recovery and The Joint Commission

Frequent questions you've submitted

- Will I have an Onsite or Offsite (virtual) survey?
- How or when will we get a survey?
- What type of instruction have you provided to your surveyors?
- What will that survey process look like, any differences?
- What will the surveyors focus on?

Onsite survey activity

Onsite survey activity has been ongoing with close monitoring of the rise of COVID-19 and impacts on survey activity.

Organizations should continue to monitor the Notification of Scheduled Events section of the Joint Commission Connect page for notification of the scheduled survey.

We are aware that some surveys are past their due dates, CMS is also aware – we will conduct those surveys when we are able to do so.

We are prioritizing initial and past due organizations.

Offsite (virtual) survey

Offsite (virtual) survey– we are conducting offsite surveys for Disease Specific Care (DSC), free-standing Behavioral Health Care (BHC), and Home Care programs.

- We continue to monitor COVID/variant cases and retain the ability to expand to more offsite surveys for other programs if necessary; however, our primary focus is onsite surveys when possible

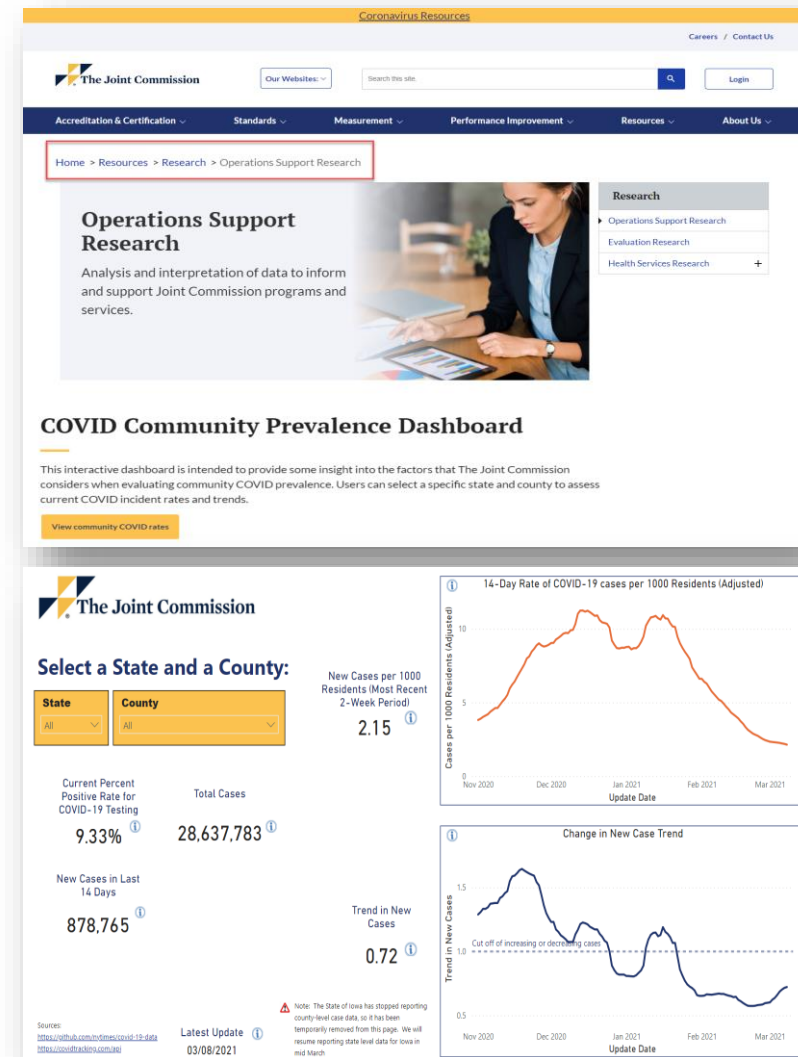
What is an offsite survey?

- Utilization of Secure Zoom technology for the survey and facility review accessed through the agenda on the Extranet
- Use of a secure SharePoint site for document upload to review pre-survey
- Discussions via webcam (Zoom)
- Review of processes and physical environment via mobile webcam (Zoom)

How do you determine where to conduct onsite surveys?

Community Prevalence Dashboard

- Number of COVID-19 cases are lower with less impact to organizations
- Cases/thousand population and new cases within the county
- Determination that Joint Commission staff can travel to area safely and find appropriate accommodations



What instructions have been provided to our surveyors?

- **Follow the most current CDC guidelines**
- Do not travel if you are sick
- Do not travel if you have been in close contact with individuals with known or suspected COVID-19
- Avoid large crowds
- When traveling wear a mask/face covering
- Practice physical distancing
- Practice good hand hygiene

All Joint Commission Surveyors and Reviewers conducting on-site events are fully vaccinated, as defined by CDC.

What instructions have been provided to our surveyors?

- **Review and follow individual state department of health specific travel regulations****
- When onsite wear a medical mask and eye protection is encouraged
- **Follow the organizations' infection prevention and control policies for entry and use of PPE**
- Do NOT enter at risk or confirmed COVID-19 resident rooms
- Do NOT enter rooms where high-risk procedures performed
- The Joint Commission does not have a routine COVID-19 testing program for surveyors

***Joint Commission surveyors are designated as essential workers*

What has changed about the survey process?

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

- 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 process - continued

- We will NOT Enter at risk or confirmed COVID-19 rooms or homes.
- 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 a 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 Questions

- For onsite surveys, should staff/surveyors be vaccinated?

The Joint Commission implemented a policy requiring all US-based enterprise staff to be vaccinated against COVID-19.

- Can we provide additional avoid dates?

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 do so.

General Questions

Pre-Submitted Questions

Can a home care nurse administer
COVID-19 vaccines in the home?

Pre-Submitted Questions

Are most agencies using volunteers again? If so, are they going into homes ?

Pre-Submitted Questions

Are there any CoPs specifically related to COVID-19??

Pre-Submitted Questions

If a patient is diagnosed with COVID, can we suspend home visits?

Infection Control Practices

Pre-Submitted Questions

If a COVID patient is discharged home for hospice care after a COVID diagnosis and is still coughing and short of breath but more than 10 days have passed since the positive test, do we have to follow isolation or when can we stop?

Resource: Ending Isolation and Precautions for People with COVID-19: Interim Guidance (updated January 14, 2022)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Summary of CDC Update as January 2022

Key Points for Healthcare Professionals

- **Asymptomatic or mild, symptomatic COVID-19:** Isolation can end at least 5 days after symptom onset and after fever ends for 24 hours...if these people can continue to properly wear a well-fitted mask around others for 5 more days...
- **Moderate COVID-19 illness:** Isolate for 10 days.
- **Severely ill (i.e., requiring hospitalization, intensive care, or ventilation support):** Extending the duration of isolation and ... up to 20 days after symptom onset, and after fever ends (without the use of fever-reducing medication) *and* symptoms are improving, may be warranted.
- **Moderately or severely immunocompromised people** might have a longer infectious period: Extend isolation to 20 or more days. Use a test-based strategy and consult with an infectious disease specialist to determine
- **Recovered patients:** can continue to have detectable SARS-CoV-2 RNA ...for up to 3 months after illness onset. However, ...they are not likely infectious

Pre-Submitted Questions

What is the difference between PPE and wearing a mask because of COVID?

Resource: NIOSH Science Blog: Respiratory Protection vs. Source Control – What’s the difference? <https://blogs.cdc.gov/niosh-science-blog/2020/09/08/source-control/>

Pre-Submitted Questions

Personal Protective Equipment is covered under OSHA regulation and protects the wearer

- Gloves – contamination of hands (e.g., exam gloves)
- Gowns – contamination of skin or clothing
- Masks –breathing in infectious agents
- Eye\ face protection – splashes or touching eyes \face

Source Control protects others

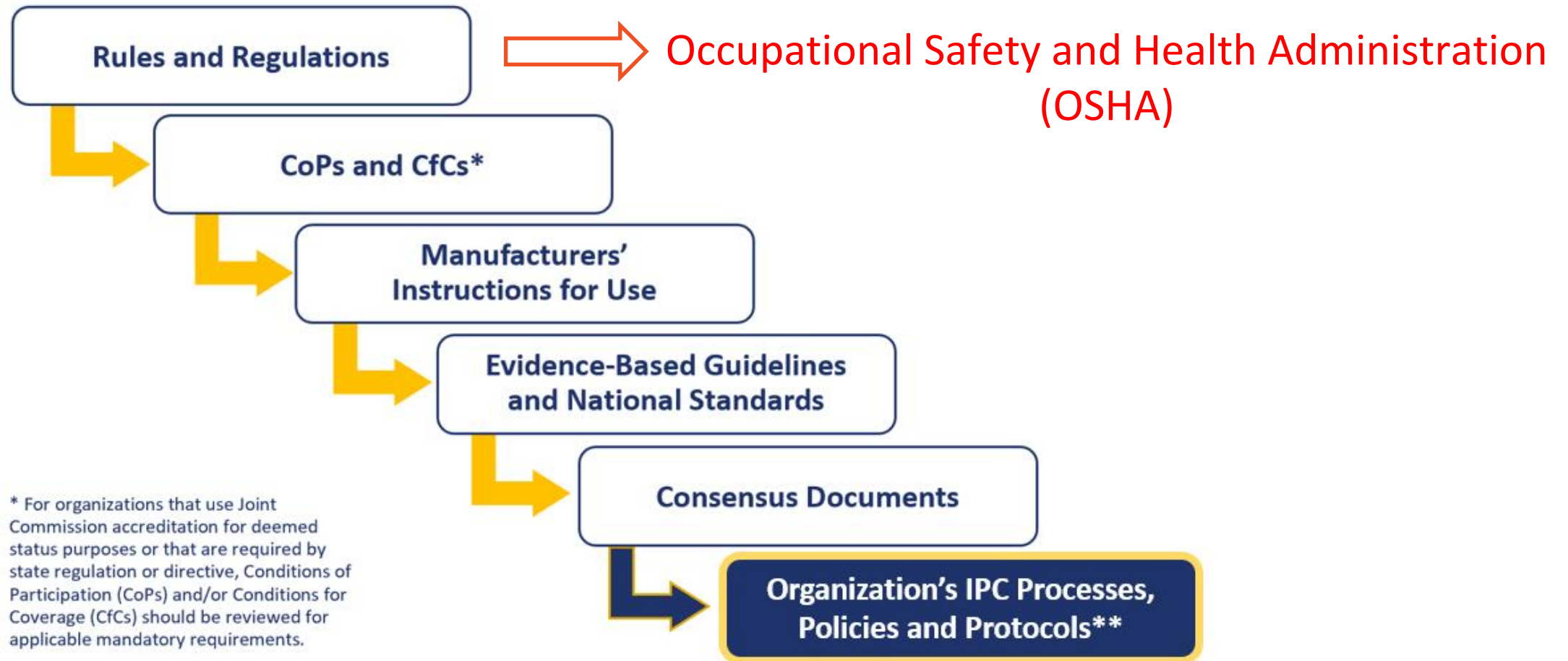
- Gloves – prevent exposures (e.g., sterile gloves)
- Gowns – prevent transfer from the body or clothing
- Masks – prevent droplets from being dispersed

Masks during COVID function as both PPE and source control

Pre-Submitted Questions

How does my organization decide if we need to wear PPE?

Follow 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.

**Updated from *Perspectives*, April 2019 to clarify approach is not exclusive to policies

OSHA PPE Requirements

In general, employers must:

- Perform a “hazard assessment” to identify possible risks for exposure
- Identify and provide appropriate PPE
- Train employees in the use and care of the PPE
- Maintain PPE, including replacing worn or damaged PPE.
- Monitor compliance and periodically review, update and evaluate the effectiveness of the PPE program.

Source:

<https://www.osha.gov/sites/default/files/publications/osha3151.pdf>

Pre-Submitted Questions

Which PPE should homecare staff be wearing?

Resources:

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated February 2, 2022) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Occupational Safety and Health Administration
<https://www.osha.gov/coronavirus/control-prevention/healthcare-workers>

Pre-Submitted Questions

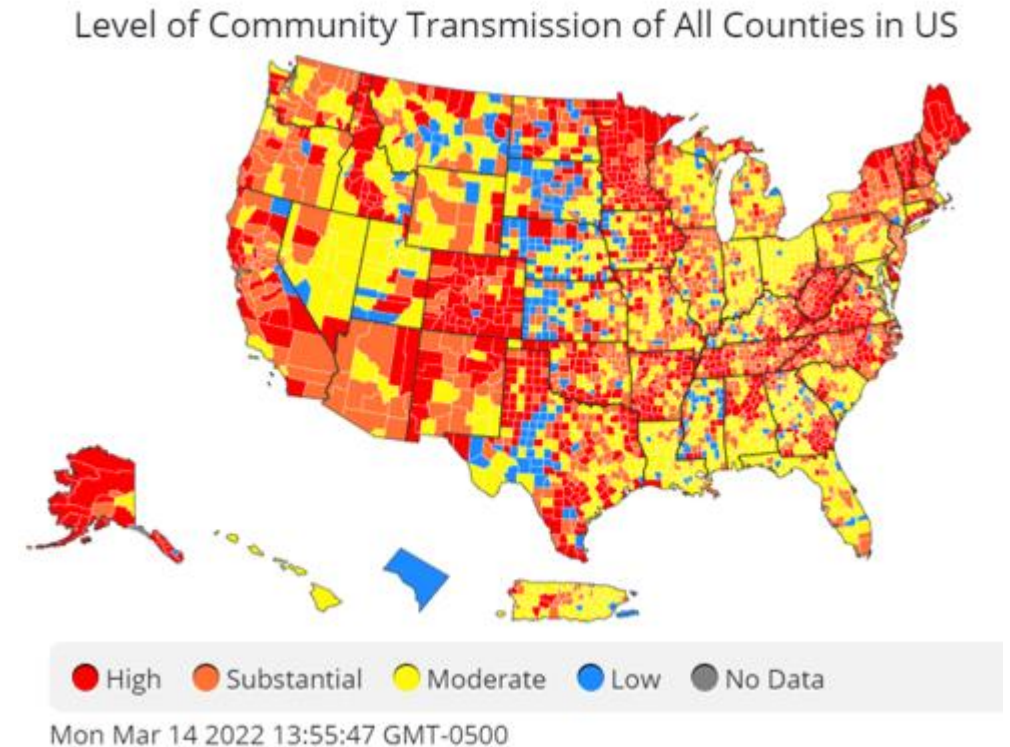
Should mask and eye protection still be worn when providing routine patient care for non-COVID patients in the home?

Do you advise that people wear a facemask when there are no symptoms of illness? If yes, WHY?

Current CDC Recommendation

“Source control and physical distancing ...are recommended for **everyone in a healthcare setting**.....While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for individuals who are up to date with all recommended COVID-19 vaccine doses ...located in counties with low to moderate community transmission.”

Resource: CDC COVID-19 Integrated County View https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk



Pre-Submitted Questions

What do surveyors expect to see from providers regarding an infection risk assessment and infection surveillance?

Pre-Submitted Questions

Are there established protocols to follow when a patient develops COVID-19 at home while receiving Home Health services?

Post-Exposure Follow-up of Healthcare Workers

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures
 "Up to Date" with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).


Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work
[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (updated January 21, 2022)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Time For More Questions?

Thank You

We support your efforts
in response to the
COVID-19 pandemic and
hope to provide helpful
resources

