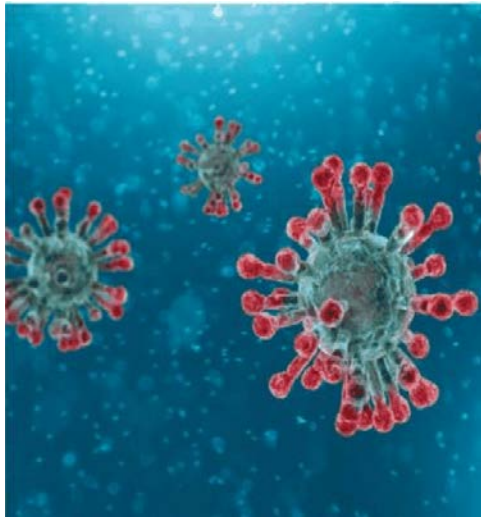


Preventing COVID-19 Transmission in Ambulatory Health Care Centers



- **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

Intended Audience

This webinar is being presented to provide information that may be helpful to Ambulatory Health Care Organizations.

Topics covered:

- Epidemiology and symptoms of COVID-19
- Prevention strategies for Ambulatory Health Care Organizations

Acknowledgement

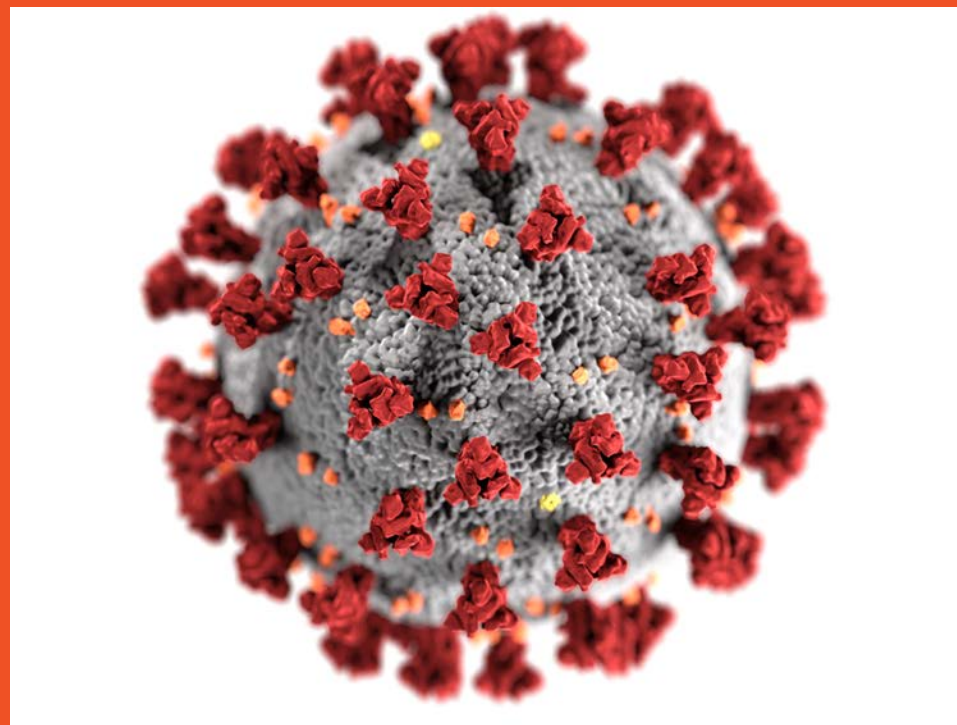
The Joint Commission Disclaimer

These slides are current as of **April 15, 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.

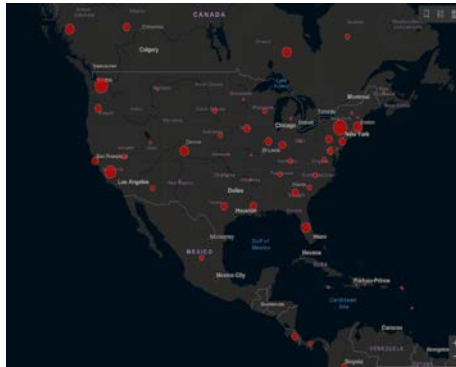
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COVID-19



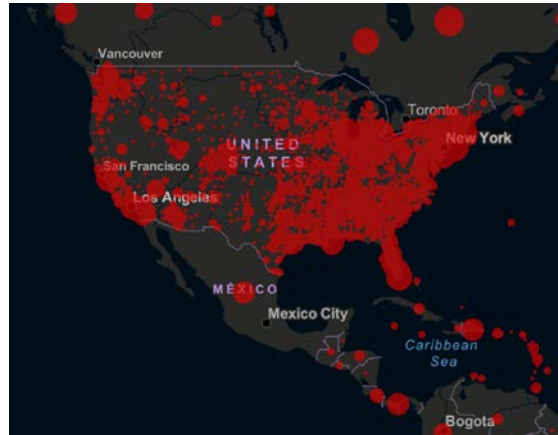
Progression of Cases

3/11/2020



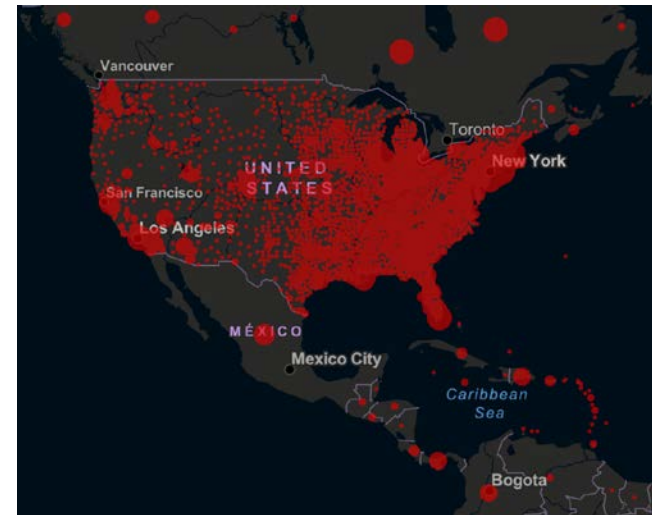
Total 126,136 Cases
US 1312 Cases

3/30/2020



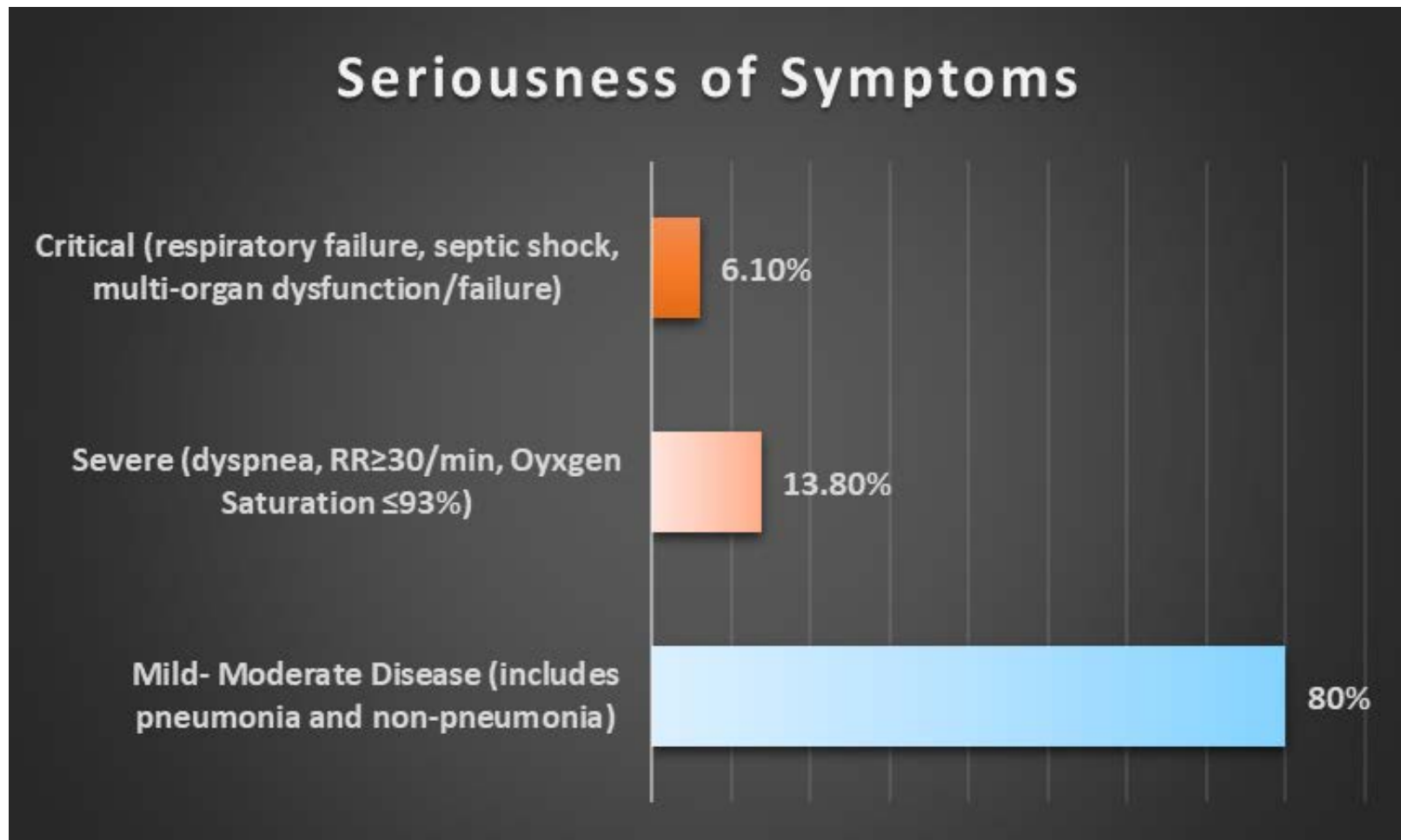
Total 785,709 Cases
US 164,274 Cases

4/15/2020



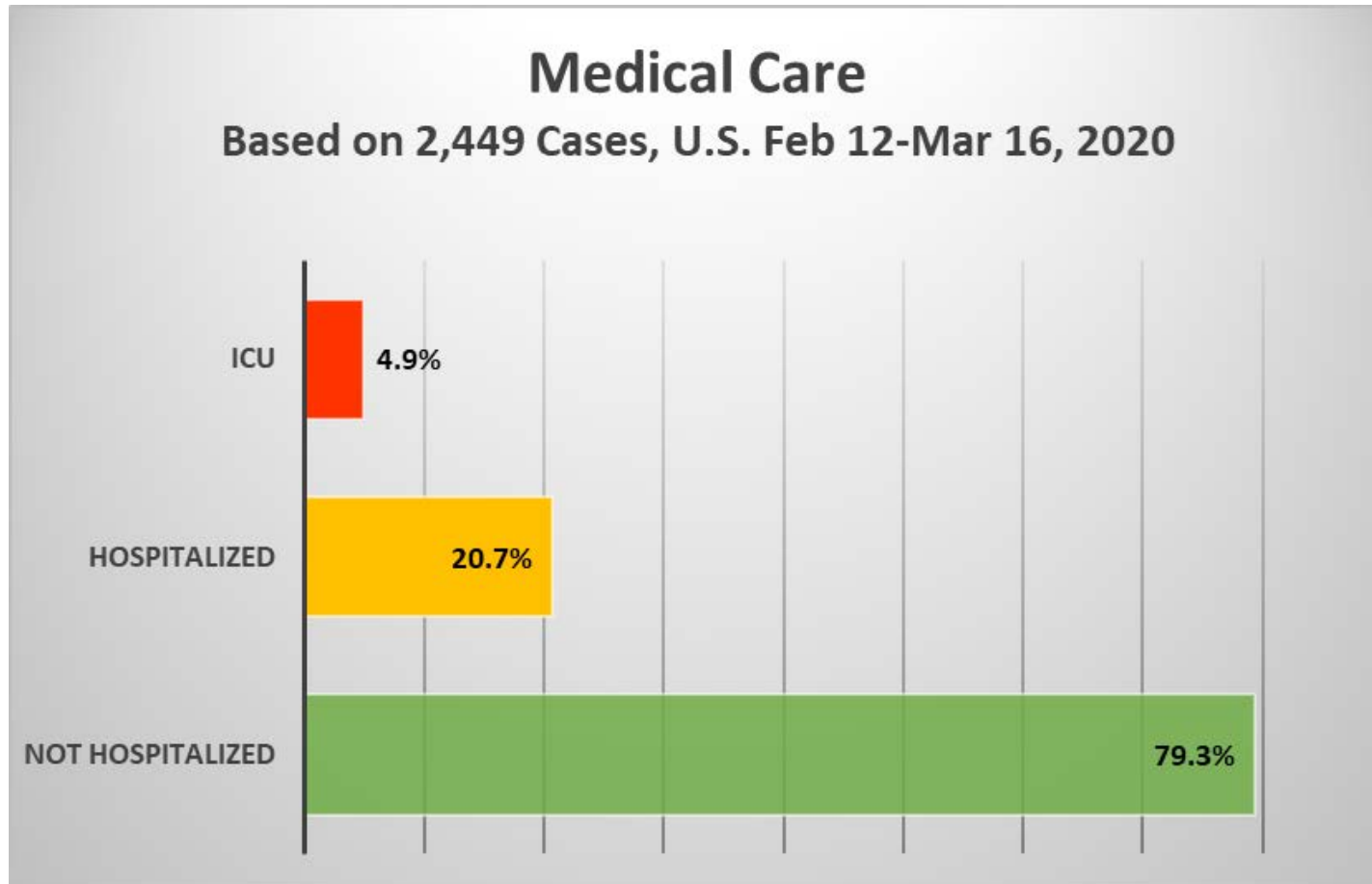
Total 2,047,731 Cases
US 632,878 Cases
New York 202,208

Most Infection Causes Mild-Moderate Disease



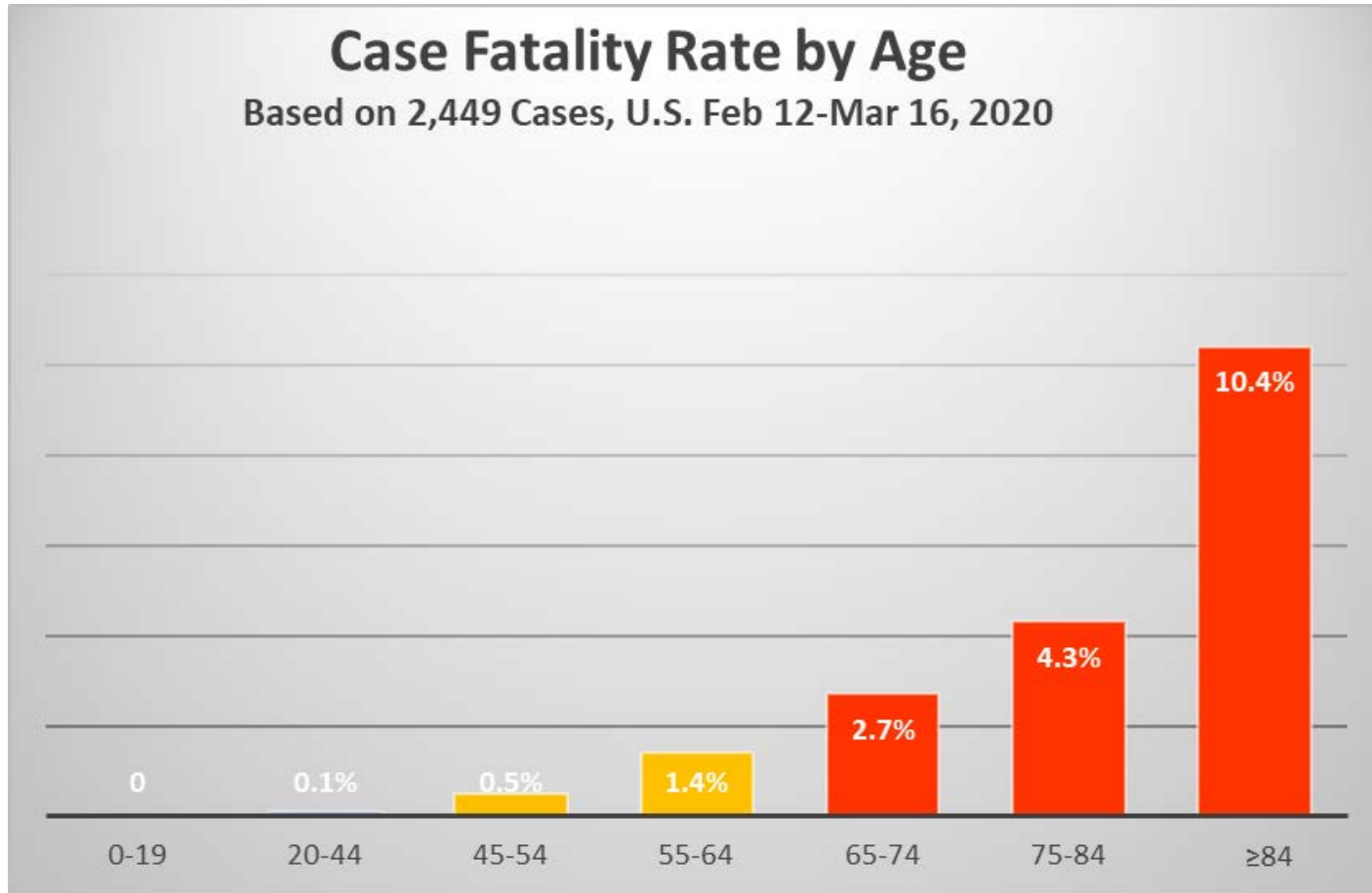
Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Based on 55924 Laboratory Confirmed Cases thru Feb 20, 2020 Available at <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> Accessed March 18, 2020.

Most Have Not Required Hospitalization



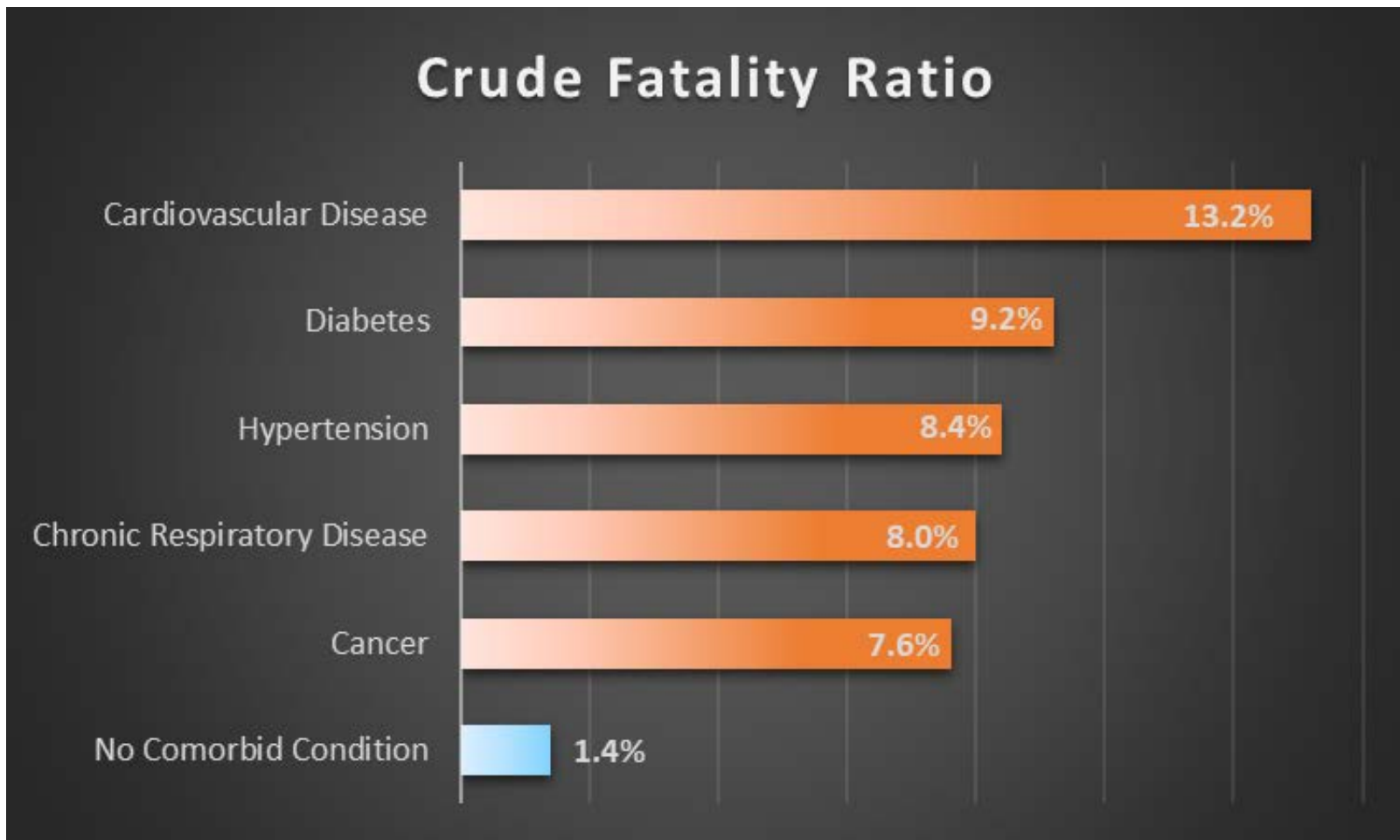
Source: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343-346. DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e2> Accessed March 30, 2020.

Risk of Mortality Increases with Age



Source: Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343-346. DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e2> Accessed March 30, 2020.

Comorbidities Increase Risk



Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), Based on 55924 Laboratory Confirmed Cases thru Feb 20, 2020 Available at <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> Accessed March 18, 2020.

Common COVID-19 Symptoms



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html



**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**

Asymptomatic and Presymptomatic Residents of a Long-Term King County

- 23 of 76 (30%) were positive for COVID-19
- 10% were asymptomatic (typical)

**ANYONE could have
ASYMPTOMATIC COVID-19
Infection**

...symptoms (mean interval 3 days)
...develop symptoms

Remember How Transmission Occurs



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

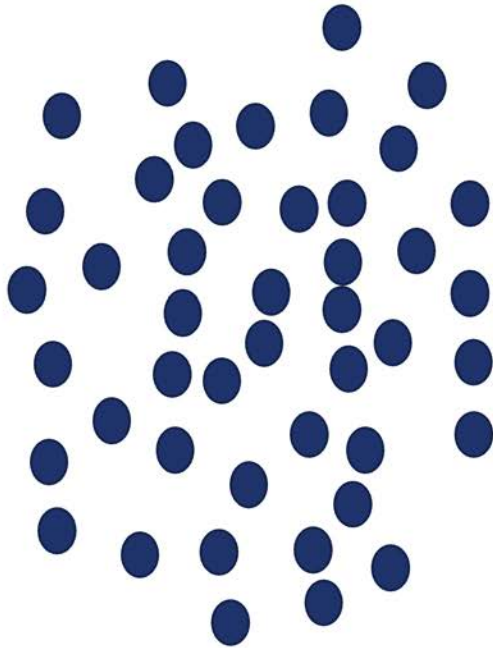
- Person to person via droplets (6 feet)
- Airborne transmission (aerosol generating procedures)
- Transmission via surfaces
 - viable for hours to days on surfaces

Key Measures to Stop Transmission

- Maintain distance of 6 feet from *all* persons
- To prevent creation of droplets, wear a cloth mask *when outside of the home*
- Consider having healthcare providers *wear a mask and eye protection when caring for any patient who is not wearing a mask or within 6 feet of other people to prevent exposure to asymptomatic or pre-symptomatic patients*

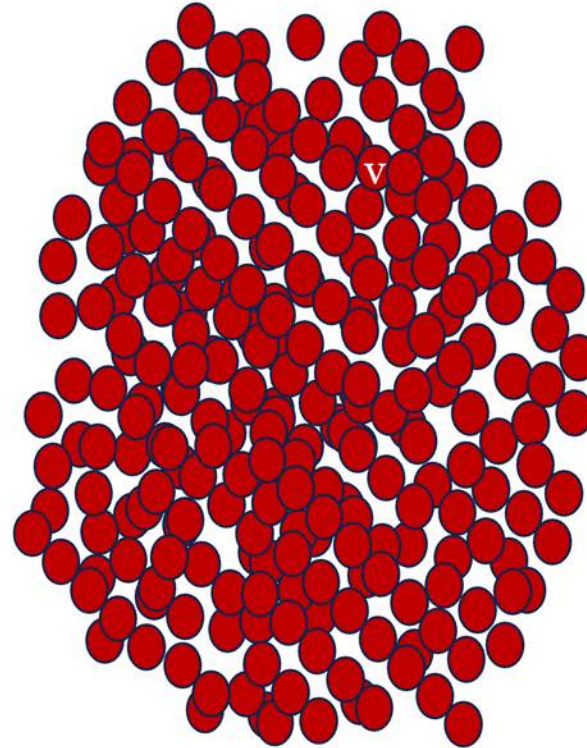
Why is COVID-19 Spreading SO Quickly

Influenza



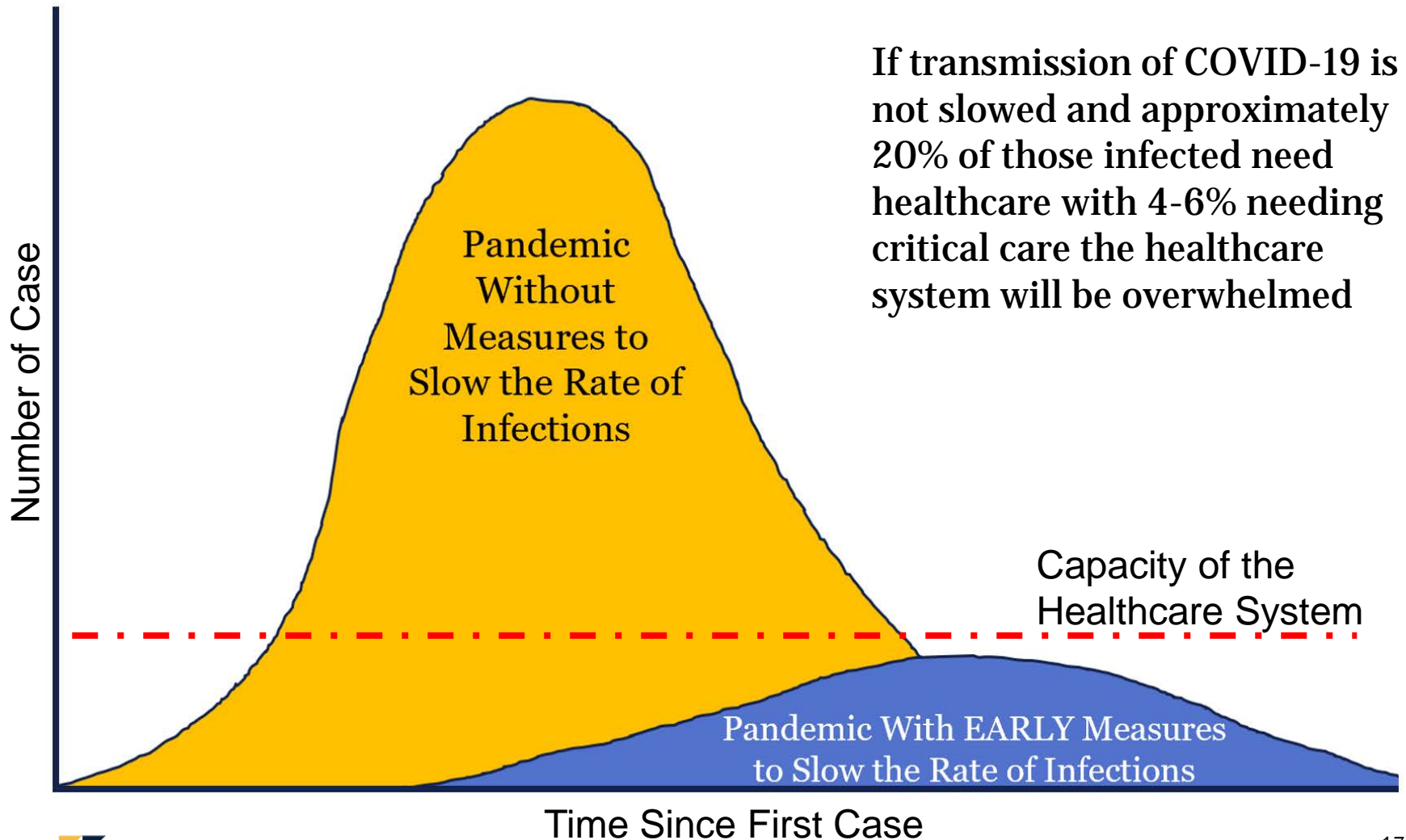
1 Individual Infects
average of 1.3 people

COVID-19



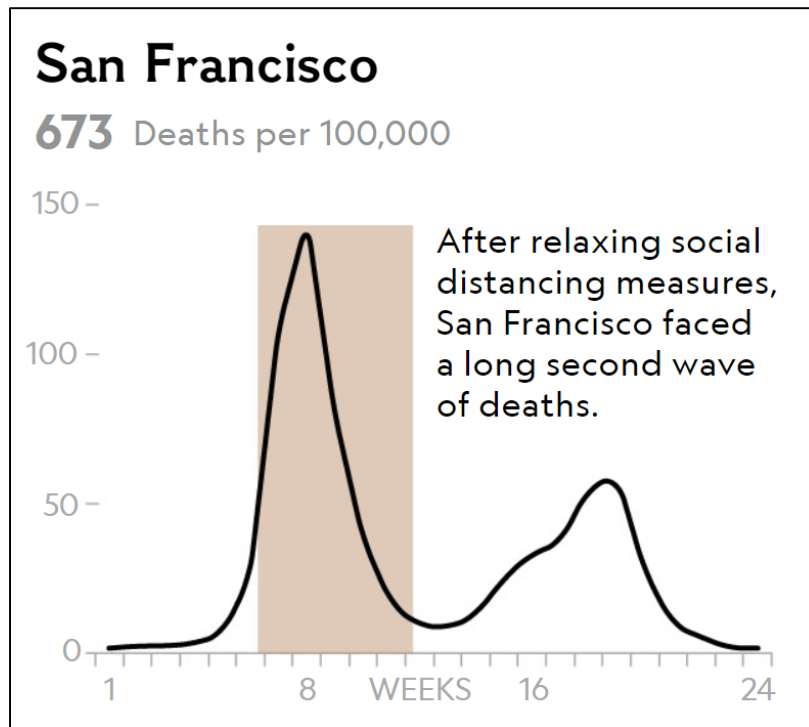
1 Individual Infects
average of 2-4 people

Why is Slowing Spread Important?



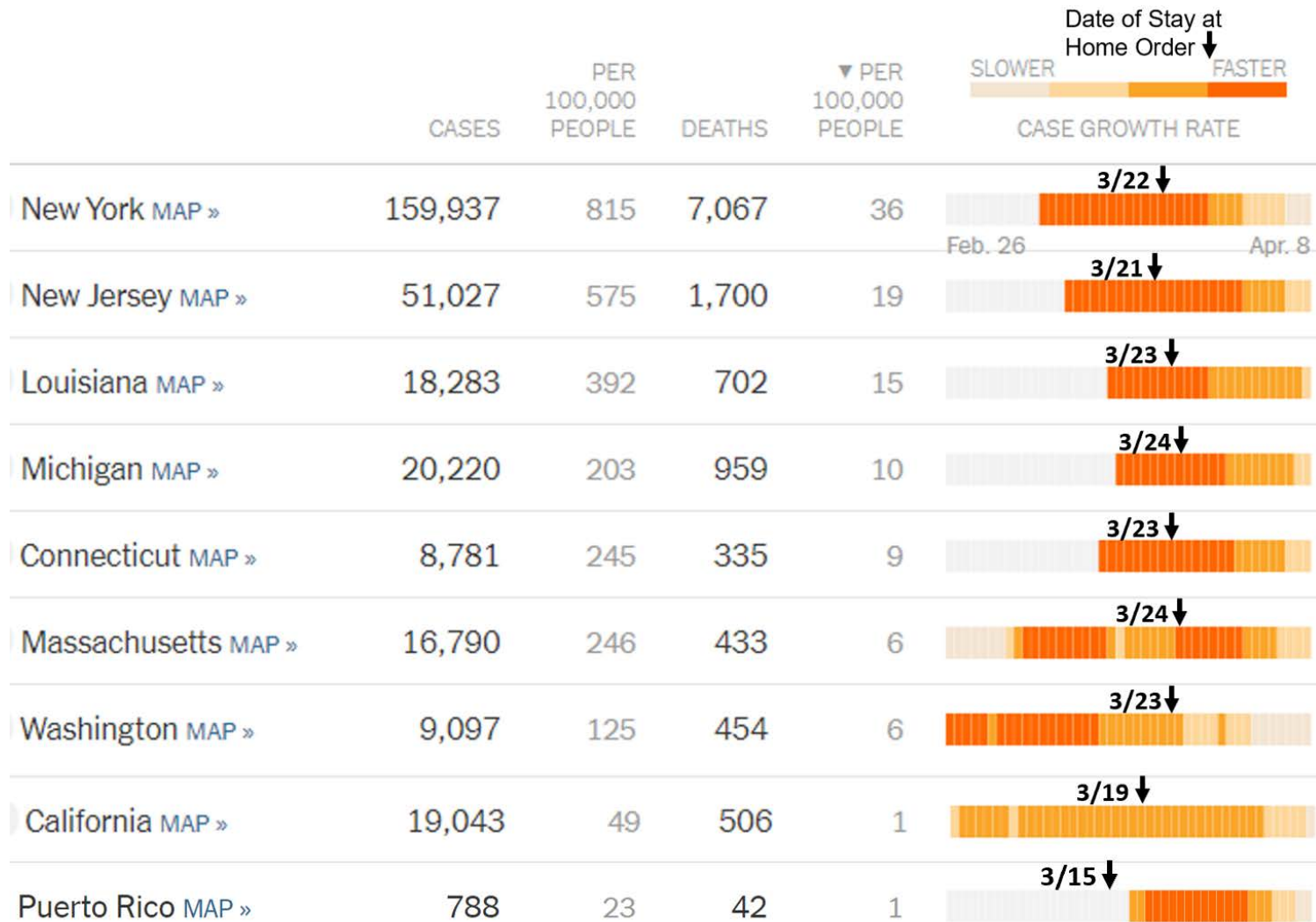
If transmission of COVID-19 is not slowed and approximately 20% of those infected need healthcare with 4-6% needing critical care the healthcare system will be overwhelmed

Example in 1918 Influenza Pandemic



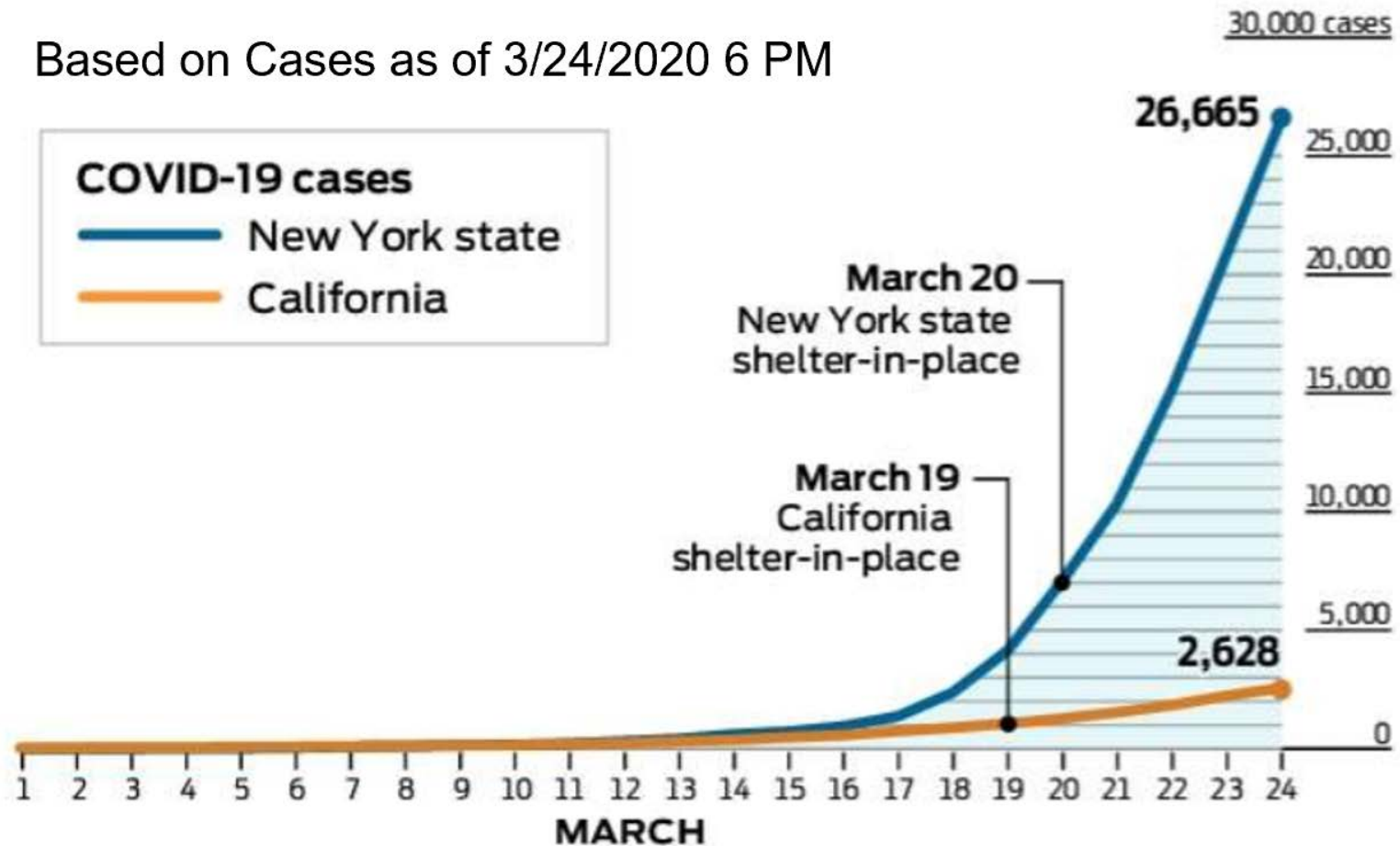
Cities that order social distancing later and for shorter periods had higher death rates than those who ordered it earlier and longer

Cases by State



Example from 2020 COVID-19

Based on Cases as of 3/24/2020 6 PM



Source: State and county health departments

John Blanchard/ The Chronicle

Summary of Key Points

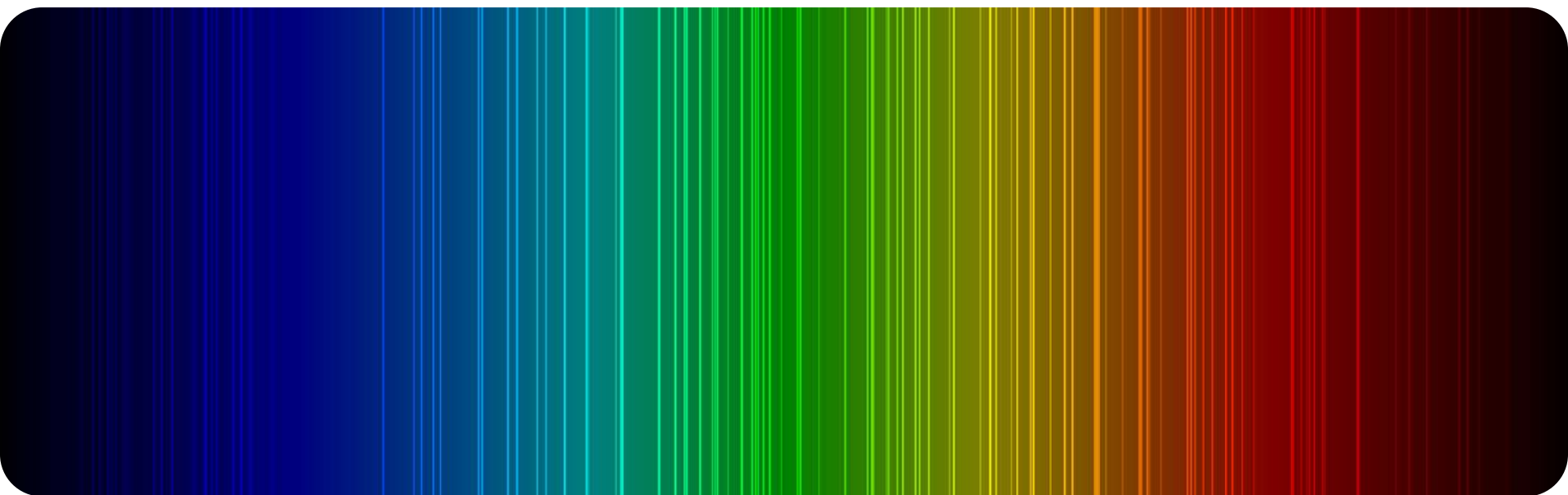
- COVID-19 is spread by droplet transmission and from contaminated surfaces
- Risk of exposure is increased during aerosol generating procedures
- The majority of people who have been *tested* have had fever, cough and shortness of breath
- ***Pre-symptomatic and asymptomatic people have been COVID-19 test positive and linked to transmission***

Summary of Key Points

- COVID-19 is spread by droplet transmission from contaminated surfaces
 - Risk of exposure is increased by aerosol generating procedures
 - The majority of patients have been *tested* have had fever and shortness of breath
 - **Prevent transmission of COVID-19 test positive and linked asymptomatic and asymptomatic people**
- KEY CONTROL MEASURE:
PREVENT DISPERSAL OF DROPLETS**

How Ambulatory Care Centers Can Slow the SPREAD

Preparing for COVID-19

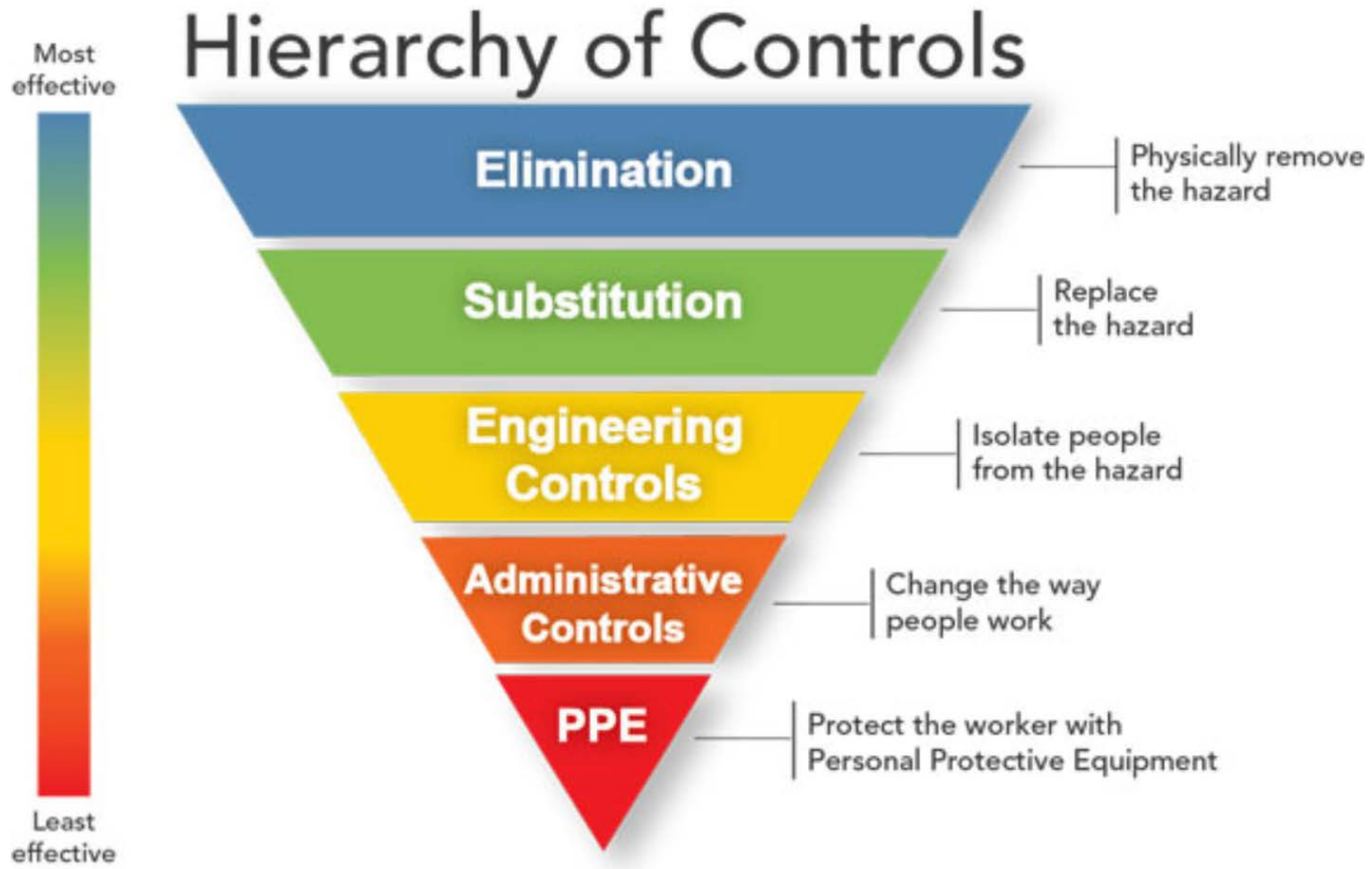


**Limited
community
transmission**

**Moderate
community
transmission**

**Widespread
community
transmission**

Protecting Workers from Exposure



Eliminate the Hazard and Preserve Supplies



Delay all elective ambulatory provider visits



Reschedule elective and non-urgent admissions



Delay elective surgical and procedural cases



Postpone routine dental and eyecare visits



-Source: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> Accessed April 8, 2020

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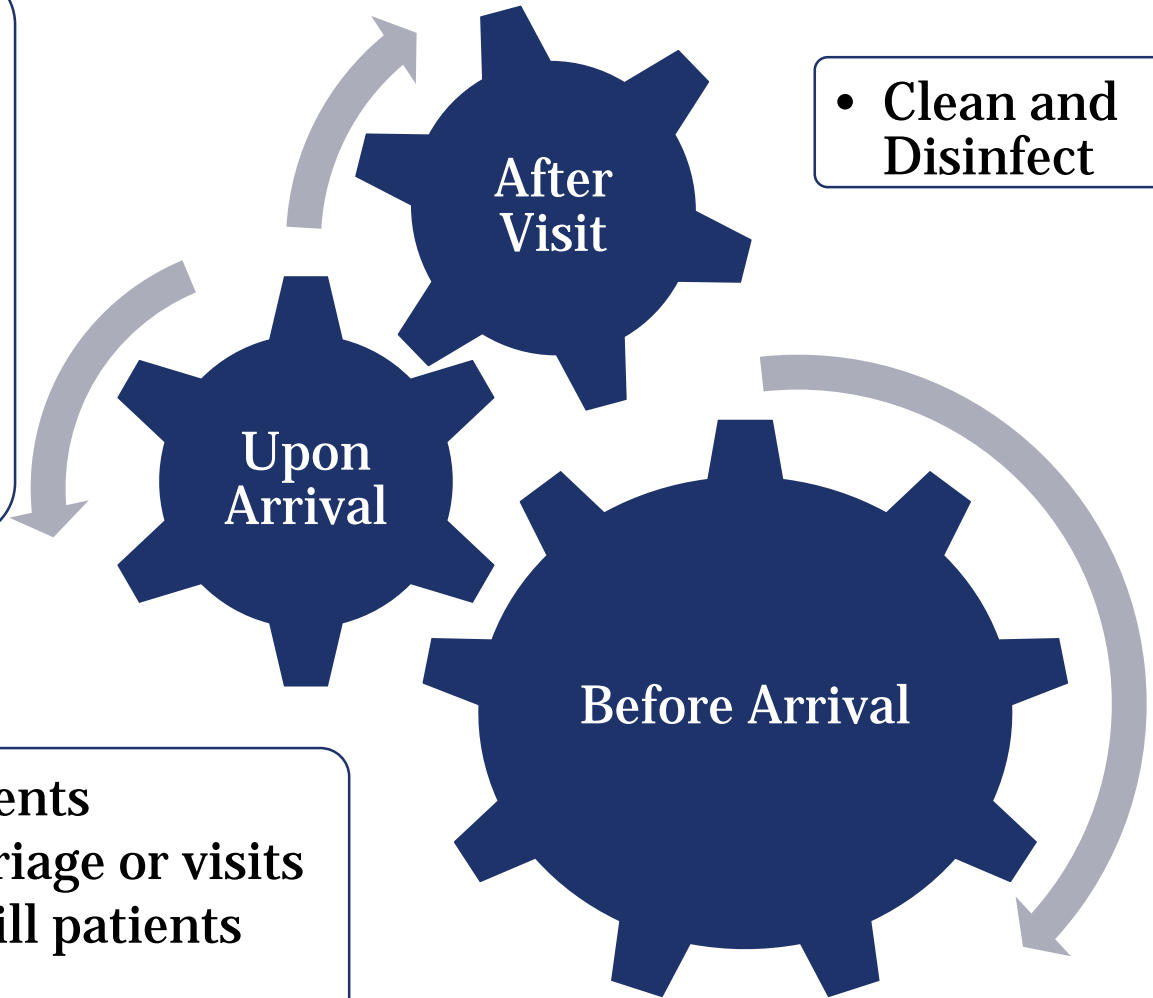
Eliminate the Hazard and Preserve Supplies

- Consider special areas or situations:
 - Supply delivery
 - Housekeeping staff
 - Urgent Care
 - Radiology
 - Lab
 - High-risk population

Limit Exposure: Patient Flow

- Symptomatic vs asymptomatic patients
- **Source control:** Limit droplet dispersal (e.g. homemade mask)
- Care of suspected COVID patient

- Clean and Disinfect



- Call Patients
- Virtual triage or visits
- Plan for ill patients

Limit Exposure: Before Arrival



- **Notify Community**
 - Mail
 - Call
 - Internet
 - Apps
 - Posters
- **Virtual triage or visits**
 - Telehealth
 - Plan for ill patients

Encourage Patients to Come with A Mask

- Current CDC guidance recommends that **all** persons leaving their home wear a mask
- Cloth mask is recommended to preserve supplies for healthcare providers

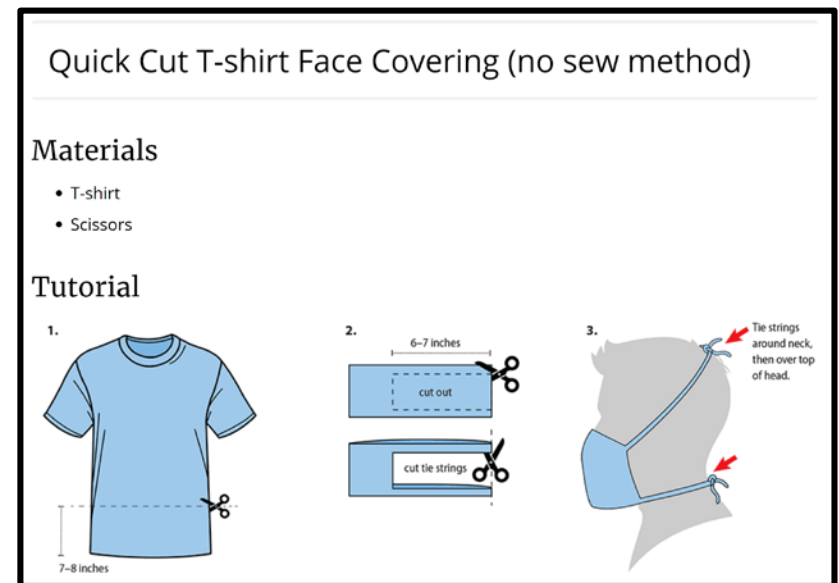


© Sylvia Garcia-Houchins

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>

Mildly ill: Stay home if possible!

- **When possible, manage mildly ill COVID-19 patients at home**
- Assess for other sources of illness
- Consider the patient’s ability to engage in home monitoring,
 - ability for safe isolation at home,
 - risk in the patient’s home environment
 - risks related to underlying disease and comorbidities
- Engage local public services and community organizations for needs (i.e. groceries, medications, etc.)



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Instructions for People Who Do Get Sick

Instruct how patients and family on

- How to protect others from exposure
- Treat fever, maintain hydration, and get rest
- Monitor for emergency warning signs (e.g., difficulty breathing, shortness of breath, chest pain, new confusion)
- Seek medical treatment for worsening symptoms and

Caring for someone at home

Most people who get sick with COVID-19 will have only mild illness. Care at home can help stop the spread of COVID-19 and help protect people from getting seriously ill from COVID-19.

If you are caring for someone at home, [monitor for emergency signs](#), [prevent the spread of germs](#), [treat symptoms](#), and carefully consider [when to end home isolation](#).

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.
Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html#monitor>

When Is it Safe to Go Back to Work?

- Follow direction from your local health authority regarding return to work or ending home isolation
- What is happening in the local community could influence the recommendations

When to end home isolation (staying home)

- People with COVID-19 who have stayed home (are home isolated) can stop home isolation under the following conditions:
 - *If they will not have a test* to determine if they are still contagious, they can leave home after these three things have happened:
 - They have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when their cough or shortness of breath have improved)
AND
 - at least 7 days have passed since their symptoms first appeared

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html#monitor>

Limit Exposure: Upon Arrival

- Symptomatic vs asymptomatic patients
- **Source control**
 - Limit droplet dispersal (e.g. homemade mask)
- Care of suspected COVID patient



If they are in your space, Set the stage to stop transmission

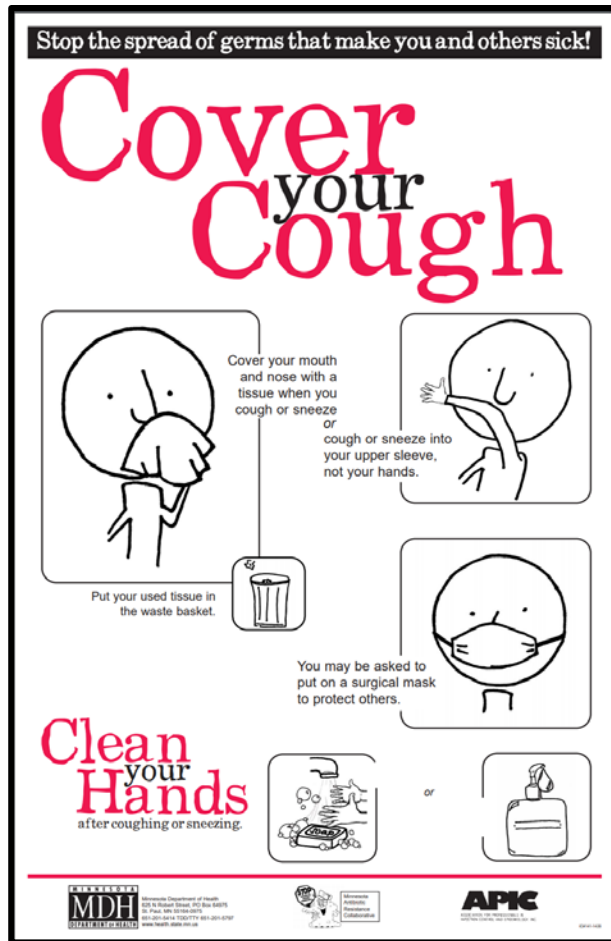
- Social Distancing (aka Physical Distancing)
- Respiratory Etiquette
- Hand Hygiene
- Clean and disinfect surfaces

Social Distancing

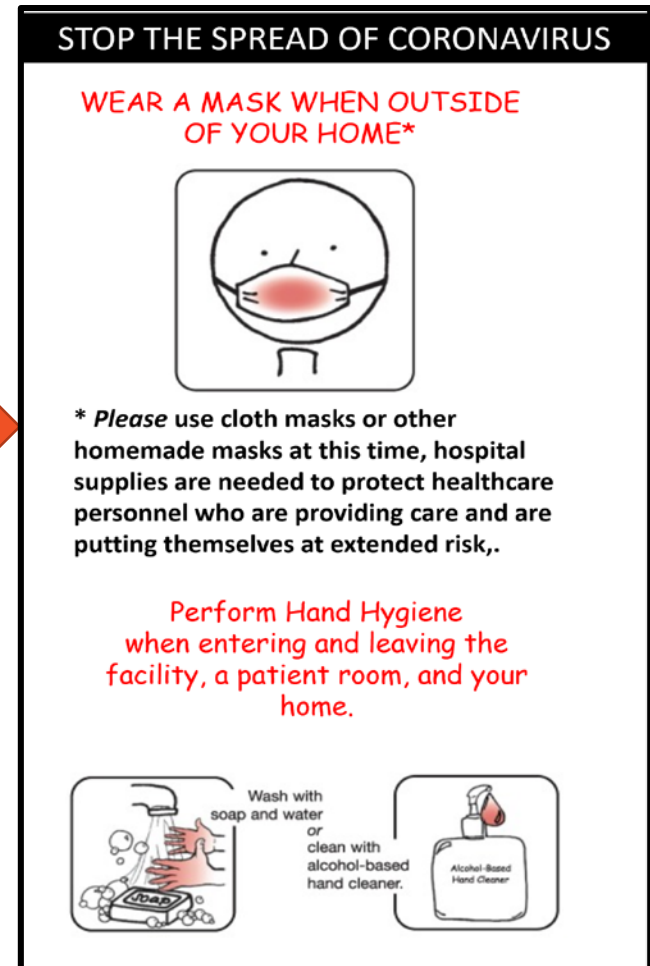


Modify Conventional Practices

Respiratory Etiquette: Conventional



Source Control Etiquette: NEW



Basic Infection Prevention Principles

STANDARD PRECAUTIONS

- All patients, ALL times
- Protect yourself
- Protect patients

Required PPE depends on activity

HAND HYGIENE

- Alcohol-based hand rub (ABHR) or Soap and water
- Provide inside and outside of rooms and at entrances
- Post reminders

Limit Exposure: After Visit

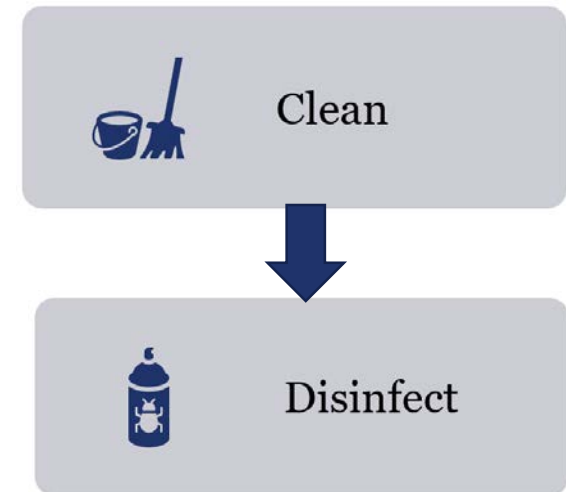


- **Clean and disinfect surfaces**

Cleaning and Disinfection

General Principles

- If dirty, clean with a detergent or soap and water prior to disinfection.
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- Do not mix products unless instructed by manufacturer
- More is not better!



Disinfection of Hard Surfaces

- EPA-registered, hospital or healthcare disinfectant*
- If not available, consider EPA-registered Institutional or residential disinfectants*

(<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)

- Diluted household bleach solutions
 - Example in community settings*: 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water

Disinfection of Soft Surfaces

- Clean
 - Remove visible contamination, if present
 - Clean with cleaners for soft surfaces
- Disinfect
 - If able to launder, follow manufacturer's instructions warmest water setting for the item and dry completely
 - Products with the EPA-approved emerging viral pathogens claims
(<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>) for porous surfaces

Laundry: Linens, Clothing, and Other Items

- Do not shake dirty laundry and wear PPE
- Follow manufacturer's instructions- warmest water setting for the item and dry completely
- Dirty laundry that has been in contact with COVID-19 patient can be washed with general laundry
- Clean and disinfect laundry room surfaces, washers, hampers or other carts for transporting laundry according to guidance for hard or soft surfaces.
- If using reusable gowns, notify laundry services

Meals

- Avoid food distribution to employees in settings where people might gather in a group or crowd.
- Examples of alternatives
 - Grab and go
 - Pre-packaged meals
 - Order ahead
 - Staggered breaks and lunches

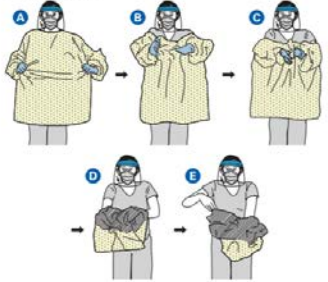


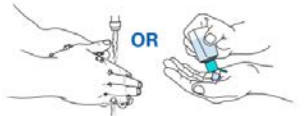
Training and Competency of Staff PPE

- Lots of resources
 - Videos
 - YouTube
 - Joint Commission site
 - 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**

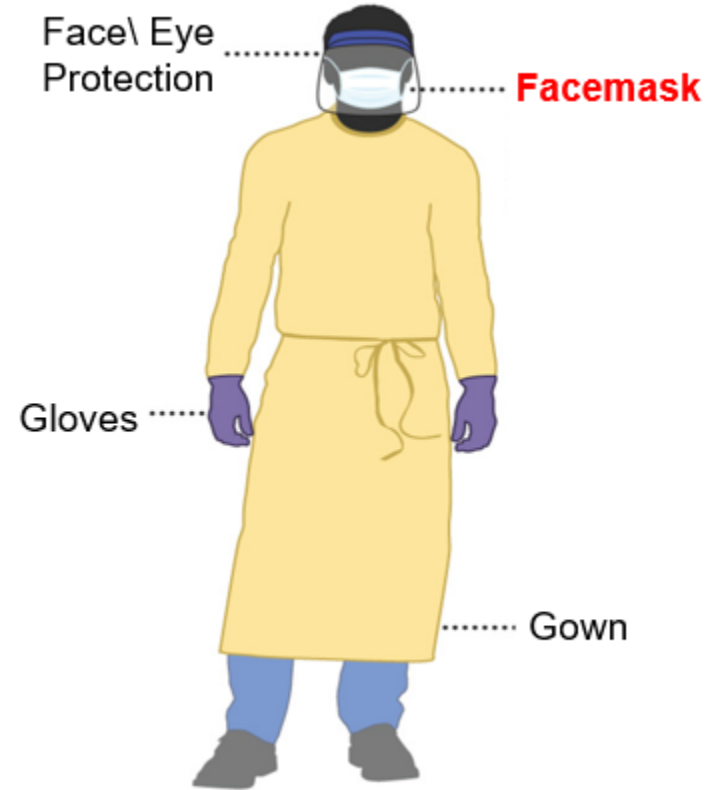
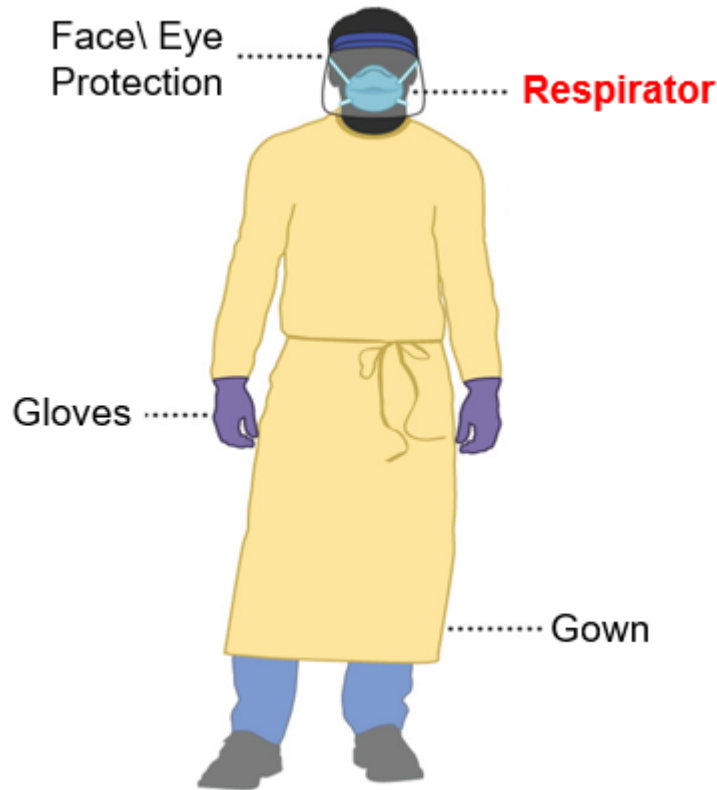
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Source:

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

PPE Selection based on Anticipated Exposure



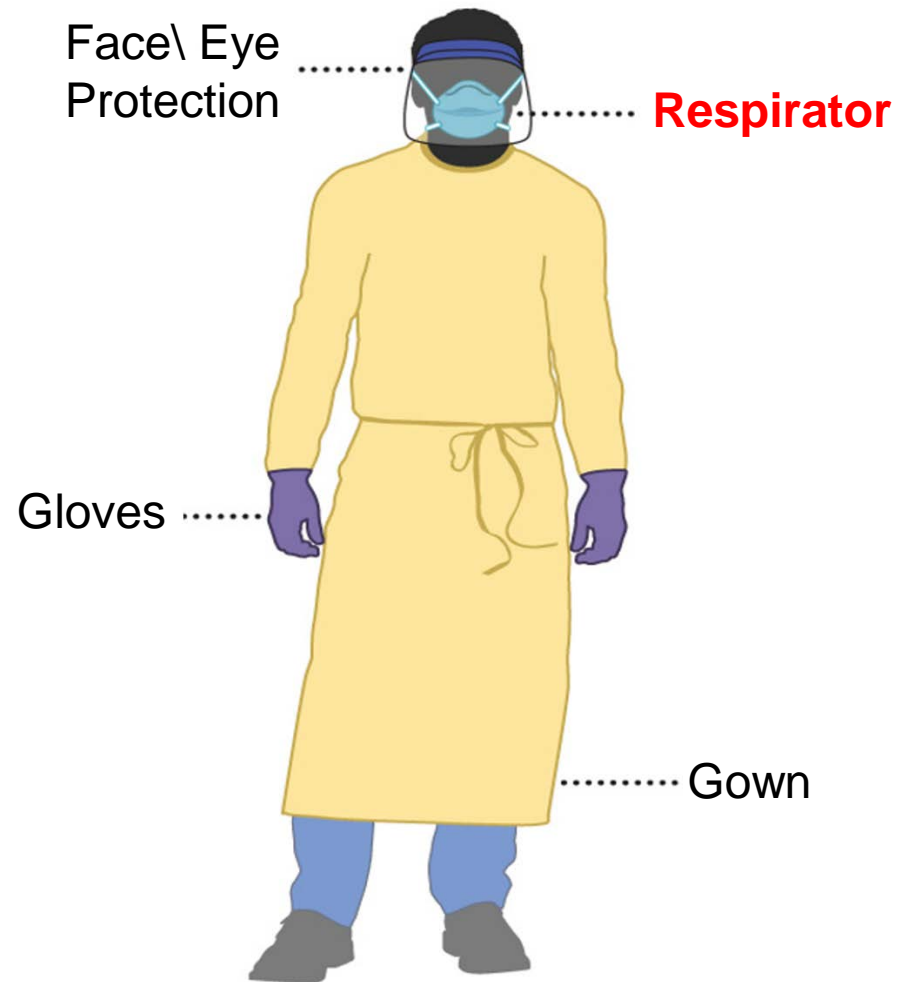
Aerosol Generating Procedures

Routine Care

Aerosol Generating Procedures

Examples of aerosol-generating procedures:

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



Routine Patient Care of *ANY Patient*??

Consider for high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing.

- dressing
- transferring
- assisting with personal care
- device care or use
- wound care



Collection of Diagnostic Specimens

Routine:

- Nasopharyngeal (NP) swab
- PPE: respirator, eye protection, gown, gloves
- Collect in room with door closed OR collect in a tent or the patient's car

Alternative as *approved* by testing authority

EXAMPLE: NYSDOH Wadsworth Center Testing

- Preferred: NP swab (PPE)
- Alternative: Nasal swab + saliva specimen (supervised from outside room)

Example: NYSDOH Wadsworth Center COVID-19 Specimen Collection Transport and Handling Instructions (this site only)

https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_guidespecimencollection_040120.pdf Accessed April 12, 2020

Exposure Monitoring and Return to Work

1- Level of exposure

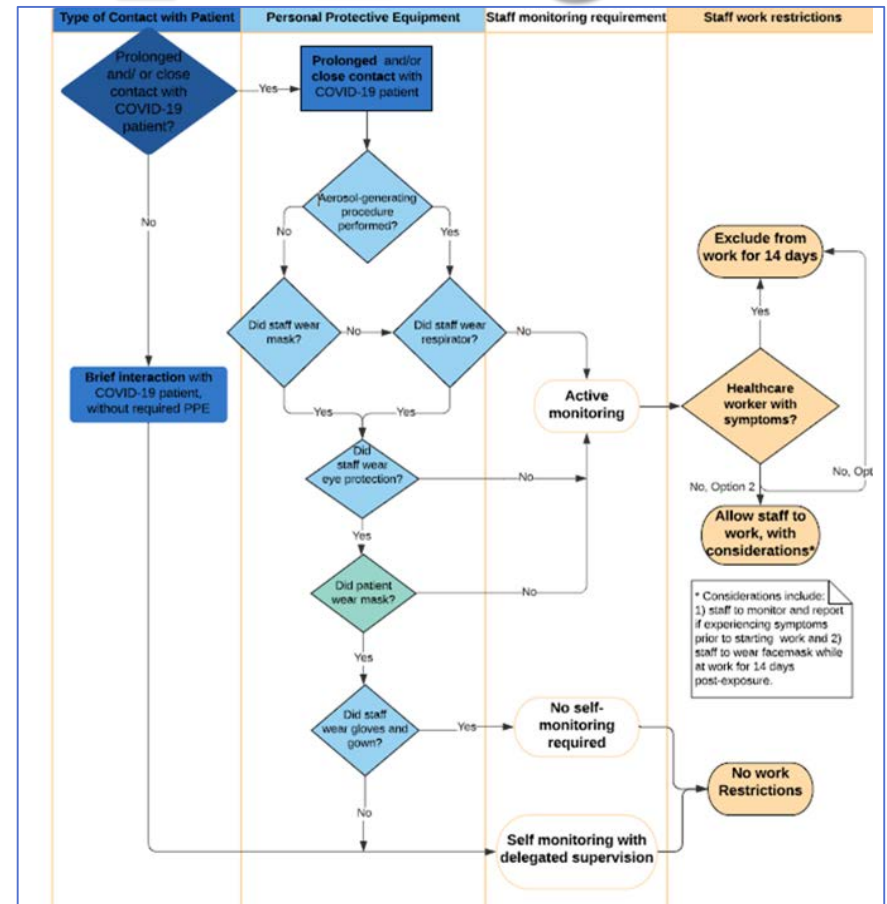
2- PPE used



3- Symptom monitoring

4- Work restrictions

1 2 3 4



Mental Well Being



- Communication
 - Updates/process changes
 - Share good news
 - Provide staff way to voice concerns
 - Limit non essential email, alerts
- Monitor time with COVID-19 patients
- Encourage self-care
 - Meditation
 - Extracurricular activities

Provide Reassurance and Reducing Stigma

SHARE FACTS ABOUT COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT 1 Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT 2 For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

FACT 3 Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.



CS11484.4 01/16/2020

FACT 4 There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT 5 You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
 - Cough
 - Shortness of breath
- Seek medical advice if you
- Develop symptoms
- AND
- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

[cdc.gov/COVID-19](https://www.cdc.gov/COVID-19)

The screenshot shows the CDC website for COVID-19. The main heading is 'Stress and Coping'. On the left, there is a navigation menu with options: Symptoms & Testing, Prevent Getting Sick, Daily Life & Coping (selected), Household Checklist, Running Errands, Stress & Coping, and Reducing Stigma. On the right, under 'On This Page', there are links for 'Outbreaks can be stressful' (People at higher risk), 'Everyone reacts differently to stressful situations' (Coming out of quarantine), 'Take care of yourself and your community' (Responders), and 'Parents'.


<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html>

Managing Supplies during Pandemic

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>

Current Situation

– The rate of supply use depends on multiple factors including

- Number of patients
- Number of procedures
- Procedure mix

Shortages are Occurring
Current Projections Indicate Critical Supply
Shortages Will Occur if Conservation
Measures are Not Implemented

– Inventory in production and distribution

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

Joint Commission Advocacy



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.


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https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/covid-19_public_statement_03_27_2020.pdf

Home > Standards > Standards FAQs Print

Personal Protective Equipment - Managing Critical Shortages of Personal Protective Equipment (PPE) During Declared Emergencies

What should an organization do if they are facing a critical shortage of personal protective equipment (PPE) and are unable to obtain the PPE commercially?
[Back to FAQs](#)

Any examples are for illustrative purposes only.

If organizations are facing critical shortages of personal protective equipment, they should **contact their local health authority** for assistance and possibly direction to the appropriate state specific contact who controls their state strategic stockpile.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) manages the strategic national stockpile (SNS). This stockpile is designed to supplement and resupply state and local inventories of medications and supplies during emergencies which are severe enough to exhaust local supplies. In addition to the SNS, many states have their own stockpiles of medications and supplies.

In emergency situations, organizations may need to institute measures to conserve supplies of personal protective equipment. These may include use of alternative products, such as powered air purifying respirators (PAPRs) in place of N95 respirators and eye protection or revising how personal protective equipment will be used (e.g., keeping the same N95 respirator or mask on for care of multiple patients unless contaminated or damaged). In some cases, organizations may need to determine if alternate gowns should be used for protection of staff or sterile procedures.

When instituting these measures, all the following must be considered:

- They must be instituted in conjunction with implementation of facility emergency management procedures
- The organization must involve those who are knowledgeable about the routine practices that will be impacted, as well as specific benefits and limitations of affected personal protective equipment (e.g., infection control, industrial hygiene, occupational medicine)
- The revisions must be clearly communicated to involved staff
- Enhanced monitoring for negative impact (e.g., increased reports of exposure or infection) should be instituted.

<https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/infection-prevention-and-control-ic/000002271/>

CDC: PPE Optimization Strategy

- Conventional capacity: standard US practices
- Contingency capacity: modifications in standard practices which should not significantly impact patient or healthcare worker safety
- Crisis capacity: Not commensurate with U.S. standards of care

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

Assumptions **Before** Crisis Interventions

- **As PPE becomes available, healthcare facilities will resume standard practices**
- Notified local health authority of needs for PPE
- Maximized use of engineering controls
 - Implemented use of PPE that can be reprocessed (e.g., cloth gowns)
 - Using barriers or devices to prevent exposures (e.g., plastic windows, call systems, closed suction)

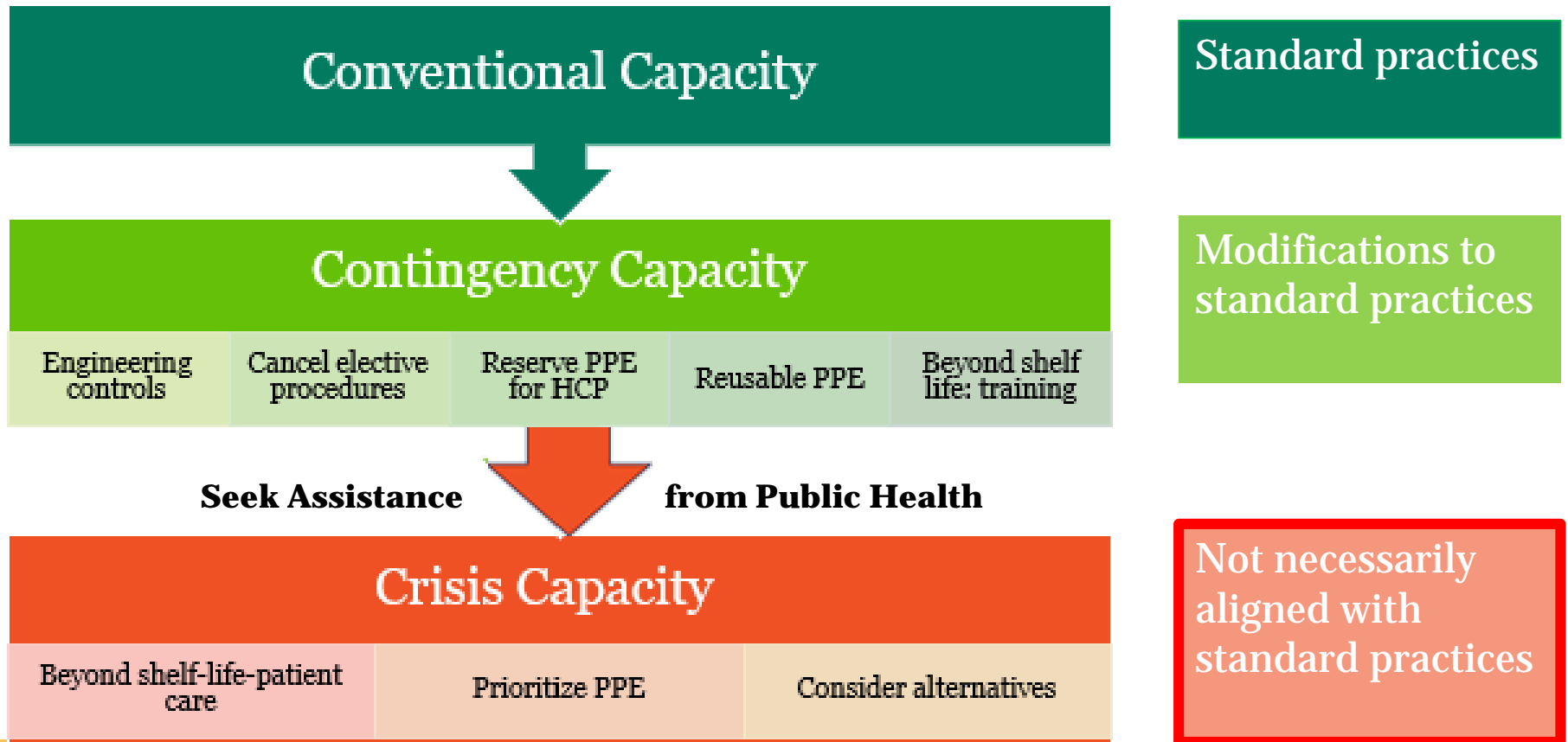
Source: CDC Engineering and Administrative https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirators-strategy%2Fconventional-capacity-strategies.html Controls Accessed April 11, 2020

Assumptions **Before** Instituting Strata:

- Maximized use of work practice controls
 - Excluded visitors and non-essential workers
 - Excluded those who are not providing direct care from patient room
 - Limited face to face encounters of healthcare providers with patients
 - Provided required education, training, and demonstrated competency about available PPE including donning and doffing

Source: CDC Engineering and Administrative https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirators-strategy%2Fconventional-capacity-strategies.html Controls Accessed April 11, 2020

CDC: PPE Optimization Strategy



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

Respiratory Protection

Respirator vs Facemask

The screenshot shows the top navigation bar of The Joint Commission website. The logo is on the left, followed by a dropdown menu for 'Our Websites:'. A search bar is in the center, and a 'Login' button is on the right. Below the navigation bar is a dark blue header with menu items: 'Accreditation & Certification', 'Standards', 'Measurement', 'Performance Improvement', 'Resources', and 'About Us'. The main content area has a breadcrumb trail: 'Home > Standards > Standards FAQs'. A 'Print' button is in the top right corner. The main heading is 'Personal Protective Equipment - Mask Considerations When Caring for Known or Suspected COVID-19 Patients'. Below the heading is the question: 'Is it acceptable to wear a facemask when caring for a known or suspected COVID-19 patient?'. A link 'Back to FAQs' is provided. The main text states: 'Any examples are for illustrative purposes only. Based on the report from the first 55,924 cases of COVID-19 in China and CDC: What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection, facemasks* are an acceptable alternative to respirators** when caring for a person with known or suspected COVID-19, except when participating in aerosol generating procedures (e.g. endotracheal intubation, suctioning of the respiratory tract [if not using in-line suction catheters], and bronchoscopy).'. Definitions for '* Facemask' and '** Respirators' are provided. 'Additional Resources' include a link to 'U.S. Department of Labor Issues Temporary Enforcement Guidance for Respirator Fit-Testing in Healthcare during COVID-19 Outbreak'. The page is dated 'Last updated on April 09, 2020'.

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



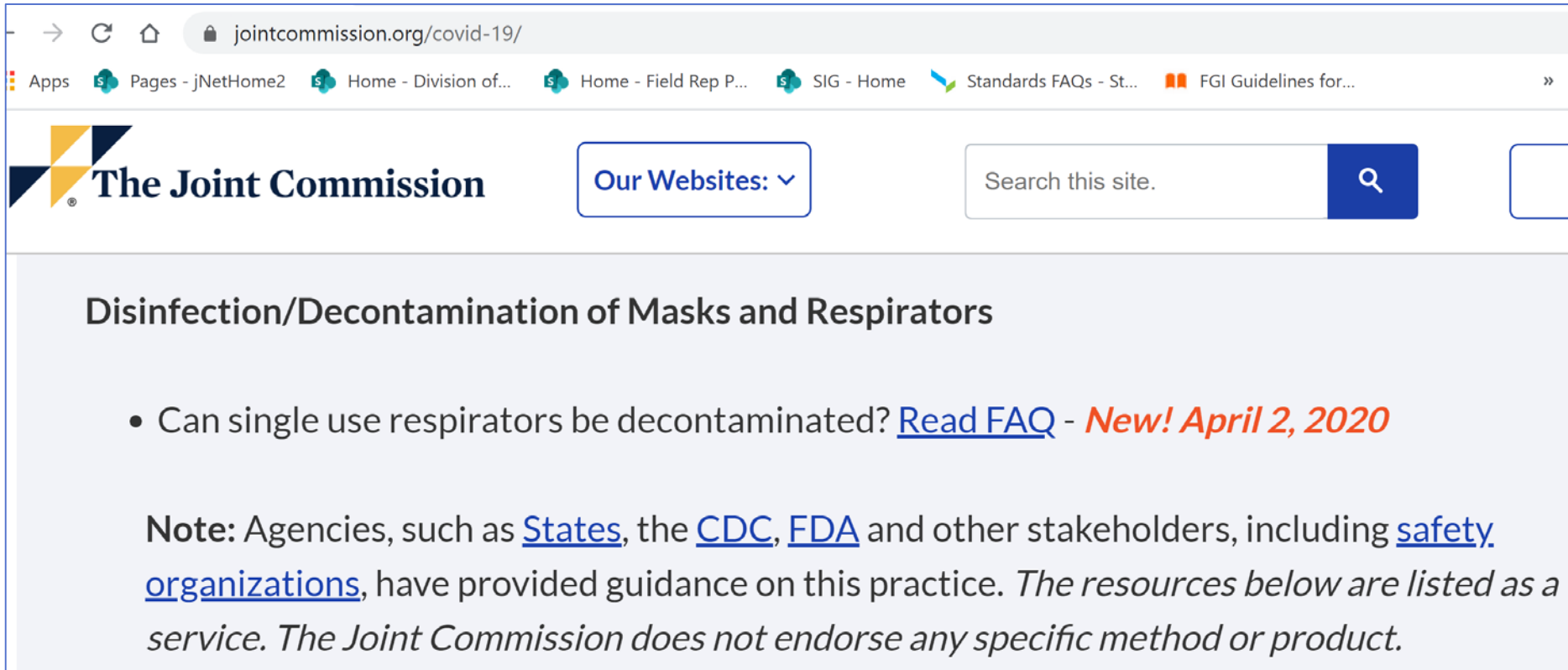
Powered Air-Purifying Respirator (PAPR)

Reusable device

Battery operated

Half or full facepiece

Joint Commission Coronavirus Website



The screenshot shows a web browser window with the URL [jointcommission.org/covid-19/](https://www.jointcommission.org/covid-19/). The browser's address bar and tabs are visible at the top. The website header includes the Joint Commission logo, a navigation menu with "Our Websites:" and a search bar. The main content area is titled "Disinfection/Decontamination of Masks and Respirators" and contains a bullet point with a link to a FAQ. A note follows, providing context and disclaimers.

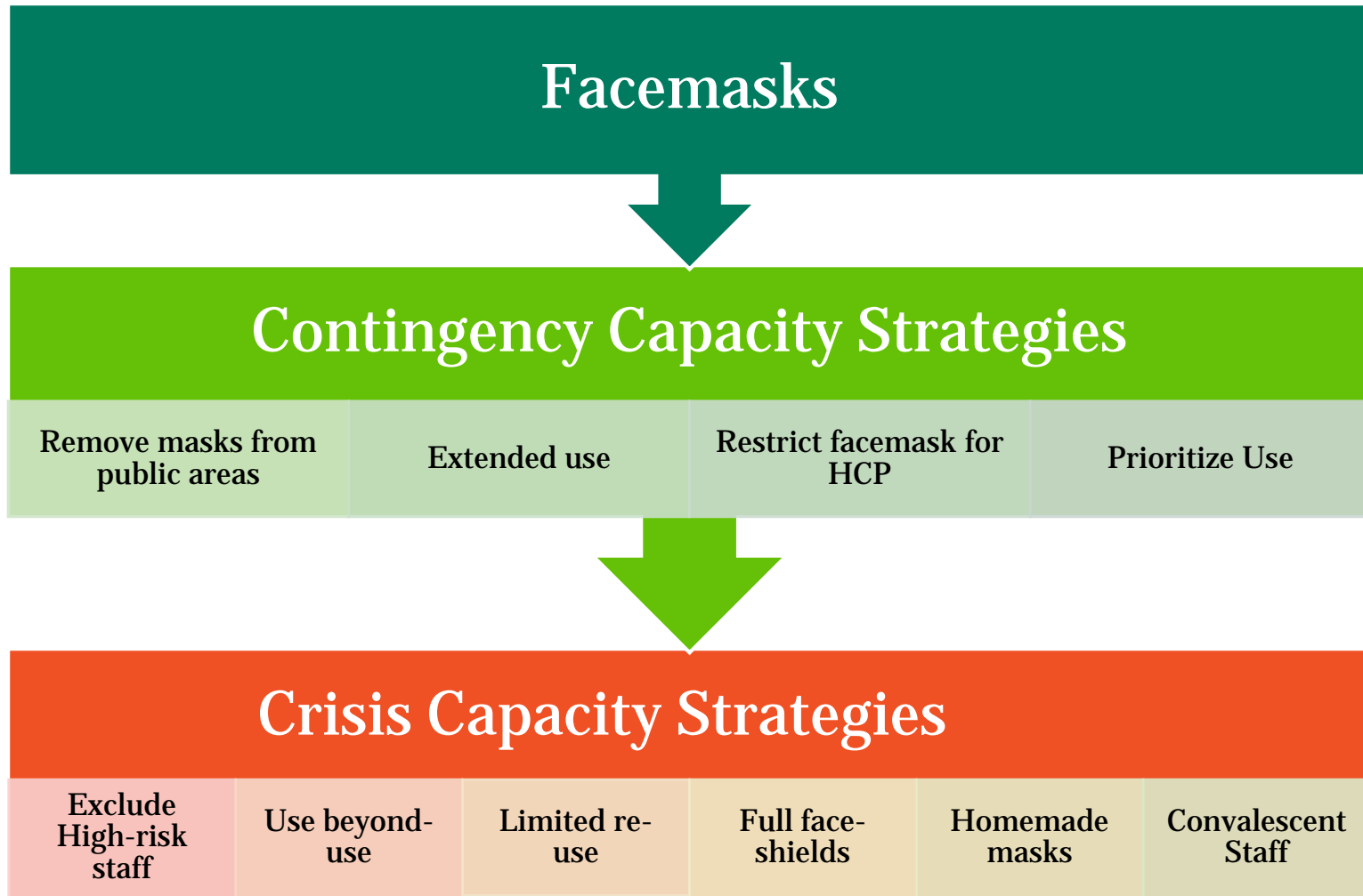
Disinfection/Decontamination of Masks and Respirators

- 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

CDC: Facemask Optimization Strategy



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

Facemasks or Respirators from Home



ANNOUNCEMENT: Joint Commission Statement on Use of Face Masks Brought From Home



The Joint Commission supports allowing staff to bring their own standard face masks or respirators to wear at work when their health care organizations cannot routinely provide access to protective equipment that is commensurate with the risk to which they are exposed. In taking this position, The Joint Commission recognizes:

1. Hospitals must conserve personal protective equipment (PPE) when these items are in short supply to protect staff who perform high-risk procedures.
2. The degree to which privately-owned masks and respirators will increase the protection of health care workers is uncertain, but the balance of evidence suggests that it is positive.
3. No Joint Commission standards or other requirements prohibit staff from using PPE brought from home.
4. Homemade masks are an extreme measure and should be used only when standard PPE of proven protective value is unavailable.

The evidence assessment and policy analysis that is the foundation of this statement may be found on page 2 of this document.

<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/public-statement-on-masks-from-home-w-faqs.pdf>



Frequently Asked Questions in Response to The Joint Commission's Position Statement on Use of Face Masks Brought from Home

Why did The Joint Commission feel it was necessary to develop this position statement?

The Joint Commission's Office of Quality and Patient Safety has received numerous complaints from health care workers about inadequate personal protective equipment (PPE). For example, staff have reported:

- Lack of N95 masks for performing aerosolizing procedures
- Having to wear a surgical mask for a prolonged period (up to a week)
- Not being allowed to wear a mask when exposed to a large number of patients who could have COVID-19 (i.e., concerns about caring for asymptomatic and minimally symptomatic when COVID-19 is prevalent)
- Working without routinely wearing masks even after an outbreak occurred among the medical staff from an infected physician

The American College of Emergency Physicians and the American College of Physicians also shared similar concerns voiced by their members. We also have received reports of hospitals citing nonexistent Joint Commission standards to prevent staff from bringing their own PPE to work in shortage situations.

Is The Joint Commission advocating for routine use of N95 masks?

No. Hospitals must conserve N95 respirators as much as possible to protect staff who perform high-risk procedures that aerosolize viral particles. However, there are reports of hospitals not having enough N95 masks for all procedures that aerosolize viral particles. Such procedures include bronchoscopy, endotracheal intubation, positive pressure ventilation (BIPAP and CPAP), nebulizer treatment, sputum induction, airway suction, high frequency oscillatory ventilation, chest physiotherapy, and bronchoscopy. If a hospital cannot provide N95 masks for staff performing these procedures or working in the immediate vicinity, staff should be allowed to bring in their own masks.

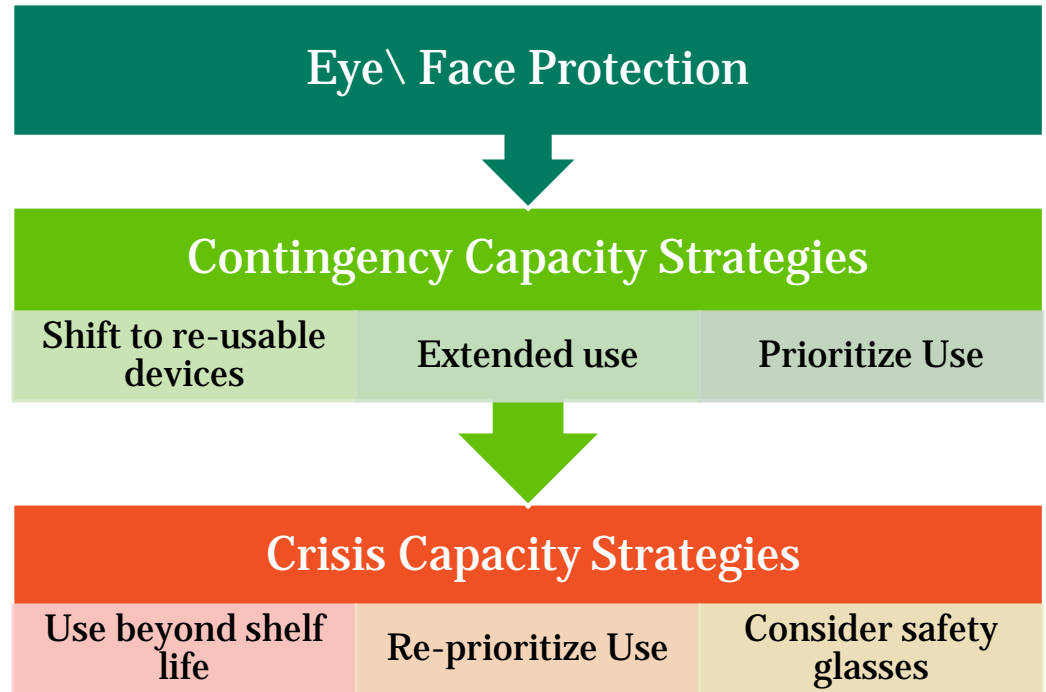
The statement says The Joint Commission supports allowing staff to bring their own masks or respirators to wear at work when their health care organizations cannot provide them with adequate protection commensurate with the risk of infection to which they are exposed by the nature of their work. What does this mean?

Hospitals should be allowed to restrict staff from bringing in their own PPE if what they want to bring in is not justified by the person's level of risk of exposure to the SARS-CoV-2 virus. An engineer working in the basement of a hospital or someone working in food services has very low risk of work-related exposure, and it would be appropriate to prohibit these individuals from wearing masks. It also would be appropriate for a hospital to prohibit the routine use of N95 masks for personnel working in an area with no exposure to aerosolized viral particles. In contrast, if a hospital cannot provide N95 masks for staff who perform aerosolizing procedures or who work in close proximity to where aerosolizing procedures are done (e.g., emergency endotracheal intubation or nebulizer treatments in emergency departments), then the hospital should allow staff to bring in an N95 mask instead of just wearing a standard mask.

<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/faq-in-response-to-the-joint-commission-statement.pdf>

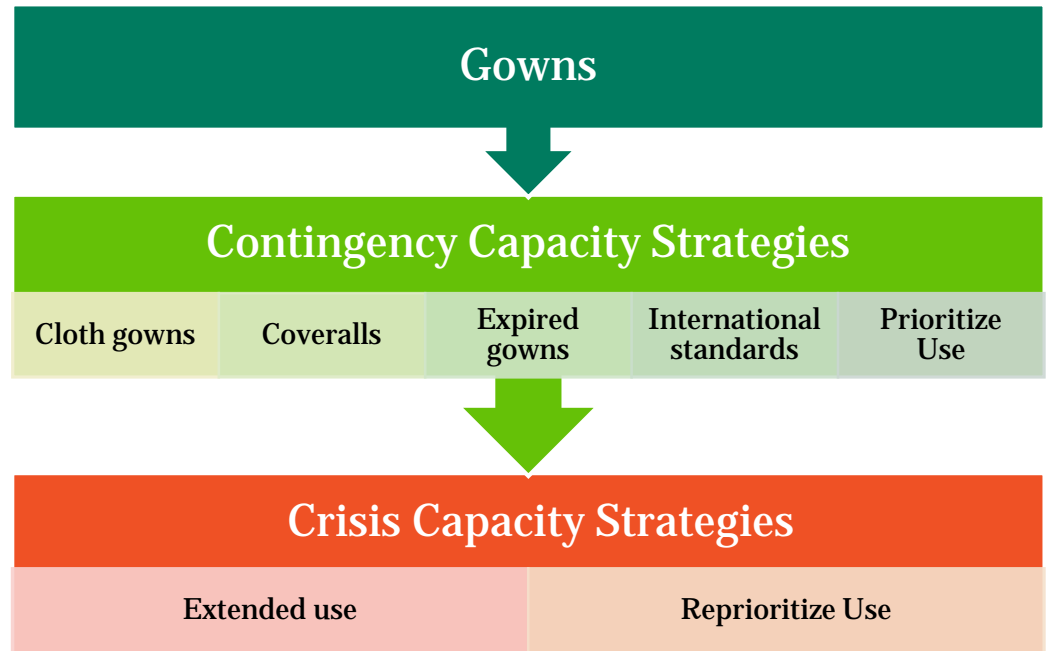
Other PPE

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

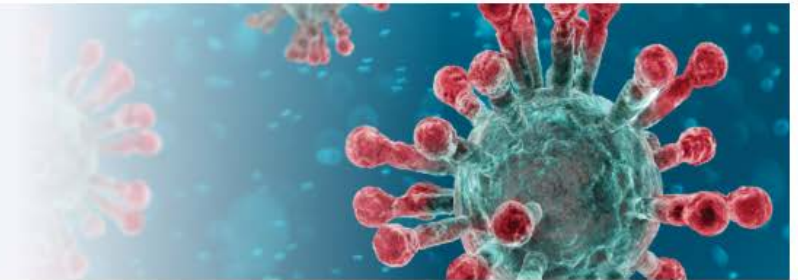


<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html> Accessed April 12, 2020

Extended Glove Use

Coronavirus (COVID-19)

Trusted Guidance. Trusted Resources.



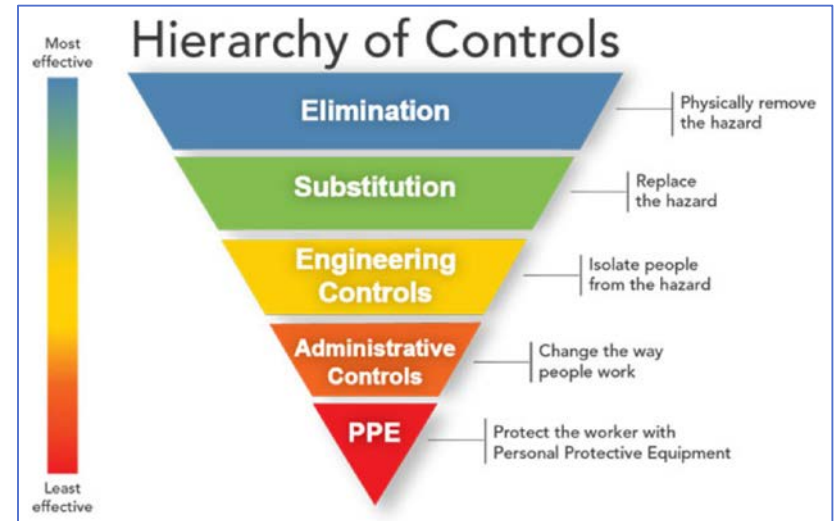
FDA Guidance on Managing Critical Shortages

- [Conservation of Gloves](#)
- [Surgical Mask and Gown Conservation Strategies - Letter to Healthcare Providers](#)

Note: In reviewing FDA guidance on strategies to conserve gloves, you need to know what type of gloves you use in your facility (e.g., latex, vinyl and nitrile). It is safe to use alcohol-based hand rub on latex and nitrile gloves. But the FDA states that alcohol is not recommended for cleaning vinyl gloves because it may degrade them.

Summary for COVID-19

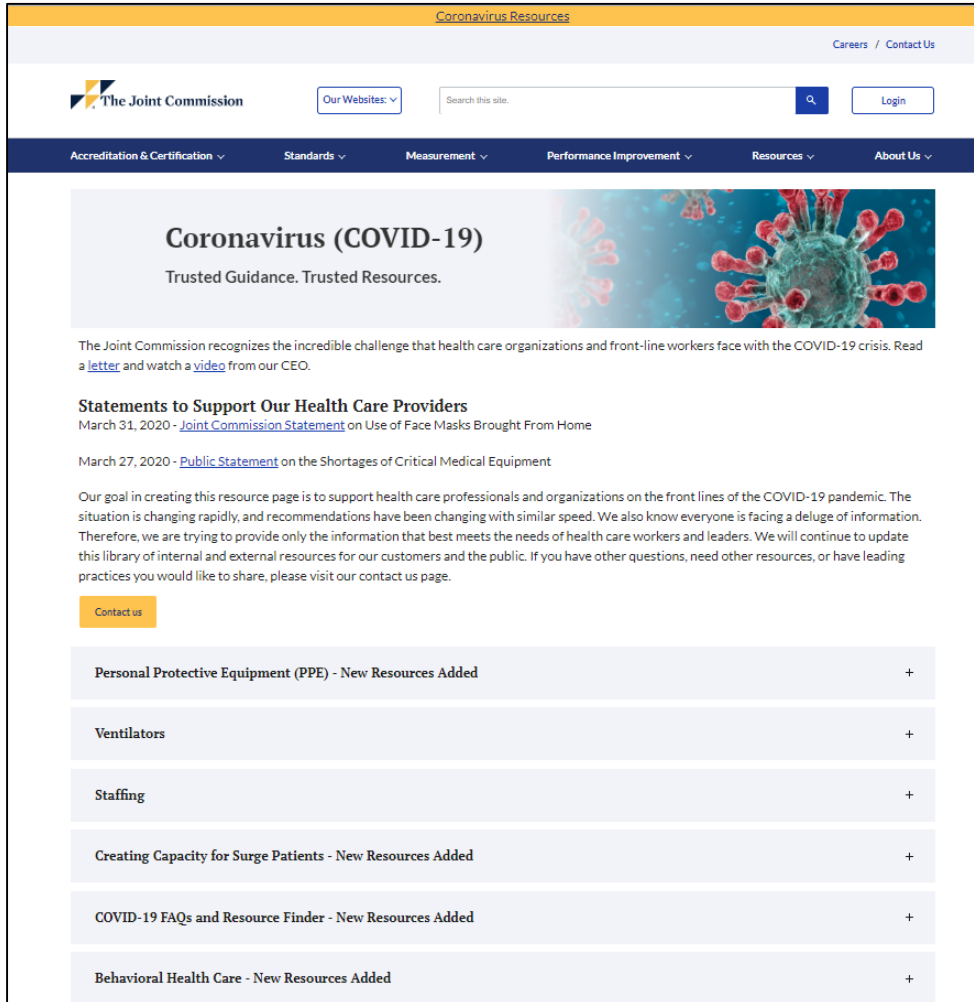
- Organizations must have a holistic approach to anticipating and addressing issues
- Communicate and collaborate with front-line staff to implement solutions that provide for everyone's safety and well-being
- Use only credible sources for information and planning



Source:

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

Resources: The Joint Commission



The screenshot shows the 'Coronavirus Resources' page on The Joint Commission website. The page features a navigation bar with links for Accreditation & Certification, Standards, Measurement, Performance Improvement, Resources, and About Us. A search bar and a 'Login' button are also present. The main content area is titled 'Coronavirus (COVID-19)' with the tagline 'Trusted Guidance. Trusted Resources.' Below this, there is a paragraph explaining the challenge health care organizations face and a 'Contact us' button. A list of resources is provided, including Personal Protective Equipment (PPE), Ventilators, Staffing, Creating Capacity for Surge Patients, COVID-19 FAQs and Resource Finder, and Behavioral Health Care.

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/>

Questions?

Use the Standards Interpretation Site

<https://web.jointcommission.org/sigsubmission/sigquestionform.aspx>