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Some health authorities and organizations are instructing that all elective procedures be postponed. AAAASF does not dictate adherence to recommendations regarding case selection during this health crisis, but expects facilities to adhere to any legal or regulatory orders. AAAASF continues to monitor the situation closely and expects that facilities that chose to operate will so do in a manner that is safe for patients, staff, and members of the community.

For those facilities that continue to provide care, it is incumbent upon AAAASF to ensure that appropriate precautions have been taken to protect patients, families, and staff. Although facilities accredited under AAAASF Outpatient Programs are not required to adhere to Medicare infection control and emergency preparedness standards, AAAASF standards in all programs do, however require healthcare facility protocols developed to prevent the spread of disease and infection along with documented safety manuals. The resources provided below contain COVID-19 specific prevention practices and communications for use by all facilities to aid in achieving compliance with requisite protective measures. The specific materials provided below are not required if the facility is able to create its own procedures or has access to materials from health authorities. They are provided for your assistance.

If the facility is not able to take appropriate precautions such as providing appropriate personal protective equipment (PPE) to staff and patients, the facility should consider discontinuing such services or closing entirely. We expect facilities to operate safely under all conditions. This includes compliance with all standards as well as CDC and WHO guidance regarding COVID-19.

AAAASF Official Guidance on Compliance:

All AAAASF healthcare facilities must be prepared for the possible arrival of patients with COVID-19. All facilities must ensure staff are properly trained, equipped, and capable of practices required to prevent the spread of respiratory diseases including COVID-19. The following guidance is provided to assist in that requirements and is subject to change as the situation evolves.

1. Starting in the Lobby, facility should have:
 - a. Signage at the entrance instructing all who enter with symptoms of respiratory illness to:
 - i. Immediately put on a mask and keep it on
 - ii. cover their mouth/nose when coughing or sneezing
 - iii. use and dispose of tissues
 - iv. perform hand hygiene after contact with respiratory secretions.
 - b. Hand sanitizer station equipped with masks and tissues and instructions for use, located close to the entrance and in all common areas.
 - c. “No-touch” receptacles for disposal of tissues in waiting rooms and common areas.
 - d. Ensure that patients and visitors limit their movement within facility thereby decreasing their surface points of contact.
 - i. Plans for visitor access and movement that have been reviewed and updated within the last 12 months and incorporates “Social Distancing”
 - ii. Maintain a record (with contact information) of all visitors.
 - iii. If possible, have visitors wait in vehicles or alternate sites until patient ready for discharge

- e. Use space wisely, prohibit visitors and assure appropriate distancing in the waiting room
 - i. If possible, a separate well-ventilated space that allows separation by 6 or more feet, with easy access to respiratory hygiene and cough etiquette supplies, or
 - ii. For patients that cannot be immediately placed in a room, a system that allows waiting in a personal vehicle or outside the facility (if medically appropriate) and be notified when it is their turn.
2. The Governing Body/Medical Director must:
 - a. Have an infection control policy and procedures as well as an emergency preparedness plan that includes, among other hazards, pandemics, with specific reference to COVID-19.
 - b. Communicate effectively within the facility and plan for appropriate external communication related to COVID-19.
 - c. Hold daily staff meetings to educate on signs and symptoms of COVID-19, changes in practices (e.g. management of patients and visitors), and encourage staff to raise any concerns
 - i. Ensuring all staff have a complete understanding of infection control and monitor for strict adherence.
 - d. Establish a policy dealing with confirmed/suspected COVID-19 diagnosis in staff requiring
 - i. Exposed staff to self-quarantine.
 - ii. Disinfection of the entire facility.
 - e. Have a written process for auditing adherence to recommended PPE use by Health Care Professionals (HCP).
 - f. Have a written process for auditing adherence to recommended hand hygiene practices by HCP.
 - g. Develop a policy to prioritize critical – non-elective cases, reschedule elective cases as appropriate.
 - i. Patients over 50, or with underlying co-morbidities, such as diabetes, heart disease, or cancer who will be treated in the facility should be provided with additional protective measures
 - ii. Patients should only continue to be seen if normal staffing can be maintained. Patients should not be put in jeopardy by skeleton crews
3. An Emergency Preparedness Plan (EPP) must be appropriate to the facility and include information on how the facility is integrated into the community's activities to help when possible, with personnel or equipment.
 - a. Include "Pandemic Disease such as COVID-19" on the risk assessment and establish proper policies/protocols to deal with such.
 - b. Documentation of staff training in infection control and Pandemic Emergencies, including COVID-19.
 - c. If the facility maintains essential equipment such as ventilators that are in short supply for nearby hospitals you may consider offering your equipment, or if the facility is closed, you may consider offering your center as an isolation unit for COVID-19 patients or others the hospital may not be able to handle.
4. The Infection Prevention and Control Program (IPCP) requires:
 - a. Facility leadership including the Medical Director, quality officers, Facility Administrators, Back-up Administrators, Director of Nursing, Infection Control Nurse and Management Staff review the CDC's COVID-19 guidance. <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
 - b. All policies are consistent with the current CDC recommendation.
 - c. Education and job-specific training for HCP regarding COVID-19 including:
 - i. Signs and symptoms
 - ii. How to safely collect and handle specimens collected as part of your routine practice
 - iii. Employing correct infection control practices and PPE use
 - iv. Triage procedures including patient placement
 - v. HCP sick leave policies and policies to respond to HCP exposures

- vi. How and to whom COVID-19 cases should be reported
 - d. Review of staff records for active communicable diseases, required PPD testing, and immunizations ensuring that all required documentation is present.
 - e. Supplies to:
 - i. Ensure an adequate supply of tissue paper, hand sanitizer, and PPE such as masks, gloves, and protective eyewear for staff
 - ii. Address shortages/back-orders of infection control supplies (e.g. PPE, hand sanitizer), including proposed alternatives.
 - 1. Any temporary practices must be based on authoritative guidance.
 - 2. If the facility is unable to provide adequate PPE, the facility should strongly consider shutting down.
5. Facility must adopt and maintain a written patient screening protocol.
- a. Facility's patient screening process must promptly identify and isolate patients with suspected COVID-19 pending a decision from the Medical Director whether to see the patient in the facility, advise the patient to contact their primary care physician or emergency room, and inform the correct facility staff, public health authorities, and AAAASF.
 - b. All patients should be screened for elevated temperature utilizing a medical grade thermometer upon check-in to facility.
6. Environmental Services processes address:
- a. Proper cleaning and disinfection of environmental surfaces and equipment in the patient room.
 - i. Public areas such as the waiting room, bathrooms, front desk, and doorknobs must be under constant cleaning with EPA-registered products that are effective against human coronaviruses.
 - ii. Exam rooms must be cleaned using disinfectant after each patient.
 - b. Non-dedicated equipment is cleaned and disinfected after use according to manufacturer's recommendations.
 - c. All HCP with cleaning responsibilities understand the contact time for selected products.
 - d. On all hard, non-porous surfaces, facility uses an EPA-registered hospital-grade disinfectant that:
 - i. Has an EPA-approved "Emerging Viral Pathogen Claim for SARS-CoV-2"; or
 - ii. If there are no available EPA-registered products that have an "Emerging Viral Pathogen Claim for SARS-CoV-2"; products with label claims against human coronaviruses.
 - e. High touch items, such as brochures and magazines should be removed
7. Staffing protocols:
- a. Encourage staff to discuss any symptoms and allow sick leave if a staff member or member of the staff's family becomes a known or suspected COVID-19 case.
 - b. Follows the local/state public health authority's policies and procedures for monitoring and managing HCP with potential for exposure to COVID-19, including ensuring that HCP have ready access, including via telephone, to medical consultation.
 - c. Have a process to conduct symptom and temperature checks prior to the start of any shift
8. Facility has policies and procedures for patient examinations and procedures that require:
- a. once in the exam room, the patient receives a mask and paper gown; the provider must have a mask and gloves and PPE as needed, even for tasks as minor as physical examination.
 - b. aerosol-generating procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) are to be performed in an AIIR using appropriate PPE.
 - c. facility documents the staff in contact with each patient and limits the staff in contact with each patient.

- d. the dedication of non-critical patient-care equipment to individual patients with terminal cleaning between patients
9. Post-operative follow-up should be conducted virtually by telephone or video conference if possible.

A special note about supplies:

During these difficult times, consider relocating your stockpiles of hand sanitizers, alcohol wipes, facial tissue and extra rolls of toilet paper to a more secure location. Incidents of these items disappearing from the bedside and in public locations have been noted. As in many things, vigilance and awareness of our surroundings is crucial to quality patient care and the patient experience.

AAAASF strongly feels that by working together to maintain compliance and being extremely cognizant of infection control practices that we can all help to attribute to the flattening of the curve of COVID-19, thus ensuring patient safety and in turn a more rapid return to normalcy for all.

Stay safe.

Please see helpful resources and links:

- CDC Guidance for reporting suspected cases: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fclinical-criteria.html
- CDC [resources for healthcare facilities](#)
- CDC [Coronavirus Disease 2019 \(COVID-19\) Risk Assessment and Public Health Management Decision Making](#) handout
- [Patient Under Investigation \(PUI\)](#) form
- [Coronavirus Disease 2019 \(COVID-19\) Situation Summary](#) available on the CDC website.
- CMS [Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness \(2019-nCoV\)](#) dated February 6th containing information that is useful for non-Medicare facilities as well.
- [CMS Infection Prevention, Control and Immunizations Tool](#)
- Required for Medicare ASCs: [ASC Infection Control Worksheet with ASF Standards](#)
- AORN has ongoing discussions and [tool kit about COVID-19](#) available