

Process Questions	AAAHC Response
1. What if my organization is approaching its 36 <sup>th</sup> month expiration date?	With a few exceptions, all accredited organizations will remain accredited regardless of anniversary/expiration date during this period. Exception include those organizations with identified Immediate Jeopardy, Infection Control deficiencies or other deficiencies resulting in heightened safety risk to patients and employees. Once normal operations resume across the country, AAAHC will schedule surveys through a “catch-up” process.
2. If your accreditation is delayed beyond your expiration date will certification be extended? Accreditation may be required by state regulators for operation to continue.	AAAHC is working closely with state and federal regulators and have received assurance that expirations will not be penalized during this time. AAAHC will have a catch up period.
3. Can I notify AAAHC of a change without completing the Change Notification Form?	For service scope changes including temporary closures, suspension and expansion of services <u>directly associated with COVID-19</u> , requirements for submission of the AAAHC Change Notification is waived until further notice.  For all facilities, if your primary contact changes during this time, email AAAHC at <a href="mailto:notify@aaahc.org">notify@aaahc.org</a> . We want to make sure we can reach you.
4. How and when do we report confirmed COVID-19 cases to AAAHC? once a week? Right before a survey?	For organizations with a pending survey or within 14 days of a completed survey must notify AAAHC of a suspected or confirmed case as soon as possible by contacting AAAHC at 847-324-7485.
5. Do we notify AAAHC of community outbreaks? Or just cases at the facility?	Please keep abreast of state and county shelter-in-place notifications and inform AAAHC if you are impacted. If the pandemic persists and we get closer to your survey date, AAAHC may notify you of a postponement.

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6. Is all of the information in these slides CDC recommendations?	The slides presented reflect content from the CDC website; see links provided below.
7. If we need to do the testing for suspicious people? What protective equipment do we need? What if we are short on this PPE? What alternatives can we use?	Refer to CDC interim guidelines for testing: <a href="https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html</a>
8. Please review the procedure for bringing patients into the center that you discussed in the beginning of the presentation.	<i>Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)</i> CDC resource: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html</a>
9. What is the CDC hotline number?	CDC Hotline: 800-232-4636

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10. Please address the risk to expectant mothers	<p>Information for Healthcare Providers: COVID-19 and Pregnant Women  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women-faq.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women-faq.html</a></p>
11. If our country comes under shelter in place does that mean we need to close? I think it does, but do you have insight?	<p>States may have different requirements and limitations for shelter-in-place mandates. Defer to county or state of issue.</p>
12. Where can we find the CMS elective guidelines?	<p>CMS Adult Elective Surgery and Procedures Recommendations:  <a href="https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf">https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf</a>                      News Release:  <a href="https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental">https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental</a></p>
13. Can you please advise what resource to use to determine what is essential service/non-urgent?	<p>CMS Adult Elective Surgery and Procedures Recommendations:  <a href="https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf">https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf</a>                      News Release:  <a href="https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental">https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental</a></p>
14. Just wondering about cleaning all chairs etc. after patients leave for the day. I thought the virus could only live for a matter of hours on a surface? Although I agree that we probably can't clean too much or be too careful, except if we have a lack of cleaning supplies or manpower hours.	<p>Scientists found that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was detectable in aerosols for up to three hours, up to four hours on copper, up to 24 hours on cardboard and up to two to three days on plastic and stainless steel. Given this information, we recommend that you clean frequently.  <a href="https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces">https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces</a></p>
15. The APIC webinar also stated a facility could create another “Crisis standard of care” that allows necessary expired supplies. like PPE, to be used if supply chain is disrupted - thoughts?	<p>These products were designed to serve as protective barriers and thus FDA believes they may still offer some protection even when they are used beyond the manufacturer’s designated shelf life or expiration date. The user should visibly inspect the product prior to use and if there are concerns (such as degraded materials or visible tears) the product should be discarded. As a conventional capacity strategy, expired products may be used for training and demonstration purposes where barrier protection is not needed.  <a href="https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/faqs-shortages-surgical-masks-and-gowns">https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/faqs-shortages-surgical-masks-and-gowns</a></p>

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<p>16. In the APIC webinar this week, the speaker said it is 'ok' to reuse PPE supplies during a time of crisis like this...can facilities create crisis standards of care that allow staff to reuse OR masks for multiple procedures for example?</p>	<p>The CDC refers to this as crisis capacity strategy: Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.</p> <ul style="list-style-type: none"> <li>• The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.</li> <li>• Not all facemasks can be re-used.                             <ul style="list-style-type: none"> <li>○ Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.</li> <li>○ Facemasks with elastic ear hooks may be more suitable for re-use.</li> </ul> </li> <li>• HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.</li> </ul> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html</a></p>
<p>17. Are you stating that we use second tier precautions for all patients or those exhibiting symptoms?</p>	<p>Refer to CDC interim guidelines for management of persons: <a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html</a></p>
<p>18. How do we protect against patients/staff that could have COVID-19 but are asymptomatic if we don't have enough N95 masks?</p>	<p>Strategies to optimize PPE supply can be found at CDC: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a></p>
<p>19. CDC has not recommended special handling of trash and linen as far as what I have seen.</p>	<p><b>Environmental Cleaning and Disinfection</b>                      Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html</a></p>
<p>20. The EPA has a very nice list on their web site for Products with Emerging Viral Pathogens and Human Coronavirus claims for use against SARS-CoV-2</p>	<p><a href="https://www.epa.gov/pesticide-registration/frequently-asked-questions-about-list-n-disinfectants-use-against-sars-cov-2#Q4">https://www.epa.gov/pesticide-registration/frequently-asked-questions-about-list-n-disinfectants-use-against-sars-cov-2#Q4</a></p>

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<p>21. What are AAAHC's expectations when staff are unable to renew certifications when re-certification programs may not be available during a declared disaster?</p>	<p>During the next 60 days, for providers whose cards have expired due to inability to complete training because of the COVID-19 pandemic, the AHA will allow the Instructor to provide remediation during update courses. The AHA recommends that employers and regulatory bodies consider extending recognition of an AHA Provider Card beyond its renewal date, for up to 60 days. However, please know that it is ultimately up to the discretion of employers and regulatory bodies who require current AHA Provider Cards to consider allowing extensions during this time.</p> <p>The AHA recommends considering extensions of up to 60 days, but this recommendation could be extended based on the evolving COVID-19 public health threat.</p> <p><a href="http://www.heart.org/jdc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_505832.pdf">http://www.heart.org/jdc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_505832.pdf</a></p> <p>All organizations across all settings should remain vigilant about practices that impact employee and patient safety and the quality of care delivered. AAAHC believes that facilities should be survey ready all 1,095 days of the accreditation term including compliance with annual policy reviews.</p>
<p>22. CPR/ACLS/PALS</p>	<p>See above</p>
<p>23. It should not be a deficiency for using expired PPE. The CDC has said this is OK.</p>	<p>All organizations across all settings should remain vigilant about practices that impact employee and patient safety and the quality of care delivered. AAAHC believes that facilities should be survey ready all 1,095 days of the accreditation term including compliance with annual policy reviews.</p>
<p>24. Will AAAHC expect that all of the QI studies be completed and current during this emergency period? We have very limited staff and are focusing of course on the pandemic.</p>	<p>All organizations across all settings should remain vigilant about practices that impact employee and patient safety and the quality of care delivered. AAAHC believes that facilities should be survey ready all 1,095 days of the accreditation term including compliance with QI studies.</p>
<p>25. Will AAAHC be reducing restrictive standards that of less concern during a time like this - such as, extending the timeframe to complete yearly policy reviews.</p>	<p>All organizations across all settings should remain vigilant about practices that impact employee and patient safety and the quality of care delivered. AAAHC believes that facilities should be survey ready all 1,095 days of the accreditation term including compliance with annual policy reviews.</p>
<p>26. The CDC recommends that optometry services (routine eye exams) be suspended during this time. Does that need to be reported to AAAHC as a change of service?</p>	<p>Yes, please report changes to services through the change notification process.</p> <p><a href="https://www.aaahc.org/accreditation/accreditation-general-information/submitting-change-notification/">https://www.aaahc.org/accreditation/accreditation-general-information/submitting-change-notification/</a></p>

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<p>27. If patients are screened with questions multiple times prior to arrival and upon arrival, are you suggesting PPE such as masks/gowns be worn in preop?</p>	<p>The organization should do a risk assessment and review policies in line with CDC recommendations.  <i>If an organization has screened the patient, and they arrive with no symptoms or fever, not putting a mask on the patient, but also trying to keep some distance, pay attention to where team members stand, avoid unnecessary close contact, observing cough etiquette. Each org must decide what to do for their policies in terms of asymptomatic patients and take the appropriate steps to protect their staff and patients, including follow-up measures if a patient tests positive for COVID-19. Emphasize to staff that they should practice all appropriate measures.</i></p>
<p>28. Is it a requirement that all staff wear a mask, and goggles within 6 feet of a patient? Even asymptomatic patients? We are noticing that some staff are not taking these precautions.</p>	<p>The organization should do a risk assessment and review policies in line with CDC recommendations.  <i>There is no requirement for this. Each organization should follow their policies and procedures, and determine what they can do based on their supply levels and risk assessment for the care they are providing and patient population. If you block the distribution of respiratory droplets, or reduce it from 6 feet to 1 foot, it's a reasonable precaution.</i></p>
<p>29. Do you have an algorithm for the steps if patients are symptomatic you suggest using?</p>	<p><i>Wherever an organization decides to triage patients, if they have symptoms, do not bring them further into your facility, and direct them on appropriate next steps according to CDC, county, and state health department guidelines. Ensure appropriate follow-up and referral / reporting is completed.</i></p>
<p>30. What is your cut-off temperature? I have read 100 and 100.4 F</p>	<p><i>* Fever is either measured temperature &gt;100.0oF or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).</i>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a></p>
<p>31. Should the staff and physicians have temps taken upon entering the facility?</p>	<p><i>We recommend this as good practice.</i></p>
<p>32. Is this only for areas with person-to-person transmission?</p>	<p><i>As of yesterday, 50% of confirmed cases came from 10 counties in the US. Asymptomatic individuals may be treated as though they are not sick. The same precautions should be taken regardless of your local experience.</i></p>
<p>33. What should ASC GI Centers be doing—cancel, close or just keep open and screening?</p>	<p>CMS Adult Elective Surgery and Procedures Recommendations:  <a href="https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf">https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf</a></p>

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34. Is it recommended to postpone pain management procedures during this time?	<p>CMS Adult Elective Surgery and Procedures Recommendations: <a href="https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf">https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf</a></p> <p>Have to assess the risk of the person getting significantly worse in the next 1-2 months – if they are, would not be considered elective. if making an exception for someone in this category, recommend using the utmost of standard precautions (mask the patient, have them wash their hands before entering the facility, clean before and after their visit).</p>