

ACHA COVID-19 Resources for College Health and AAAHC Standards Crosswalk

The Accreditation Association for Ambulatory Health Care (AAAHC) commends the American College Health Association (ACHA) and its appointed COVID-19 Task Force on advancing the health and wellness of college students in response to the COVID-19 pandemic. Amidst the rapidly evolving pandemic, staying on top of information and discerning its relevance and applicability to the college health setting becomes increasingly challenging but essential.

Through their Task Force, ACHA has released guidelines, addressed telehealth and highlighted the importance of mental health in the COVID-19 environment. The Task Force has provided sound guidance for infection prevention and student wellness that can be supported through your AAAHC Standards. We encourage you to consider these resources and the Centers for Disease Control and Prevention (CDC) references when reviewing, developing, implementing, and evaluating your emergency preparedness plan and infection control processes.

This document crosswalks the Standards with the information provided in the ACHA resources and will support your efforts in conducting a gap analysis.

Our *1095 Strong, quality every day* philosophy centers on providing accreditation tools, resources, and relevant education to bring meaningful value to organizations and promote compliance with the Standards, all 1,095 days of the accreditation term. Following the crosswalk, you will find information for exploring telehealth capabilities to assess and treat patients.

ACHA Guidelines Preparing for COVID-19	AAAHC 2018 Accreditation Handbook for Ambulatory Health Care
<p>Establish a Student Health Services (SHS) COVID-19 Planning and Response Committee to lead the organizational response to COVID-19.</p>	<p>2.I.C.7. Evidence is present that the governing body takes responsibility for establishment, implementation, and oversight of the organization's infection control and safety programs to ensure a safe environment of care.</p> <p>7.I.A.3. The written infection prevention and control program is based on nationally-recognized infection prevention and control guidelines considered and selected by the governing body.</p> <p>8.H. A comprehensive written emergency and disaster preparedness plan addresses internal and external emergencies.</p> <p>8.H.3. The plan includes participation in community health emergency or disaster preparedness, if applicable.</p>

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Identify the content of staff education and training and arrange for the training. SHS personnel must be trained and capable of adhering to and implementing infection control procedures, including:

- Respiratory hygiene and cough etiquette
- Hand hygiene
- PPE including facemasks
- Social distancing

If possible, a staff member or community health care professional experienced in infection prevention and control training should instruct SHS staff.

- At a minimum, non-clinical staff should be trained on respiratory and hand hygiene, including cough etiquette, the proper techniques for using alcohol-based hand sanitizers and washing hands with soap and water, and the use of standard facemasks and social distancing.
- Clinical staff should be trained on respiratory and hand hygiene as well as correct use of personal protective equipment (PPE) including long-sleeved isolation gowns, gloves, and eye protection (goggles or disposable face shield); proper donning (putting on) and doffing (taking off) of PPE; disposal of PPE; and the prevention of contamination of clothing, skin, and environment during the doffing process.
- Clinical staff should be medically cleared and fit-tested for N95 respirator masks and trained in their proper use as required by OSHA respiratory protection standards.

Prepare the SHS facility for triage and isolation of patients potentially infected with COVID-19.

- Call ahead
- Pre-screening calls
- Notices at SHS entrance
- Supplies such as tissues, masks
- Separate areas and dedicated treatment rooms
- Restrict visitors
- Share information on website and social media
- Upon arrival of a patient with a potential infection, immediately institute infection prevention and control procedures, including use of PPE

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- 3.E.** Orientation and training according to position description are provided to all staff.
- 3.E.2.** At minimum, orientation and training are provided for the following:
- a) Fire safety and disaster preparedness plan.
 - c) The infection prevention and control program, including bloodborne pathogen and other training required by OSHA. d) The safety program, including exposure control training and sharps injury prevention.
- 3.E.4.** The training described in element 2 above is provided when there is an identified need.
- 7.I.B.2.** To reduce the risk of health care-acquired infection, the program requires education and active surveillance consistent with: a) WHO, CDC or other nationally-recognized guidelines for hand hygiene.
- 7.I.B.3.** A written policy outlines appropriate hand hygiene using products according to the product manufacturer's instructions for use.
- 7.I.C.** The infection prevention and control program is under the direction of a designated and qualified health care professional with training and current competence in infection prevention and control.
- 7.I.F.** Safeguards are in place to protect patients and others from cross-infection.
- 7.I.F.4.** The following are adequate to protect patients and others from cross-infection:
- a) Space b) Equipment c) Supplies d) Personnel
- 7.II.L.** Health care workers are protected from biologic hazards, consistent with state, federal, and CDC guidelines.

- 1.C.1.** Prior to receiving care, patients are informed of their responsibility to provide complete and accurate information to the best of their ability about their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- 5.II.A.1.** The written risk management program and/or policies address methods by which a patient may be dismissed from care or refused care.
- 7.I.B.** The written infection prevention and control program describes how infections and communicable diseases are prevented, identified and managed.
- 7.I.B.1.** The program requires immediate implementation of corrective and preventive measures when problems are identified.
- 7.I.F.** Safeguards are in place to protect patients and others from cross-infection. At minimum, the organization has written policies and procedures that ensure:
- 1. The isolation or immediate transfer of patients with communicable diseases.
 - 3. The sources and transmission of infections are minimized through adequate surveillance procedures.
 - 4. The following are adequate to protect patients and others from cross-infection:
 - a) Space b) Equipment c) Supplies d) Personnel.

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Develop SHS protocols and tools for triage and evaluation of potential COVID-19 patients. Refer to current CDC guidelines regarding the assessment of potential COVID-19 patients.

<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

Develop an internal and external alert system regarding the arrival of a potential COVID-19 patient.

- Identify key communications people.
- Prepare an internal alert system with roster and checklist and review the plan with SHS staff.
- Prepare an external alert system with notification roster and checklist and review with SHS staff.

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- 1.A.3.** To the degree that it is known, patients are provided with information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- 1.A.4.** Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- 4.F.** When the need arises, the organization assists patients with the transfer of their care from one health care professional to another.
- 4.G.** One of the following is in place in the event of an emergency or unplanned outcome for which hospitalization is indicated to evaluate and stabilize the patient:
- A written transfer agreement for transferring patients to a nearby hospital.
 - A written policy of credentialing and privileging physicians and dentists who have admitting and similar privileges at a nearby hospital.
 - A written agreement with a physician or provider group with admitting privileges at a nearby hospital.
 - A detailed written procedural plan for medical emergencies
- 5.I.A.6.** The risk management program and/or policies address restrictions on observers in patient care areas.
- 5.I.A.7.** The risk management program and/or policies address the identification of persons authorized to perform or assist in the procedure area.
- 7.I.A.3.** The written infection prevention and control program is based on nationally-recognized infection prevention and control guidelines considered and selected by the governing body.
- 7.I.B.2.** To reduce the risk of health care-acquired infection, the program requires education and active surveillance consistent with: a) WHO, CDC or other nationally-recognized guidelines for hand hygiene.
- 7.I.F.** Safeguards are in place to protect patients and others from cross-infection. At minimum, the organization has written policies and procedures that ensure:
1. The isolation or immediate transfer of patients with communicable diseases.
 3. The sources and transmission of infections are minimized through adequate surveillance procedures.
- 2.I.B.8.** The governing body is responsible for maintaining effective communication throughout the organization, including ensuring links between quality management and improvement activities and other management functions of the organization.
- 7.I.F.2.** Public health authorities are notified of reportable conditions.
- 8.H.** A comprehensive written emergency and disaster preparedness plan addresses internal and external emergencies.
- 8.H.3.** The plan includes participation in community health emergency or disaster preparedness, if applicable.

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<p>Stock personal protective equipment (PPE) in accordance with CDC guidelines. The COVID-19 Planning and Response Committee should take steps to ensure that the SHS has appropriate PPE available for staff who may be providing treatment, care, or services to potential COVID-19 patients.</p>	<p>5.II.A.6. The risk management program and/or policies address restrictions on observers in patient care areas.</p> <p>5.II.A.7. The risk management program and/or policies address the identification of persons authorized to perform or assist in the procedure area.</p> <p>7.I.F.4. The following are adequate to protect patients and others from cross-infection: a) Space b) Equipment c) Supplies d) Personnel</p> <p>8.H. A comprehensive written emergency and disaster preparedness plan addresses internal and external emergencies</p> <p>8.H.3. The plan includes participation in community health emergency or disaster preparedness, if applicable.</p> <p>8.K. Appropriate emergency equipment and supplies are maintained and are readily accessible to all areas of each patient care service site.</p>
<p>Implement environmental infection control. SHS should make efforts to implement environmental infection control appropriate to emerging viral pathogens, including SARS-CoV-2, the virus that causes COVID-19. As per current interim CDC guidance:</p> <ul style="list-style-type: none"> • Dedicated medical equipment should be used for patient care. • All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. • Ensure environmental cleaning and disinfection procedures are followed consistently and correctly and are appropriate for SARS-CoV-2 in health care settings. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. 	<p>7.I.A.3. The written infection prevention and control program is based on nationally-recognized infection prevention and control guidelines considered and selected by the governing body.</p> <p>7.I.B. The written infection prevention and control program describes how infections and communicable diseases are prevented, identified, and managed.</p> <p>7.I.D. Safe processes are used for the cleaning, decontamination, high-level disinfection, and sterilization of instruments, equipment, supplies, and implants.</p> <p>7.I.D.4. Cleaning, decontamination, high-level disinfection, and sterilization processes adhere to: a) Nationally recognized guidelines b) Manufacturer's instructions for use c) State and federal guidelines.</p> <p>7.I.G. Written policies address the cleaning of patient treatment and care areas.</p> <p>7.I.H. Medical devices for use with multiple patients are processed between patients according to the manufacturer's instructions or nationally-recognized guidelines, whichever are more stringent.</p> <p>8.F. Facilities are clean and properly maintained.</p>
<p>Develop a surge care plan. The SHS should consider how to provide care in the event COVID-19 becomes more widespread, creating increased health care demand. Actions could include:</p> <ul style="list-style-type: none"> • Suspending routine care to focus on care for COVID-19 patients and other acute care. • Exploring telehealth (and telephone) capabilities to assess and treat patients. • Developing continuity of operations plans to allow for continued services. • Exploring options for remote work in the event of community social distancing. <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html</p>	<p>8.H. A comprehensive written emergency and disaster preparedness plan addresses internal and external emergencies.</p>
<p>Campus preparation is key to an organized, effective, and efficient campus-wide response to contagion and the disruption, misinformation, and chaos that could quickly ensue once a member of the campus community is diagnosed with COVID-19 or deemed a PUI (Person Under Investigation).</p>	<p>2.I.B.8. The governing body is responsible for maintaining effective communication throughout the organization, including ensuring links between quality management and improvement activities and other management functions of the organization.</p>

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Prepare a COVID-19 Event Communications Plan:

- Define goals of communication plan for various scenarios
- Develop key messages and define approval/clearance process for them
- Develop capacity to translate information for target audiences in languages that meet their needs
- Draft messages for potential future events
- Define target audiences and key issues for communication
- Define and develop communication mechanisms
- Develop mechanisms to monitor and correct for rumors and inaccurate information
- Define internal spokesperson(s)
- Plan media relations communication

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- 2.I.B.8.** Evidence is present that the governing body takes responsibility for maintaining effective communication throughout the organization, including ensuring links between quality management and improvement activities and other management functions of the organization.
- 3.A.6.** Evidence is present that policies, procedures, and other information are communicated throughout the organization, as documented in staff meeting minutes, emails, intranet, manuals and other forms of communication.
- 3.A.8.** Evidence is present of organizational procedures to permit appropriate responses to inquiries from entities such as, but not limited to, government agencies, attorneys, consumer advocate groups, and the media.

ACHA Guidelines Preparing for COVID-19: Exploring Telehealth Capabilities to Assess and Treat Patients

This document provides supplementary direction for the AAAHC Standards that align with ACHA's telehealth guidelines.

Telehealth: What to Consider	AAAHC 2018 Accreditation Handbook for Ambulatory Health Care <i>(Italicized words reflect AAAHC's guidance.)</i>
<p>Establishing Telehealth Services</p>	<p>Chapter 1: Patient Rights and Responsibilities</p> <p>Portions of all Standards; specifically:</p> <ul style="list-style-type: none"> • 1.A, with consideration for electronic vs. in-person communication • Applicable elements of Standards 1.B, 1.C and 1.D, with consideration for how the receipt of such information is acknowledged by the patient in a telehealth setting <p>Chapter 2.I: Governance – General Requirements</p> <p><i>These Standards are relevant as reminders that new services and new or revised policies require governing body approval.</i></p> <ul style="list-style-type: none"> • 2.I.B: The governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the operation and performance of the organization. • 2.I.B.6: Adopting policies and procedures necessary for the orderly conduct of the organization, including the organization's scope of clinical activities. • 2.I.C: The governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the clinical operations and performance of the organization. • 2.I.D: Within 15 calendar days of significant organizational, ownership, operational, or quality of care events, the organization notifies AAAHC of the event in writing. <p><i>See next section regarding relevant Standards in Chapter 2.II.</i></p> <p>Chapter 5.II: Risk Management</p> <p><i>A risk assessment specific to the provision of telehealth should be conducted and policies and procedures created or revised accordingly. As an example, the American Health Information Management Association (AHIMA) suggests consideration of, at minimum, the following items:</i></p> <ul style="list-style-type: none"> • State requirements • Privacy and security requirements • Legal requirements • Documentation requirements • Reimbursement requirements • Provider requirements • Consumer experience requirements <p>https://healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf</p>
<p>Provider Credentialing</p> <ul style="list-style-type: none"> • Provider licensing • Malpractice insurance 	<p>Chapter 2.II: Credentialing and Privileging</p> <p><i>Policies and processes for credentialing and privileging should be reviewed and updated if necessary for the provision of telehealth services:</i></p> <p>2.II.A: <i>The credentialing and privileging process may need to be updated to allow for reciprocity of licensure across state lines, in accordance with any relevant federal and state regulations as they evolve.</i></p> <p>2.II.F: <i>If new personnel are being credentialed and privileged, but it is not possible to conduct primary or secondary source verification of credentials at the time because the source is not currently operating, the Governing Body should approve temporary revisions to the policy requiring such verification. Note: This is specific to the current emergency situation, not to providers of telehealth services per se.</i></p>

Telehealth: What to Consider

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Quality and Patient Safety: Policies and Procedures

- Patient selection
- Informed consent
 - ▶ Limitations of privacy
 - ▶ Restrictions on recording and posting
 - ▶ Alternatives
 - ▶ Benefits/threats
 - ▶ Conditions to breach
- Security and privacy requirements
- Crisis procedures and patient safety protocols
- Provision of care to minors
- Documentation
 - ▶ Patient consent
 - ▶ Type of connection
 - ▶ Patient location – private location/or consent for others in same space
 - ▶ Plan for technology failure
 - ▶ Confirmation of emergency contact information
- E-prescribing
- Disclosure: billing, coverage and fees

Chapter 1: Patient Rights and Responsibilities

1.A, with consideration for electronic vs. in-person communication.

1.B, 1.C and 1.D, with consideration for how the receipt of such information is acknowledged by the patient in a telehealth setting.

Chapter 4: Quality of Care Provided

4.D.7. When clinically indicated, patients are contacted as quickly as possible for follow-up regarding significant problems and/or abnormal findings.

4.D.8. Continuity of care and patient follow-up occurs.

4.F. When the need arises, the organization assists patients with the transfer of their care from one health care professional to another.

Chapter 6: Clinical Records and Health Information

6.K.3. Clinical records include documentation of medical advice given to a patient by text, e-mail, or telephone, including medical advice provided after hours, if any.

Mental Health and Wellness

Chapter 17, Behavioral Health Services

If behavioral health services are to be provided via telehealth *for the first time*:

17.A.1.a: Such services must be approved by the governing body.

17.I.A.4: The scope of such services is communicated to the population served.

17.B: Behavioral health services are provided in accordance with all applicable federal, state, and local requirements and to appropriate standards of professional ethics as reflected in the disciplines of the behavioral health providers within the organization
Note: Such requirements and standards may be different for telehealth than for in-person service.

17.G.3, 4 and 5: Telehealth services must be provided adequate technology; the technology and its use must comply with relevant laws and protect patient confidentiality.

17.I: Consider how a signed consent form will be obtained from the client.

17.L: Consider how behavioral health care will continue to be coordinated with medical care.

17.M: Consider whether policies and procedures regarding client confidentiality and privacy require revision for the provision of telehealth services.

17.N.1: Consider whether policies for the appropriate and timely triage of clients based on presenting symptoms, acuity, and level of care required necessitate revision for the provision of telehealth services.

17.O: Consider whether arrangements for crisis intervention and emergency services need revision for the provision of telehealth services.

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