

This Checklist is designed to serve as a resource regarding specific COVID-19 considerations for compliance with AAAHC Standards.

The checklist is recommended as a self-assessment tool, to help your organization both prepare for survey and maintain compliance throughout the 1095 accreditation cycle. AAAHC has not changed any Standards at this time, other than as indicated in v41 of the *Accreditation Handbook for Medicare Deemed Status*.

Organizations are expected to make all appropriate policy and procedure revisions to address infectious disease/pandemic considerations, such as changes that may be required during the COVID-19 public health emergency.

In the AAAHC Medicare Deemed Status Accreditation program, the only waivers that may be applicable to organizations would be those approved by CMS (refer to the link at the bottom of this resource).

v41 Standard	COVID-19 Considerations for Standards Interpretation	Yes	No	NA
1.A.5	Patients are notified of any time-relevant COVID-19 exposure within the facility in accordance with state and local requirements, if any.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.I.E, 2.I.F, 2.I.G 2.I.H	If the facility was closed or operating with alternated functionality, the governing body developed and approved a plan for resuming normal operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.I.G.5	The facility remained open, reduced services, or closed in accordance with federal, state, tribal, and/or county or city mandates.	<input type="checkbox"/>	<input type="checkbox"/>	
2.I.K	Governing body meetings as required by timelines specified in organization's bylaws or policies	<input type="checkbox"/>	<input type="checkbox"/>	
2.I.L	The requirement to notify AAAHC of closures or suspension or addition of services directly related to COVID-19 has been waived until further notice. If changes <u>unrelated</u> to COVID-19 occurred, AAAHC was notified within 15 days.	<input type="checkbox"/>	<input type="checkbox"/>	
2.I.N	Governing body annual review of accreditation requirements (if scheduled meeting was missed due to COVID-19)	<input type="checkbox"/>	<input type="checkbox"/>	
2.II.A	Emergency/disaster privileges granted, if any, followed procedures in the organization's credentialing and privileging and/or emergency preparedness policy. If this was not previously addressed in the policies, it has been incorporated in accordance with the organization's process for the approval of policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.II.H 2.II.I 2.II.L	Approval of applications for reappointment, and of privileges that may have expired	<input type="checkbox"/>	<input type="checkbox"/>	
2.II.J	Ensuring date-sensitive information such as licensure, DEA registrations and Board certifications are current	<input type="checkbox"/>	<input type="checkbox"/>	
2.II.K	Reappointment, including peer review, of solo providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.II.M	Reappointment of allied health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.III.A 2.III.B	Peer review as required by timelines specified in the organization's policies	<input type="checkbox"/>	<input type="checkbox"/>	
2.III.D	Ongoing data collection for peer review	<input type="checkbox"/>	<input type="checkbox"/>	
3.C	Personnel policies have been updated to reflect policies for screening and testing of staff for COVID-19, and for any additional policies related to social distancing, use of masks, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

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3.D	There is documentation of training of all staff in all pandemic-related changes to policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
3.E	Timelines for orientation and annual training	<input type="checkbox"/>	<input type="checkbox"/>	
4.C	Staff are qualified and sufficient for services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.H 4.I 4.J 4.K	If the organization has a transfer agreement with a hospital, it has confirmed that the hospital remains able to accept patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.I.D.1-6	Data collection processes remain in place and/or are addressed in the plans for resuming normal operations.	<input type="checkbox"/>	<input type="checkbox"/>	
5.I.G, 5.I.J	If QI and/or benchmarking activities and studies were suspended, there is a plan for resuming them and/or for beginning new activities/studies.	<input type="checkbox"/>	<input type="checkbox"/>	
5.II.A, 5.II.B	Risk management policies have been updated to reflect pandemic considerations, e.g., refusing care, restrictions on observers, persons authorized to perform or assist in procedure areas, reporting of infectious disease events (if required).	<input type="checkbox"/>	<input type="checkbox"/>	
6.G, 6.H 6.J	Clinical records demonstrate that the organization follows its policies for screening and testing of patients for COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	
6.G 6.K 10.I.G	Clinical records demonstrate that discussion of the risks of the procedure include any risks specific to COVID-19 if appropriate (e.g., an organization performing upper endoscopy procedures); such risks are also documented as part of the patient's informed consent (if appropriate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.I.A, 7.I.B	<ul style="list-style-type: none"> The organization performed a risk assessment specific to COVID-19 and updated the infection prevention and control program accordingly. The updated program is based on nationally recognized guidelines for addressing pandemics. The updated program specifically addresses how compliance with hand hygiene protocols is monitored. Evidence demonstrates that monitoring is occurring, and staff are compliant. The updated program complies with applicable federal, state, county, city and/or tribal requirements addressing COVID-19. If the organization did not close, the updated program was approved by the governing body. If the organization was closed at any time during the pandemic, approval was obtained before reopening. <i>Resource from CMS: https://www.cms.gov/files/document/qso-20-20-all.pdf</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7.I.D	Cleaning, decontamination, high-level disinfection and sterilization processes have been reviewed and updated as needed to address requirements for COVID-19, including janitorial staff expectations. If the facility was closed, the sterility and integrity of equipment and instruments was verified prior to reopening.	<input type="checkbox"/>	<input type="checkbox"/>	
7.I.F, 7.I.G	The updated infection prevention and control program addresses new or revised needs for space, equipment, supplies, and personnel, and ensures they continue to protect patients and others from infection.	<input type="checkbox"/>	<input type="checkbox"/>	

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7.I.H, 7.I.I	Cleaning policies have been updated in accordance with nationally recognized guidelines for the current pandemic, and include policies for cleaning <i>all</i> areas of the facility (reception areas, office and storage spaces, restrooms, etc.) and <i>all</i> medical devices.	<input type="checkbox"/>	<input type="checkbox"/>	
7.II.A	The safety program has been updated if needed to include processes for managing potential and actual disease exposure (such as COVID-19).	<input type="checkbox"/>	<input type="checkbox"/>	
7.II.D, 9.N, 9.S	Current certifications (BLS, ACLS, PALS) [<i>Note: Certifications may have expired but COVID-19 related extensions associated with renewal dates have concluded</i>]	<input type="checkbox"/>	<input type="checkbox"/>	
7.II.F, 11.N	Expired products are not used unless the FDA has approved their use. If expired products are used, the organization has documentation of FDA approval for use beyond the original expiration date. <i>**See below information regarding the use of expired products.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
7.II.G	The system for the management of hazardous waste addresses the storage and cleaning of attire and other laundry that may have been exposed to biologic hazards.	<input type="checkbox"/>	<input type="checkbox"/>	
7.II.H	If the facility was closed, temperature monitoring for items that are frozen, refrigerated, and/or heated may have continued; if so, documentation must be present. If monitoring was suspended, such products were replaced prior to reopening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.II.L	Documentation demonstrates that staff have been trained on new equipment or supplies, to include new PPE or testing equipment or supplies, introduced to the facility	<input type="checkbox"/>	<input type="checkbox"/>	
7.II.N	Health care workers are protected from COVID-19 exposure, consistent with state, federal and CDC guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	
7.II.Q	If a staff member contracts COVID-19, an investigation determines whether exposure occurred within the facility, and whether that staff member exposed others within the facility. Policies and processes required by Standards 7.I.B and 7.I.F are followed as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	
8.I.D	Safety policies have been reviewed and updated with consideration for appropriate social distancing.	<input type="checkbox"/>	<input type="checkbox"/>	
8.I.C	Appropriate social distancing measures and requirements for personal protective equipment (PPE) have been implemented in reception areas and restroom facilities.	<input type="checkbox"/>	<input type="checkbox"/>	
8.I.L	If the facility was closed and/or if the organization loaned out equipment, medical equipment was maintained according to manufacturer instructions. Was equipment serviced, tested, and cleaned appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	
8.I.M	If the facility was closed, essential equipment was tested prior to reopening; essential equipment and supplies must be present for reopening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.I.N 8.II.G	<ul style="list-style-type: none"> • Quarterly emergency drills • Fire drills as required by the Life Safety Code 	<input type="checkbox"/>	<input type="checkbox"/>	

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8.II.A 8.II.C	The written emergency and disaster preparedness plan addresses emerging infectious disease considerations. If not, the plan was updated.	<input type="checkbox"/>	<input type="checkbox"/>	
9.C.2	Supervision of CRNAs if required by the state – requirement suspended by CMS.	<input type="checkbox"/>	<input type="checkbox"/>	
10.I.D, 10.I.E	The pre-operative evaluation (H&P) considers whether patients whose surgery was delayed remain appropriate candidates for surgery in an ASC setting.	<input type="checkbox"/>	<input type="checkbox"/>	
10.I.J	Criteria for patient selection should be updated to address the inclusion or exclusion of patients related to COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	
10.I.P	Written policies for infection prevention safeguards in the surgical environment have been reviewed and updated with consideration for pandemics, including: <ul style="list-style-type: none"> • Persons authorized to be in surgical or treatment areas • Additional or revised requirements for PPE for patients and staff (and visitors, if permitted) • Storage and cleaning of attire and other laundry that may have been exposed to biologic hazards • Ensuring that temperature, humidity and air pressure controls have been updated to reflect any changes in nationally recognized guidelines. 	<input type="checkbox"/>	<input type="checkbox"/>	
10.I.T	With consideration for COVID-19, the organization has a process in place for an additional time-out, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review the following items if the Standard is applicable to the organization:

v41 Standard	COVID-19 Considerations for Standards Interpretation	Yes	No	NA
12.D	If the organization provides testing for COVID-19, it has obtained the CLIA certificate required to perform the particular test. If the organization is only permitted to conduct waived testing but is using a test designated for moderate or high-level complexity testing, documentation demonstrates FDA Emergency Use Authorization for the test when only a CLIA waiver is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.C	The organization has clearly defined the scope and limitations of overnight care during the COVID-19 pandemic (e.g. inclusion and exclusion of patients, temporarily discontinuing services, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.D	Policies and procedures address overnight care during the COVID-19 pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review the following if the organization has begun to provide telehealth services:

v41 Standard	COVID-19 Considerations for Standards Interpretation	Yes	No	NA
1.A	Patient privacy remains protected in accordance with HIPAA/FERPA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.A, 1.B, 1.C, 1.D	Patients are informed of their rights and responsibilities, and there is a mechanism by which patients acknowledge receipt of such information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.I.E, 2.I.L	If telehealth is a new service, it was approved by the Governing Body and AAAHC was notified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.G, 6.H	If the organization is using the same clinical record template (paper or electronic) for telehealth as for in-person visits, there may be gaps in the clinical record for items that cannot be accomplished via telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.K	Clinical records demonstrate that the patient consents to a telehealth visit, either verbally or in a written format that can be uploaded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.M	Clinical records contain summaries of telehealth visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**** Expired Medications and Other Products**

If the organization is stocking medications with extended expiration dates per the FDA, the written policy and the procedure for handling expired items should have been revised and re-approved to reference the FDA list.

Under v41 Standards, if the organization’s written policy allows for continued stocking of medications or other products described specifically by the FDA as having an extended expiration date, per v41 Standard 11.N.3. If the item has an extended expiration date, segregation is not necessary until the new expiration date. If other products with extended expiration dates are used, the policy required by v41 Standard 7.II.F has also been updated accordingly.

This allowance is limited to items approved by the FDA for use beyond the original expiration date. In all other cases, the surveyor must follow normal survey protocol for expired medications and other products.

<https://www.fda.gov/drugs/coronavirus-covid-19-drugs/drug-shortages-response-covid-19>

CMS COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>