Objective

Reduce risk of exposure and transmission

- Provide an overview of CDC COVID-19 guidelines and how they relate to AAAHC Standards with an emphasis on steps to identify, isolate and inform
- Understand emergency preparedness related to possible community outbreak
- Discuss infection control risk assessment
- Review infection control transmission-based precautions
- Reinforce importance of environmental cleaning
- Outline implications for your AAAHC accreditation

Global and domestic confirmed cases changes daily—hourly

- CDC COVID-19 Incident Management System
- Unprecedented government action
- Focus on reliable sources relevant to your community
  - CDC
  - State and County Health Department
  - WHO
Current Situation

- CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus
- First detected in China; now detected in more than 100 locations internationally, including in the US
- Virus: “SARS-CoV-2”

Illness Severity

*Complete COVID-19 clinical picture not fully known*

- Reported illnesses: ranged from very mild to severe, including illness resulting in death
- Symptoms: may appear 2-12 days post exposure and include fever, cough and shortness of breath
- Mode of transmission: respiratory droplets
- Most at risk: older adults and all ages with severe underlying health conditions e.g., heart or lung disease, diabetes
- Patient presentation: non-emergent, emergent, critical
Emergency Preparedness
Standard 8.I.A

Elements of Emergency Preparedness

- Comprehensive written emergency and disaster preparedness plan to address internal and external emergencies is present **Standard 8.H.1**
- Plan includes a provision for safe evacuation of individuals during an emergency especially those who are at a greater risk **Standard 8.H.2**
- Plan includes participation in community health emergency or disaster preparedness, if applicable **Standard 8.H.3**

CDC recommendations

**Community Outbreak**

- Reschedule elective and non-urgent visits
- Reach out to high risk patients to ensure adherence to therapeutic regimes
- Accelerate priority screening and intervention
- Request symptomatic patients to call ahead so staff can be prepared on entry
- Eliminate penalties for cancellations
- Refer patients to designated testing centers
Infection Control Risk Assessment

Standard 7.I.A.2

Review current organization risk assessment

- Is it relevant?
- Does it need to be updated?
- Does it address the prevalence of infectious diseases in your community?

Supplies

- What is your inventory of masks, gloves, PPE?
- Does the staff have access to N-95 masks if needed?
- Do you have an isolation policy? Is the staff trained on what to do?

Develop a plan for management of a COVID-19 outbreak

- Explore alternatives to face-to-face visits
- Assess IC program, policies and procedures to reflect recent CDC updates on management of COVID-19 cases Standard 7.I.B.1
- Designate time to educate staff on CDC updates and revised procedures Standard 7.I.B.2
- Designate waiting area and treatment room
- Designate specific staff
- Consider strategy to optimize supply of PPE and actively monitor in event of shortage
Transmission-Based Precautions
*Identify, Isolate & Inform*

**Standard 7.I.F**

- Standard Precautions assumes that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting.

**Standard 7.I.F.3**

- Adhere to Transmission-based Precautions
  - Patient placement and use of mask
  - Surgical Settings: don mask *before entry* to patient room and don eye protection, gloves, gowns *upon entry* to patient room.
  - Other settings: don PPE before coming within 6 feet of a patient.

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Transmission-based precautions are the second tier of basic infection control.

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Hand Hygiene is foundational for transmission-based precautions.

- Hand wash with soap and water for 20 seconds
- Alcohol-Based Hand Rub
  - Must contain at least 60% alcohol

**Standard 7.I.B.3**
Identify

Pre-screening & Self-Screening

- Pre-screening questionnaire **Standard 7.I.F.3**
  - Presence of symptoms of a respiratory infection
  - History of travel to areas experiencing transmission
  - Contact with possible COVID-19 patients
- Self Screening at points of entry
  - Signage: Symptoms
  - Hand hygiene
  - Cough etiquette

Rapid triage and isolation is essential

- Separate patients with symptoms of suspected COVID-19 **Standard 7.I.F.1**
  - Mask patient
  - Wait in designated area separated by 6 or more feet, with easy access to tissues and hand sanitizer
  - Treat in separate room with door closed
  - Identify as person under investigation (PUI)
  - Implement contact and airborne precautions

Rapid testing is now available

- Nasopharyngeal AND oropharyngeal swabs
- Lower respiratory tract specimens, if available
**Standard 12.F**
- Refer to CDC website on Biosafety:
Inform

- Communicate with other clinicians *Standard 7.I.F*
- Provide ongoing education
- Identify staff to collaborate with local authorities
- Track PUIs and confirmed cases
- Notify the state health department *Standard 7.I.F.2*

Environmental Cleaning

*Standard 7.I.G*

- Dedicated medical equipment
- Evaluate environmental cleaning practices *Standard 7.I.G*
- Review discharge cleaning, high touch objects and terminally cleaning, cleaning products and CDC recommendations for COVID-19
- Consider management of laundry, food service utensils, and medical waste
- Ensure PPE and training for environmental cleaning staff

Consider your practices

- Dedicated medical equipment
- Evaluate environmental cleaning practices *Standard 7.I.G*
- Review discharge cleaning, high touch objects and terminally cleaning, cleaning products and CDC recommendations for COVID-19
- Consider management of laundry, food service utensils, and medical waste
- Ensure PPE and training for environmental cleaning staff
What disinfectant should personnel use to decontaminate work surfaces?

- EPA-registered hospital disinfectants with label claims to be effective against other respiratory pathogens, e.g., seasonal influenza and other human coronaviruses
- Follow manufacturer’s recommendations for use—dilution (i.e., concentration), contact time, and care in handling *Standard 7.I.G.4*

Identify, Isolate and Inform

1. Stay informed about the local COVID-19 situation and keep perspective
2. Develop or review your facility’s emergency plan and establish relationships with key healthcare and public health partners in your community
3. Educate *all* Staff on transmission-based precautions
4. Perform all recommended environmental cleaning

Implications for your AAAHC accreditation
All organizations across all settings should remain vigilant about practices that impact employee and patient safety and the quality of care delivered.

Accreditation surveys and processes

- Heighten focus on infectious disease protocols, including preparing for treating patients with COVID-19
- Non-emergency and emergency surveys
- Should your actual survey date occur after your accreditation expiration date, there will not be a negative consequence
- Stay informed

If you have completed an application and are awaiting your survey

- In addition to reporting information to your state agency, utilize the AAAHC change notification form to report any COVID-19 activity directly associated with your organization
- Number of Persons Under Investigation (PUIs) and number of Confirmed cases of COVID-19
- Interruption to services that may impact pending survey activity requirements

https://www.aaahc.org/accreditation/accreditation-general-information/organizational-changes/
When in doubt...

- Check the AAAHC Standards handbook
- Review the FAQs on the AAAHC Website: https://www.aaahc.org/accreditation-surveys-will-resume-with-a-heightened-focus-on-infection-prevention-and-control/
- Email info@aaahc.org
- Call AAAHC: 847-853-6060