



COVID-19 Risk Prevention
Identify, Isolate & Inform

March 2020



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Objective

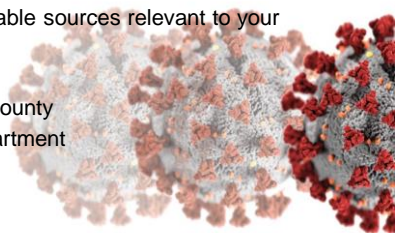
Reduce risk of exposure and transmission

- 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

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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



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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"
- Disease: "coronavirus disease 2019"; "COVID-19"



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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

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Emergency Preparedness Standard 8.I.A



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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*

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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

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Infection Control Risk Assessment Standard 7.I.A.2



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Infection Control Risk Assessment

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?



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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

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Transmission-Based Precautions *Identify, Isolate & Inform* Standard 7.I.F



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

- 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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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*



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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

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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 (PUJ)
 - Implement contact and airborne precautions

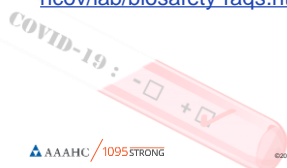
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Rapid testing is now available

- Nasopharyngeal *AND* oropharyngeal swabs
- Lower respiratory tract specimens, if available
- **Standard 12.F**
- Refer to CDC website on Biosafety:
<https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html>



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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*
- Complete notification form, available at:
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>

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Environmental Cleaning *Standard 7.I.G*



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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

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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*

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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



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Implications for your AAAHC accreditation



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All organizations across all settings should remain vigilant about practices that impact employee and patient safety and the quality of care delivered

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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*

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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/>

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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



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