AAAHC
ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE

ASCA COVID-19 Recommendations for ASCs and AAAHC Standards Crosswalk

Amidst the COVID-19 pandemic, the Ambulatory Surgery Center Association (ASCA) recently released ten recommendations for Protecting Patients, Families and Staff During Necessary Surgeries. These ten recommendations provide sound guidance for infection control and prevention that align with your AAAHC Accreditation Standards.

We encourage you to consider these recommendations and the Centers for Disease Control and Prevention (CDC) references when reviewing, developing, implementing, and evaluating your emergency preparedness plan and infection control processes. The grid crosswalks the Standards with the ten recommendations and will support your efforts in conducting a gap analysis.

AAAHC's *1095 Strong, quality every day* philosophy stresses the provision of accreditation tools, resources, and relevant education that promotes patient safety and improves the quality of health care.

ASCA Recommendation	AAAHC *2018 Accreditation Handbook for Ambulatory Health Care*	AAAHC *2017-18 Accreditation Handbook for Medicare Deemed Status Surveys*
1. Pre-screen all patients for symptoms or high-risk exposure prior to their visit, beginning at the physician's office and during any pre-admission phone calls or other remote methods. Inform the patient to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever). www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html	**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.A.2.** The written infection prevention and control program is relevant to the organization as demonstrated by a formal, documented infection prevention risk assessment. **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: **7.I.F.1.** The isolation or immediate transfer of patients with communicable diseases.	**5.II.A.1.** The organization's governing body approves a written risk management program and/or policies that address methods by which a patient may be dismissed from care or refused care. **7.I.B.** The written infection prevention and control program is: [416.51(b)] Q-0242 **7.I.B.5.** In compliance with all applicable state and federal requirements. **7.I.B.6.** Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. [416.51(b)(3)] Q-0245 **7.I.B.7.** Focused on direct intervention to prevent infection, as needed. **7.I.B.8.** Consistent with and adheres to professionally acceptable standards of practice. [416.51(a)] Q-0241 **7.I.B.9.** The result of a formal, documented infection prevention risk assessment to ensure that the program is relevant to the organization. **7.I.H.** Policies are place for the isolation or immediate transfer of patients with a communicable disease. **10.I.O.1.** Provisions have been made for the isolation or immediate transfer of patients with a communicable disease.

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2. Upon arrival, but prior to admission, patients should again be asked about a personal history of fever, sore throat, cough or other respiratory symptoms, and about similar symptoms in family members or close contacts. The body temperature of the patient should be checked upon arrival. Ask also about contact with a confirmed case of COVID-19 or recent travel to a high-risk area. **www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html** **www.cdc.gov/coronavirus/2019-ncov/travelers/index.html**	**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.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: **7.I.F.1.** The isolation or immediate transfer of patients with communicable diseases. **7.I.F.3.** The sources and transmission of infections are minimized through adequate surveillance procedures.	**5.II.A.1.** The organization's governing body approves a written risk management program and/or policies that address methods by which a patient may be dismissed from care or refused care. **7.I.B.6.** The written infection prevention and control program is responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. [416.51(b)(3)] **7.I.B.7.** The written infection prevention and control program is focused on direct intervention to prevent infection, as needed. **7.I.H.** Policies are in place for the isolation or immediate transfer of patients with a communicable disease. **7.I.J.** Procedures must be available to minimize the sources and transmission of infections, including adequate surveillance techniques. **10.I.O.1.** Provisions have been made for the isolation or immediate transfer of patients with a communicable disease.
3. Prohibit individuals (including patients) from entering the facility if they are experiencing elevated temperature or symptoms suggestive of COVID-19. **www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html**	**7.I.A.2.** The written infection prevention and control program is relevant to the organization as demonstrated by a formal, documented infection prevention risk assessment. **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: **7.I.F.1.** The isolation or immediate transfer of patients with communicable diseases. **7.I.F.3.** The sources and transmission of infections are minimized through adequate surveillance procedures. **7.II.L.** Health care workers are protected from biologic hazards consistent with state, federal and CDC guidelines.	**3.II.H.** Health care workers are protected from biologic hazards, consistent with state, federal, and CDC guidelines. **7.I.B.** The written infection prevention and control program is: [416.51(b)] Q-0242 **7.I.B.5.** In compliance with all applicable state and federal requirements. **7.I.B.6.** Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. [416.51(b)(3)] Q-0245 **7.I.B.7.** Focused on direct intervention to prevent infection, as needed. **7.I.B.8.** Consistent with and adheres to professionally acceptable standards of practice. [416.51(a)] Q-0241 **7.I.B.9.** The result of a formal, documented infection prevention risk assessment to ensure that the program is relevant to the organization. **7.I.J** Procedures must be available to minimize the sources and transmission of infections, including adequate surveillance techniques.

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4. Keep patients and accompanying visitors separated 3–6 feet apart during their time at your ASC. Provide supplies such as tissues, alcohol-based hand rub and trash cans and encourage frequent handwashing. If space is limited, ask patients and caregivers to wait in their cars until they are needed in the facility. If toys, reading materials or other communal objects are located in the ASC, remove or clean them regularly. **www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html**	**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.1.** The isolation or immediate transfer of patients with communicable diseases. **7.I.F.3.** The sources and transmission of infections are minimized through adequate surveillance procedures. **7.I.F.4.** The following are adequate to protect patients and others from cross-infection: a) Space b) Equipment c) Supplies d) Personnel **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.	**7.I.C.** The infection control and prevention program reduces the risk of health care-acquired infection as evidenced by education and active surveillance, consistent with: **7.I.C.1.** WHO, CDC, or other nationally-recognized guidelines for hand hygiene. **7.I.G.** The organization provides a safe and sanitary environment for treating patients. This includes safeguards to protect the patient from cross infection through the provision of adequate space, equipment, supplies, and personnel. **7.I.H.** Policies are in place for the isolation or immediate transfer of patients with a communicable disease. **7.I.J.** Procedures must be available to minimize the sources and transmission of infections, including adequate surveillance techniques.
5. All visitors, including vendors, should be actively assessed for fever and respiratory symptoms upon entry to the facility. If fever or respiratory symptoms are present, visitors should not be allowed entry into the facility. Determine the threshold at which screening of visitors entering the facility will be initiated and at what point screening will escalate from passive (e.g., signs at the entrance) to active (e.g., direct questioning) to restricting all visitors to the facility. If visitors are limited, encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets. **www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html**	**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: **7.I.F.1** The isolation or immediate transfer of patients with communicable diseases. **7.I.F.3** The sources and transmission of infections are minimized through adequate surveillance procedures. **7.II.L.** Health care workers are protected from biologic hazards consistent with state, federal and CDC guidelines.e protected from biologic hazards consistent with state, federal and CDC guidelines. **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.	**3.II.H.** Health care workers are protected from biologic hazards, consistent with state, federal, and CDC guidelines. **7.I.H.** Policies are in place for the isolation or immediate transfer of patients with a communicable disease. **7.I.J.** Procedures must be available to minimize the sources and transmission of infections, including adequate surveillance techniques. **8.II.A.** The ASC must develop and implement an emergency preparedness plan. The plan must: [416.54(a)] E-0004 1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. [416.54(a)(1) E-0006 2. Include strategies for addressing emergency events identified by the risk assessment. [416.54(a)(2)] E-0006 3. Address patient population, including but not limited to, the type of services the ASC has the ability to provide in an emergency; and continuity of operations, including delegation of authority and successions plans. [416.54(a)(3) E-0007 4. Include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedeness officials efforts to maintain an integrated response during a disaster or emerrgency situation, including documentation of the ASC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. [416.54(a)(4) E-0009 **10.I.O.1.** Provisions have been made for the isolation or immediate transfer of patients with a communicable disease.

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6. Make sure appropriate personal protective equipment (PPE) (gloves, mask, eye shield/goggles, face shields and gown) is available and worn by healthcare providers based on their job description. Ensure the healthcare provider is educated and trained and has practiced the appropriate and correct use of PPE including the removal of such equipment. **www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html**	**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.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.4.c.** Employee health services also include programs that address other relevant biological hazards, such as bioterrorism, as needed for employee safety and health. **10.I.K.** The surgical environment contains safeguards to protect patients and others from cross-infection. **10.I.K.2.** Written policies address the proper attire of all persons entering operating or procedures rooms.	**3.I.C.4.** Personnel policies reflect the requirement for documentation of initial orientation and training according to position description. **3.II.H.7.** The organization has programs that address other relevant biological hazards, such as bioterrorism, as needed for employee safety and health. **7.I.T.** Documented education regarding the infection control program and applicable policies and processes is provided to all staff within 30 days of beginning employment, annually thereafter, and when there is an identified need. **7.II.R.** Documented education in the safety program, policies, and activities is provided to all staff within 30 days of beginning employment, annually thereafter, and when there is an identified need. **8.I.D.** The organization documents its periodic instruction to all personnel in the proper use of safety, emergency, and fire-extinguishing equipment. **8.II.D.** The ASC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan at 8.II.A, risk assessment at 8.II.A.1, policies and procedures at 8.II.B, and the communication plan at 8.II.C. The training and testing program must be reviewed and updated at least annually. [416.54(d)] E-0036 **10.I.O.** A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, is ensured through the provision of adequate space, equipment, supplies, and personnel. **10.I.O.2.** All persons entering operating or procedure rooms are properly attired as defined by the organization's written policy.
7. Conservation and strategies for optimizing the supply of PPE is critical. Only essential personnel should be present in cases. Strategies and options to optimize supplies of PPE can be found at: **www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html**	**5.II.A.6.** The risk management program and/or policies address restrictions on observers in patient care areas. **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. **7.I.F.4.** The following are adequate to protect patients and others from cross-infection: a) Space b) Equipment c) Supplies d) Personnel **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.	**8.II.A.** The ASC must develop and implement an emergency preparedness plan. The plan must: [416.54(a)] E-0004 1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. [416.54(a)(1) E-0006 2. Include strategies for addressing emergency events identified by the risk assessment. [416.54(a)(2)] E-0006 3. Address patient population, including but not limited to, the type of services the ASC has the ability to provide in an emergency; and continuity of operations, including delegation of authority and successions plans. [416.54(a)(3) E-0007 4. Include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedeness officials efforts to maintain an integrated response during a disaster or emerrgency situation, including documentation of the ASC's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts. [416.54(a)(4) E-0009

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8. Consider phone follow-up for all patients 7–14 days post procedure to ask about the development of symptoms or a diagnosis of COVID-19 and have contingency plans in place (including public health authority reporting) when a positive result is confirmed. The facility should follow the advice of the public health authority on notifying other patients and families who may have been exposed to a patient or family member who subsequently is diagnosed with COVID-19. **gi.org/2020/03/15/joint-gi-society-message-on-covid-19/**	**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 are from one health care professional to another. **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. **7.I.F.2.** Public health authorities are notified of reportable conditions.	**4.E.5.** The organization facilitates the provision of high-quality health care by making appropriate and timely consultation and referrals. **4.F.2.** Health services available at the organization are accessible to patients and ensure patient safety by providing adequate and timely transfer of information when patients are transferred to other health care professionals. [416.41(b)(1)] Q-0042 **4.H** When the need arises, the organization assists patients with the transfer of their care from one health care professional to another. **6.K.** Significant medical advice given to a patient by text, e-mail, or telephone, including medical advice provided after-hours, is permanently entered in the patient's clinical record and appropriately signed or initialed. **7.I.I.** A mechanism is in place to notify public health authorities of reportable conditions.
9. Conduct frequent educational meetings, including refresher training, for staff regarding infection prevention and related precautionary practices. **www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html**	**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.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. b) The use of emergency, safety and fire extinguishing equipment. 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. e) The risk management program, includuing training in the reporting of adverse incidents. **3.E.4.** The training described in element 2 above is provided when there is an identified need.	**2.I.H.9.** Governing body responsibilities include maintaining effective communication throughout the organization, including ensuring links between quality management and improvement activities and other management functions of the organization. **3.B.** Administrative responsibilities include, but are not limited to using methods of communicating and reporting designed to ensure the orderly flow of information within the organization. **3.C.4.** Personnel policies reflect the requirement for documentation of initial orientation and training according to position description. Orientation and training shall be: **3.C.4.b.** Provided annually thereafter and when there is an identified need. **3.II.H.** Health care workers are protected from biologic hazards, consistent with state, federal, and CDC guidelines. **3.II.H.2.** The organization has a written exposure control plan that is reviewed and updated at least annually, including an evaluation for the availability of safer medical devices and changes in technology. **3.II.H.3.** The exposure control plan is made a part of employee initial orientation and retraining that is conducted within one year of the employee's last training. **3.II.H.7.** The organization has programs that address other relevant biological hazards, such as bioterrorism, as needed for employee safety and health. **5.II.H.** Documented education in risk management activities, and safety policies and processes, is provided to all staff within 30 days of commencement of employment, annually thereafter, and when there is an identified need. **7.I.T.** Documented education regarding the infection control program and applicable policies and processes is provided to all staff within 30 days of beginning employment, annually thereafter, and when there is an identified need. **7.II.R.** Documented education in the safety program, policies, and activities is provided to all staff within 30 days of beginning employment, annually thereafter, and when there is an identified need.

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10. Staff should be screened per ASC policies that are consistent with public health guidance for symptoms of COVID-19. They should not come to work with symptoms and should contact their personal physician. www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html	**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. **7.I.A.** 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.II.L.** Health care workers are protected from biologic hazards consistent with state, federal and CDC guidelines.	**2.I.H.18.** Governing body responsibilities include development, implementation, and oversight of the organization's infection control and safety programs to ensure a safe environment of care. **7.I.B.** The written infection prevention and control program is based on nationally-recognized infection prevention and control guidelines considered and selected by the governing body. [416.51(b)] Q-0242 **3.II.H.** Health care workers are protected from biologic hazards, consistent with state, federal, and CDC guidelines.

ASCA (2020). *COVID-19: Protecting patients, families and staff during necessary surgeries.* Retrieved March 20, 2020, from https://www.ascassociation.org/asca/resourcecenter/latestnewsresourcecenter/covid-19/covid-19-message

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To learn more about AAAHC resources, please visit www.aaahc.org/learn

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