AAAASF developed this worksheet as a supplement to the AAAASF Surveyor Handbook utilizing the [evolving guidance from the CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fguidance-hcf.html).

[CDC: Infection Prevention and Control Recommendations for Healthcare Personnel](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) (Updated February 2, 2022) *–* This is the general CDC resource as it references hand hygiene, staff training, cleaning & disinfecting, environmental infection control, patient care, non-urgent appointments, and elective surgeries/procedures, managing personnel with infection or exposure, and visitor screening and restriction recommendations related to COVID-19.

The CDC guidance contained in the reference listed above also contains a significant amount of information regarding community transmission rates. [Community transmission rates by county](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html) are available on the CDC website. All facilities are required to monitor and document their community transmission rate on a weekly basis, and update their policies and procedures, as necessary.

Surveyors and facility staff are to use this worksheet when community transmission rates are medium or high to validate that:

* The facility has implemented appropriate policies & protocols addressing the enhanced infection control concerns related to COVID-19 utilizing guidance from the CDC, the State/local Department of Health and community transmission rates (low, medium and high).
* The facility has provided training for relevant staff, and that staff has implemented these protocols consistently.
* The facility management has ensured compliance with the written protocols using documented routine audits, as appropriate.

| **Facility Name: Facility Name.** | **Facility ID: Facility ID** | **Date: Date** | | **Surveyor: Surveyor Name** |
| --- | --- | --- | --- | --- |
| **Requirement** | **Surveyor Guidance** | **Standard** | **Compliant** | **Surveyor Comments/Notes** |
| **POLICIES & PROCEDURES** | | | | |
| The facility must have a policy/procedure for screening all staff, patients and visitors entering the facility based on community-based transmission rates. This policy must include:   * Health questions related to signs or symptoms of COVID. * Temperature. * Recent exposure questions. | Ask to see this policy and the documentation of the screenings that have taken place  Observe for implementation of screenings with individuals entering facility based on community-based transmission rates.  Compliance options include (but are not limited to): individual screening upon arrival at the facility; or a system in which individuals can self-report a positive viral test, any symptoms or exposures prior to entering the facility. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| Facility must have a policy/protocol to minimize in-facility visitors. | Policy/Protocol review. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| Facility must have a policy related to personal protective equipment (PPE) and its use. use *based on community-based transmission rates, and state and local requirements*. This policy must include:   * ~~Revisions made related to COVID-19, including the laundering of cloth masks,~~ **~~if~~****~~used~~**~~.~~ * Wearing facemasks while in the healthcare facility, eye protection and face shields when providing patient care. * Appropriate additional PPE, including clothing, gowns, shoe covers, gloves.   This policy must include:   * Revisions made related to COVID-19, including the laundering of cloth masks, **if** **used**. * Require staff wear facemasks while in the healthcare facility. | Policy review.  Observe staff for compliance.  Interview Staff | 15-L-2 | YES  NO | Click or tap here to enter text. |
| Facility must have a policy/procedure related to hand hygiene and disinfection. The policy must include the preferred use of alcohol-based hand sanitizer based upon CDC guidelines. | Policy/procedure review.  Observe for staff compliance. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| The facility must have a written policy/procedure for Infection Transmission-Based Precautions, The policy/procedure should be in accordance with the CDC infection precautions based on Community Transmission rates for COVID-19, including the necessity for:  Social Distancing.   * Wearing a face covering. * Hand Hygiene. * Cough Etiquette. * Stricter equipment cleaning / disinfection according to manufacturer instructions prior to use on another patient. | Policy review.  Observe for staff compliance.  Interview Staff | 15-L-2 | YES  NO | Click or tap here to enter text. |
| The facility must develop and implement a policy related to aerosol-generating procedures (if any) performed in the facility. (*The CDC defines AGP’s as procedures that are “more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing.”*) This policy must address:   * Appropriate PPE (mouth & nose (e.g., appropriate masks, N95 or higher-level respirator, if available), clothing, gloves, and eye protection; gowns, face shield) is worn for performing AGPs and /or any procedures that are likely to generate splashes or sprays of blood or body fluids and when COVID-19 is suspected; * Limit the number of staff in room to only those essential for care and procedure support. * Perform AGP in an airborne infection isolation room, if available. If unavailable, then should occur in private room with door closed. * Procedure should be medically necessary. * Postpone all non-urgent dental treatment for patients with confirmed COVID-19 infection until they meet criteria to discontinue Transmission-Based Precautions; and patients meet criteria for quarantine. * Procedure room surfaces must be cleaned and disinfected promptly with EPA-registered disinfectant for healthcare settings. | Policy/procedure review.  Observe staff for compliance.  Interview staff. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| The facility must develop and implement a policy/protocol to address required actions when staff encounter persons with suspected or confirmed COVID-19. The policy/protocol must include:   * List of local COVID-19 testing sites. * Reporting suspected or confirmed COVID-19 diagnosis to DoH, ministries, appropriate health entities. * Requirements for returning to work after exposure/positive diagnosis.   The facility is required to implement the policy/protocol, including staff education. | Policy review.  Personnel records/training records review.  Review staff schedules.  Review list of COVID-19 testing sites.  Staff interview.  Documentation of reporting suspected or confirmed diagnosis of COVID-19 to Department of Health.  AAAASF no longer requires notification. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| **COMPLIANCE SURVEILLANCE** | | | | |
| The facility must monitor staff compliance with infection control practices on a weekly basis, including those related to COVID-19 utilizing weekly audits. | Interview leadership about surveillance activities related to staff compliance with infection control policies. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| **DOCUMENTED STAFF TRAINING** | | | | |
| The facility must maintain documentation of all staff training provided related to enhanced infection control protocols for COVID-19. | Review personnel files for evidence of training on emergency procedures and policies/protocols related to COVID-19. | 5-D-32 | YES  NO | Click or tap here to enter text. |
| **SCHEDULING & PATIENT INTERACTIONS** | | | | |
| The facility must institute changes in:   * Patient screening. * Deferring non-urgent/emergent care **as appropriate** based on community transmission rates**.** * Reducing patient volume in facility at any one time to limit interactions with others in the facility by:   + Adjusting the -Patient flow through facility.   Adjusting Scheduling. | Policy / protocol review.  Review facility documentation related to community & local infection rates.  Observation for compliance.  Staff Interview. | 15-C-8 | YES  NO | Click or tap here to enter text. |
| The facility should increase the use of telehealth for screening, consultation and follow up visits, **as appropriate.** | Policy / protocol review.  Staff interview.  Clinical record review. | 15-C-8 | YES  NO | Click or tap here to enter text. |
| **SUPPLIES & EQUIPMENT** | | | | |
| The facility must maintain an adequate supply of appropriate PPE, including gowns, gloves, masks, face shields, etc. and monitor supply inventory. | Observe staff & patient donning of PPE.  Policy review.  Review monitoring frequency to ensure adequate supply of PPE. | 15-L-3 | YES  NO | Click or tap here to enter text. |
| **If** the facility is utilizing supplies under a temporary approval (e.g., cloth masks), the relevant approval and any limitations must be documented. | Staff interview.  Policy/procedure review.  Documentation review. For example, the temporary approval for use, invoices and purchasing efforts. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| The facility must ensure there is an ample supply of soap, alcohol-based hand sanitizer, and approved hospital grade disinfectants effective against SARS-COV-2. | Observe for presence of these supplies throughout facility.  Interview Staff.  Look for documentation that disinfectant used is appropriate for healthcare facilities and effective against SARS-COV-2 (if not marked on the disinfectant label, then ask facility to show you documentation). | 15-L-4 | YES  NO | Click or tap here to enter text. |
| **ENVIRONMENT & DISINFECTION** | | | | |
| Facility must post signage announcing the facility’s required COVID screening, masking, and hand hygiene protocols upon entry into the clinic. | Observe for posted signage addressing the required screenings and infection control protocols. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| Facilities must eliminate high-touch items, such as:   * Magazines. * Toys. * Coffee/Snack stations. (Not appropriate for a facility with a high community transmission rate). * Disable any water fountains. | Observe waiting areas and other common areas for high-touch / shared items. | 15-K-13 | YES  NO | Click or tap here to enter text. |
| The facility should remove items and surfaces that cannot be easily cleaned (e.g., cloth or fabric covered surfaces).  **If** unable to remove, the facility must have a written process to effectively clean these items. | Observe facility for such items.  Policy/procedure review.  Staff Interview | 15-K-13  15-L-2 | YES  NO | Click or tap here to enter text. |
| The facility must keep the waiting room arranged in such a fashion as to encourage social distancing (e.g., arrange chairs to be 6 feet apart, etc.). | Observe facility for waiting room configuration. | 15-K-13 | YES  NO | Click or tap here to enter text. |
| The facility must require that all staff, patients and visitors perform hand hygiene upon entering the building. | Observations.  Policy review. | 15-L-2 | YES  NO | Click or tap here to enter text. |
| The facility must implement the following enhanced infection control measures:   * Routine scheduled cleaning & disinfection between each use of exam room, procedure & operating room, bathrooms, reception areas, nursing stations, and all high touch surfaces. * Ensure frequent cleaning and disinfecting of common areas and high-touch surfaces (counters, door handles, arms of chairs, elevator buttons, etc.). * Ensure staff don appropriate PPE during cleaning activities. | Observations.  Policy review.  Staff Interview.  Cleaning log(s) review. | 15-K-13  15-L-2  15-L-4 | YES  NO | Click or tap here to enter text. |
| **EMERGENCY PREPAREDNESS PLAN** | | | | |
| The facility must update the EPP to include emerging communicable diseases in their All Hazards Risk Assessment. | EPP documentation review. | 5-D-3 | YES  NO | Click or tap here to enter text. |
| The facility must include their COVID-19 response as part of their EPP and update as appropriate based on evolving guidance. | EPP documentation review. | 5-D-4 | YES  NO | Click or tap here to enter text. |

**AAAASF COVID-19 Worksheet Instructions**

In light of the continuing public health emergency of COVID-19, AAAASF has implemented a focused COVID-19 Surveyor Worksheet to assess activities that are vital to keeping facility staff, patients, and communities safe during the pandemic. We have updated this worksheet in keeping with our regulatory partners’ emphasis on infection control and emergency protocols. It includes a required focused policy and procedure review as it relates to the current COVID-19 emergency. This tool also addresses concerns that surveyors have raised in the field after conducting surveys during the pandemic. This focused worksheet is required for all surveys as part of the onsite survey process across all AAAASF accredited facilities.

**Surveyors must verify the following utilizing policy review, staff/leadership interview, and staff observance for compliance:**

Infection Control Policies:

* Policies related to hand hygiene, highlighting any revisions related to COVID-19.
* Policies related to personal protective equipment (PPE) and its use, highlight any revisions related to COVID-19.
* Policies related to infection transmission-based precautions, highlighting any revisions related to COVID-19.
* Policies related to the postponement of non-urgent/emergent appointments and surgeries/procedures.
* Policies related to any screenings conducted for staff, patients, visitors.
* Policies related to any restrictions of visitors.

Emergency Preparedness Plan (Medicare-only):

* Policies related to activation of the Emergency Preparedness Plan.
* Policies and protocols for reporting suspected and confirmed COVID-19 cases to appropriate health entities and AAAASF.
* Emergency contacts for testing and reporting suspected and confirmed COVID-19 cases.

Education Logs & Audit Tools:

* Evidence of staff education for all relevant areas as outlined in the program-specific worksheet.
* All surveillance tools (weekly audits) used to ensure compliance with infection control practices.

**Completing the COVID-19 Surveyor Worksheet:**

Similar to the AAAASF Standards Manuals, the COVID-19 Surveyor Worksheets are AAAASF program-specific and reference the specific citable standards based on program type.

* For each item on the tool, surveyors must select “Yes” or “No” from the options located in the fourth column titled “Compliant” on the attached Word document. Please note that “N/A” is not an option as these requirements apply across all programs. For each item on this tool where you select “No” as the response, you must mark at least one applicable standard in the standards manual as deficient. Please provide any additional information about your answer in the fifth column titled “Surveyor Comments/Notes”. This column should also be used to identify any areas in which you have concerns or questions for the AAAASF staff to review. Please note that some items are mapped to more than one AAAASF standard.
* If non-compliance is observed, surveyors should select the most appropriate standard(s) to cite based on individual scenarios/observations encountered during the survey process. After completion of the COVID-19 Surveyor Worksheet, surveyors must cite the corresponding deficiency in the standard manual. The Covid-19 Surveyor Worksheet must be returned electronically with the Surveyor Handbook for review.

**Resources:**

**Standard & Infection Control Precautions:**

* [CDC: Infection Prevention and Control Recommendations for Healthcare Personnel](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) (updated February 2, 2022) *– This is the general CDC resource as it also references hand hygiene, staff training, cleaning & disinfecting, environmental infection control, patient care, non-urgent appointments and elective surgeries/procedures, managing personnel with infection or exposure, and visitor screening and restriction recommendations.*
* [CDC: Community Transmission Rates](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html)
* [CDC: Managing Healthcare Operations During COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/facility-planning-operations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fguidance-hcf.html) (updated February 2021)
* [CDC: Guidance for Healthcare Workers About COVID-19 Testing](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing.html) (updated June 2021)
* [CDC: Operational Considerations for Containing COVID-19 in non-US Healthcare Settings](https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/index.html) (updated November 2020)
* [CDC: Clinical FAQ about COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html) (updated April 2022) – *Can use search bar in this FAQ to locate specific topics such as AGPs.*
* [WHO: Infection prevention and control when COVID-19 suspected or confirmed](https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2021.1) (published July 2021, [Annex published October 2021](https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-Annex-2021.1))

**Use of PPE:**

* [CDC: Strategies for Optimizing the Supply of PPE](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html) (updated December 2020)

**Staff Training:**

* [CDC: Training for Healthcare Professionals](https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html) (updated November 2021)
* [CDC: Protecting Healthcare Personnel](https://www.cdc.gov/hai/prevent/ppe.html)

**Telehealth:**

* [CDC: Telehealth and Telemedicine](https://www.cdc.gov/phlp/publications/topic/telehealth.html)
* [CDC: Using Telehealth to Expand Access to Essential Health Services](https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html) (updated June 2020)
* [CDC: Phone Advice Line Tool](https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html) (updated April 2022)