



Continued Safety During the COVID-19 Pandemic

Dubai, United Arab Emirates, 25 November 2020: With COVID-19 cases spiking around the world and fatigue among the public and healthcare workers to take extra precautions, AAAASF would like to take this opportunity to reinforce and update guidance around safety and infection control to prevent the spread of coronavirus. AAAASF accredited facilities all over the world receive ongoing guidance to ensure they are providing the safest possible care.

AAAASF is making this information available for the sake of patient safety during this global public health emergency. Facilities should consider seeking international accreditation in order to make a demonstration of their commitment to safety. Patients all over the world should demand that their care providers obtain international accreditation, for the best assurance that the facility has made an ongoing commitment to continuous improvement. It is important to ensure processes and procedures are in place to keep patients, staff, and the public safe. AAAASF has created a continued readiness guide for facilities providing care which serves as an update to the earlier preparedness checklist for reopening.

Policies, Procedures & Compliance Surveillance

Update policies and procedures using COVID-19 related recommendations from reliable sources such as the World Health Organization (WHO). These policy and procedure updates should include infection control, emergency preparedness, and the handling of COVID-19 positive patients and staff.

Policies related to personal protective equipment (PPE) and its use.

Develop policies to minimize in-facility visitors.

Ensure policies and procedures related to hand hygiene and disinfection are up to date.

Revise or implement policies and procedures to address required actions when staff encounter persons where COVID-19 infections are suspected or confirmed.

Utilize infection control surveillance tools, such as conducting regular audits to ensure staff are compliant with policies and procedures surrounding infection control. Audits should include the use of PPE, adherence to hand hygiene requirements, and environmental cleaning and disinfection.

Training

All staff should be trained and knowledgeable on all facility policies and protocols.

Screening, Testing & Reporting

Maintain a list of emergency contacts for testing and reporting suspected and confirmed COVID-19 cases.

Maintain a list of local COVID-19 testing sites.

Be aware of the reporting process for suspected COVID-19 persons and alert staff to escalation path.

Have a policy and protocol for reporting to ministries, appropriate health entities, and AAAASF of suspected or confirmed COVID-19 diagnosis in patient, visitor, or staff.

Scheduling & Patient Interactions

Ensure that recommendations for changes in patient care processes have been addressed including changes in scheduling practices, patient screening, patient flow through the facility, and reducing the visits of the most vulnerable patients. Fewer cases should be scheduled in office and surgery per day, because additional precautions required in operating rooms may lead to longer turnover times between cases. This means that clinic schedule volumes might need to remain below pre-COVID-19 levels for the foreseeable future.

Increase the use of telehealth for screening, consultation, and follow up visits, as appropriate.

Supplies & Equipment

Order appropriate PPE including gowns, gloves, masks, face shields, etc. If supplies are being used under temporary approvals, the facility should document the relevant approval and any limitations. For example, due to shortages of N95 masks in the US, the CDC temporarily approved certain industrial masks to be used in healthcare to protect against COVID. Check with your national and local authorities for any such emergency approvals.

Ensure there is an ample supply of soap, alcohol-based hand sanitizer, and approved disinfectants effective against SARS-COV-2.

Environment & Disinfection

Eliminate high-touch items such as: magazines, toys, etc.; disable any water fountains; and eliminate coffee or snack stations in waiting rooms.

Remove items and surfaces that cannot easily be cleaned whenever possible (e.g., cloth or fabric items).

Keep the waiting room as empty as possible, have social distancing markers and barriers present advising seated patients to remain at least 6 feet from one another.

Have all patients and visitors perform hand hygiene upon entering facility.

Implement enhanced environmental infection control measures such as:

- routine scheduled cleaning & disinfection between each use of exam rooms, procedure and operating rooms, bathrooms, reception areas, nursing stations, and all high touch surfaces;
- ensuring products used are appropriate for SARS-CoV-2 in healthcare settings; and
- ensuring staff don appropriate PPE during cleaning activities (e.g., wear gloves when cleaning surfaces and discard gloves after each use).

Ensure frequent terminal cleaning of common area high-touch surfaces, such as the reception counter, door handles, arms of chairs, elevator buttons, and for any multi-patient items such as pens and clipboards, ensure disinfection after each use.

Post signage announcing the facility's required COVID screening, masking, and hand hygiene protocols at entry of clinic.

Disinfectants used should reflect the current known information about COVID-19, such as:

- hospital grade disinfectants effective against SARS COV-2 Virus
- diluted household bleach (20ml of bleach per litre of water)
- alcohol solutions with at least 70% alcohol.
- common appropriately registered household disinfectants currently recommended for use against SARS-CoV-2. The US EPA offers a full list of antimicrobial products expected to be effective against COVID-19 based on data for similar viruses, check with your local regulator for similar lists.

END

About AAAASF:

AAAASF strives for the highest standards of excellence for its facilities by regularly updating its requirements for patient safety and quality of care, while requiring facilities to continually self-assess and evolve. Facility quality improvement plans must include identifying and correcting deficiencies cited during the facility's annual inspection. This shows that the facility is taking their feedback into account.

AAAASF also requires facilities to collect and report on patient safety data from a number of cases each quarter, and mandates facility meetings to peer review cases throughout the year.

Through these measures, AAAASF aims to improve the performance and quality of the facilities it accredits, while also ensuring the standards are maintained.

AAAASF was established in 1980 to standardize and improve the quality of health care in outpatient facilities. AAAASF accredits thousands of facilities world-wide. Physicians, clinicians, legislators, state/federal health agencies, and patients acknowledge that AAAASF sets the 'Gold Standard in Accreditation'.