



Adult Day Centers Office Hours



February 14th, 2024

Zoom Meeting Logistics



To **ask a question**, please use the chat box.



Raise your hand if you want to verbally ask a question.



Resources from today's session will be posted in **Chat**.



You may adjust your audio by clicking **Audio Settings**.



You have been automatically muted with video turned off

Agenda

- ❖ **Guest Presentation:** Susan Moeslein, MSA, BSN, ACM, CIC from Health Quality Innovators (HQI)
- ❖ **Quick Reminders**
- ❖ **Save the Date:** March Office Hours Session



HEALTH QUALITY INNOVATORS



February 14, 2024

Lovin' Your Tools, Keeping Participants and Staff Safe

Susan Moeslein, MSA, BSN, ACM, CIC

The Adult Day Center Model Infection Control and Prevention Policies grant was awarded to LeadingAge Virginia in 2022 from the Virginia Department of Health Office of Epidemiology with funding from the CDC under Federal Award Identification Number NU50CK00055.

Your HQI Team – Site Visit Infection Preventionists



Susan Moeslein,
MSA, BSN, ACM, CIC
Consultant



Betsy Allbee,
BSN, CIC, FAPIC
Consultant



Brandy Stevens, RN,
EMT Paramedic
Consultant

Objectives

- Determine what items are considered equipment vs. tools vs. supplies
- Define what to clean, how to clean and when to clean
- Determine whose job is it and, more importantly, who does it when they are off/vacation/sick
- Assist in “demystifying” policy on participant care equipment, devices and supplies



Polling Question 1

Is your ADC contained to one room?

- Yes
- No



Polling Question 2

Do you prepare meals on site?

- Yes
- No



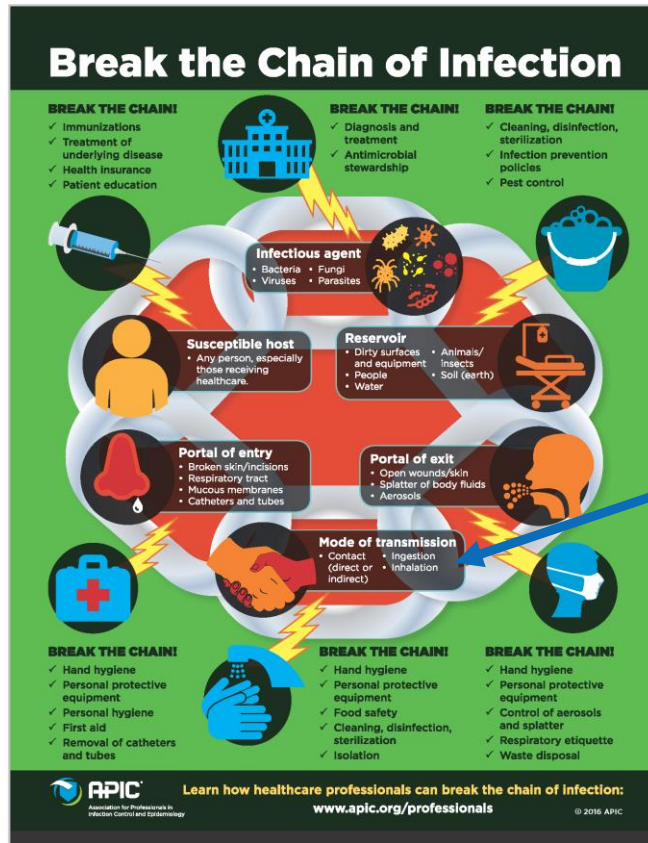
Polling Question 3

Do you pass medications or check blood glucoses?

- Yes
- No



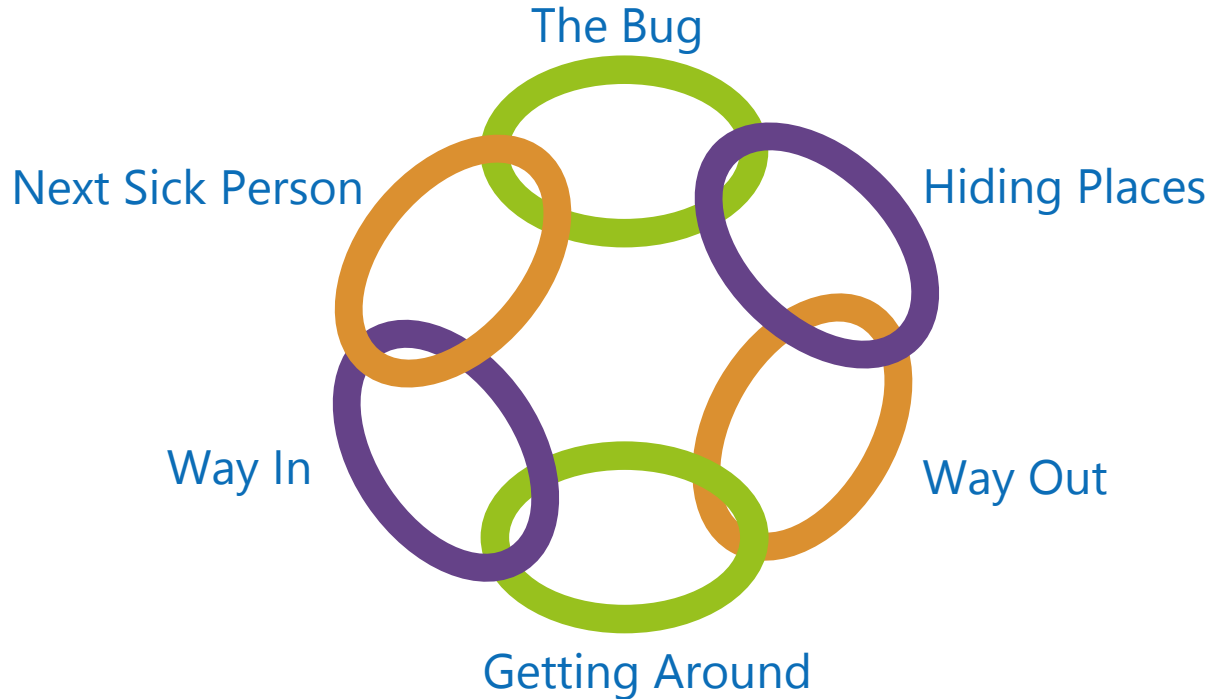
Which is Your "Link"?



You are here

Breaking it Down Even More

The Chain of Infection

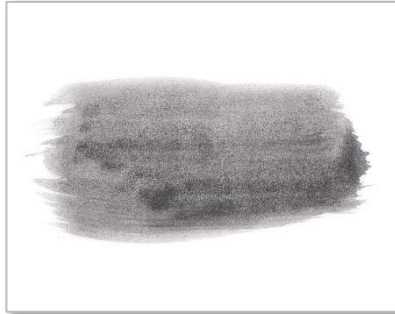


Define "Clean"

NO dust



NO smudges



NO spots



NO smells



= CLEAN?

Difference Between Sanitizers and Disinfectants

- **Sanitizers** are generally used on food preparation surfaces where disinfectants would require a second step of rinsing a surface that has air-dried
- Rinsing is necessary so that the preparation of food on that surface wouldn't pick up toxic chemicals that might be ingested by humans
- Rinsing is required on surfaces where participants might touch the surface and place their hands in their mouth and ingest the toxic chemical



Difference Between Sanitizers and Disinfectants, cont.

- **Disinfectants** are not USUALLY sporicidal; but some are (i.e., they kill *C. diff* spores)
- Disinfectants are usually a chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or other harmful microorganisms but might not kill bacterial spores
- They are applied to inanimate surfaces
- The EPA groups disinfectants by product label claims of "limited," "general" or "hospital" disinfection



One Big Difference Between Sanitizers and Disinfectants

- Sanitizers kill 99.99% of pathogens (that's pretty good, right?)
- If we start with 1,000,000 pathogens on a surface, if we were satisfied with 99.99% kill, there would still be **10,000** pathogens on the surface when we finished

- Disinfectants must kill 99.9999% of pathogens
- If we kill 99.9999% of the pathogens, only **100** would remain when we finished



Minimizing Contamination While Cleaning & Disinfecting

According to the CDC (Centers for Disease Control and Prevention):

- Minimize contamination of cleaning solutions
- Bucket solutions become contaminated almost immediately if you use the method of returning soiled wipers or mops to the clean solution
- The preferred method of using mops and wipers in a bucket solution is to set up the bucket with properly mixed disinfectant or cleaning solution and placing clean wipers or mops in the solution
 - Withdraw wiper or mops and apply the solution to the surface
- When finished with wiper or mop, place the soiled material in a bag for laundering
- **Never** return a soiled wiper or mop to the clean solution

Minimizing Contamination While Cleaning & Disinfecting

- Another source of contamination in the cleaning process is the cleaning cloth or mop head, especially if left soaking in dirty cleaning solutions
- Laundering of cloths and mop heads after use and allowing them to dry before re-use can help to minimize the degree of contamination
- After laundering and drying, make sure DRY cloths and mop heads are placed in clean plastic liners to prevent contamination



Right Product, Right Task



Six Steps for Safe & Effective Disinfectant Use | EPA

The Battleground

Influenza viruses can survive on hard surfaces such as stainless steel and plastic for up to 48 hours



- Some viruses can travel on droplets through the air
- E. coli, salmonella and other bacteria can live up to two hours on surfaces like doorknobs, counters and keyboards



- Norovirus can last from **a few days to a FEW WEEKS** on surfaces!
- MRSA can live on surfaces – particularly fabrics – for **WEEKS**
- Cold virus can live on surfaces for **weeks** and it is **extremely contagious** on surfaces and hands

Bacteria **DOUBLES** every 20 minutes.

5 bacteria in a sandwich at 12 p.m.
will total over 10 million by 7 p.m.

After 3 days, with no bacteria dying,
**there would be enough to
COVER THE EARTH.**



Cost, Convenience & Compatibility

Use the product **CORRECTLY**



- ✓ 1- or 2-step
- ✓ Surface coverage
- ✓ Contact (wet) time

Special item cleaning, for surfaces that are not compatible with quaternary ammonium

CONTAINS A MIXTURE OF 70% ISOPROPYL ALCOHOL AND 30% WATER

USE ON, FOR EXAMPLE:

- BP cuffs
- Most point-of-care testing devices
- Computer keyboards, mice, monitors, telephones
- AED exterior



Survey Your Setting

Make a list (engage staff in this): What things touch participants, even if it's only once a month? BP cuffs/wrist devices, scale, exercise equipment, chairs, tables, high-touch areas like doorknobs and sinks. Every center is different but consider stepping back for an hour (or having a staff member) and writing down all the surfaces that participants touch.



Loaded question: How do you know it is clean? Do you have a place for people to put things that need to be cleaned and, after cleaning, have them in a separate spot? What might that look like?

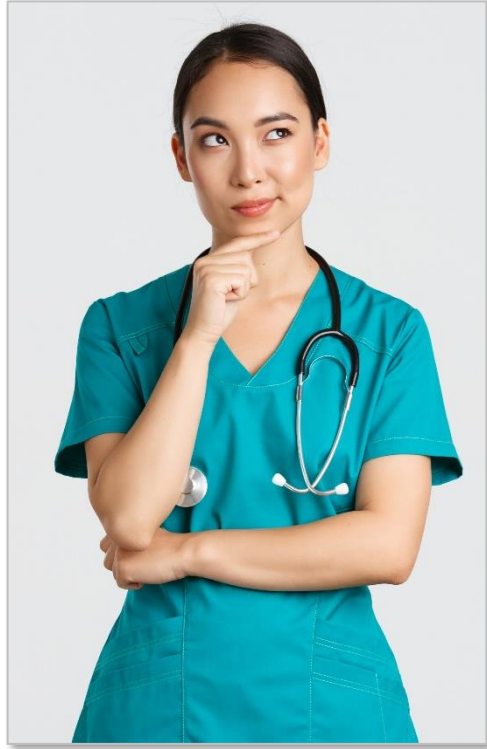
Daily Expectations

At the beginning of the day's work, does each person know what they are responsible for cleaning, when to do it and with what? If not, think about what that would look like – would your staff appreciate having clear expectations and guidance?

At the end of the day, do you think they feel important in how they are helping to keep participants safe because of their efforts?



What is Your Secret Weapon?



They Depend on You

You
Got
This!



At the End of the Day (literally)

Are you in a center where routine cleaning of things like restrooms and floors are completed by an agency outside of your control?

Consider this challenge: Find out who the agency is, and what products they are using. Consider auditing and giving them feedback. Chances are, they have never had a daytime site recognize their work – and that positive reinforcement might make your center sparkle all the more!



Contact Information

Susan Moeslein, MSA, BSN, ACM, CIC

Consultant, Health Quality Innovators

804-287-0289

smoeslein@hqi.solutions



Quick Reminders

- ❑ Complete [Needs Assessment](#)
- ❑ Visit our [Webpage](#)!
- ❑ [Schedule 1:1 chat with me!](#)
- ❑ Request Technical Assistance
- ❑ Register for Office Hours Series
- ❑ ADC Site Visits
- ❑ Sign up for the HQI & VDSS Webinar Series



Polling Question

Has your center implemented the any of the IPC Template Policies?

- Yes, all of them.
- Yes, some of them.
- No, but we are planning to in the future.
- No, we are not planning to implement them.

Polling Question

Would you rather attend a virtual conference, or an in-person conference held in your region?

- Virtual
- In- Person Regional

Next Session

Adult Day Centers Office Hours

- ❖ **Topic:** TBD
- ❖ **Date:** March 13th
- ❖ **Time:** 1:30pm-2pm

[REGISTER NOW](#)

Contact Information

Emily Varvil, MPH

Project Manager

Emily@leadingagevirginia.org

907.854.4059



LeadingAge[®]
Virginia