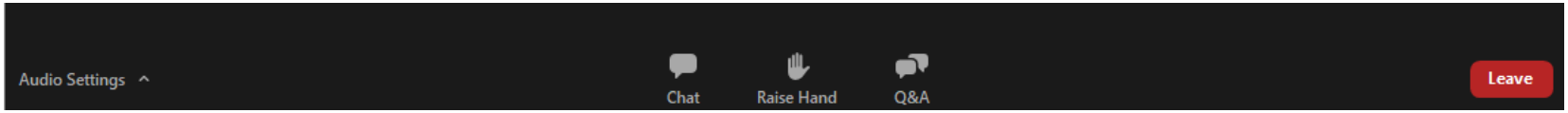
LeadingAge Virginia

Monthly Office Hours – Policy Enactment

July 13, 2023

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.

Logistics – Zoom Meeting



To ask a question, click on the **Q&A** icon.

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.

Your HQI Team

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Project Foundations

Project Funding Source

LeadingAge Virginia has received funding from the Centers for Disease Control and Prevention (CDC) through the Virginia Department of Health (VDH) to develop infection prevention and control policies for adult day centers in Virginia. LeadingAge Virginia and Health Quality Innovators (HQI) have partnered on this grant project.

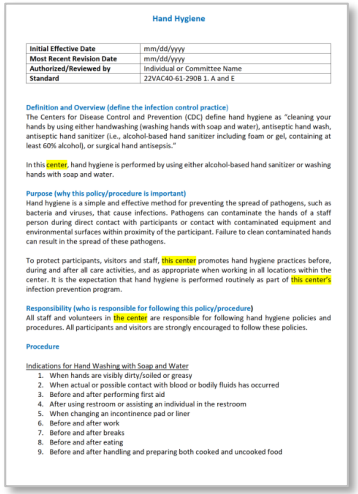
Goals of the Project

- Develop policies that reflect current best practices for infection prevention and control (IPC) in adult day centers (ADCs) and that are in accordance with state regulations/standards
- Provide policies that can be customized to meet the unique needs of all licensed ADCs in Virginia
- Support implementation of these policies

What Project Success Looks Like

- Consistent IPC policies
- Increased capacity to prevent/control infections
- Preparedness to respond quickly and appropriately to disease threats
- Decreased risk of ADC-acquired infections

Progress to Date – 8 Policy Templates Finalized



Hand Hygiene

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290B 1. A and E

Definition and Overview (define the infection control practice)
The Centers for Disease Control and Prevention (CDC) define hand hygiene as "cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand sanitizer (i.e., alcohol-based hand sanitizer including foam or gel, containing at least 60% alcohol), or surgical hand antisepsis."

In this center, hand hygiene is performed by using either alcohol-based hand sanitizer or washing hands with soap and water.

Purpose (why this policy/procedure is important)
Hand hygiene is a simple and effective method for preventing the spread of pathogens, such as bacteria and viruses, that cause infections. Pathogens can contaminate the hands of a staff person during direct contact with participants or contact with contaminated equipment and environmental surfaces within proximity of the participant. Failure to clean contaminated hands can result in the spread of these pathogens.

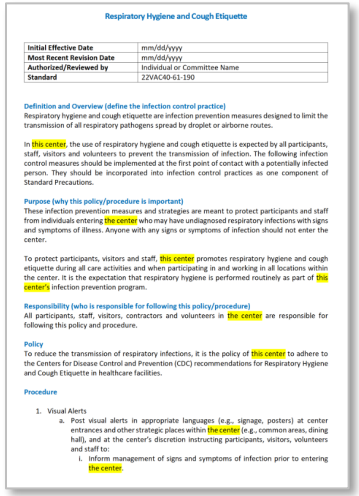
To protect participants, visitors and staff, this center promotes hand hygiene practices before, during and after all care activities, and as appropriate when working in all locations within the center. It is the expectation that hand hygiene is performed routinely as part of this center's infection prevention program.

Responsibility (who is responsible for following this policy/procedure)
All staff and volunteers in the center are responsible for following hand hygiene policies and procedures. All participants and visitors are strongly encouraged to follow these policies.

Procedure

Indications for Hand Washing with Soap and Water

1. When hands are visibly dirty/soiled or greasy
2. When actual or possible contact with blood or bodily fluids has occurred
3. Before and after performing first aid
4. After using restroom or assisting an individual in the restroom
5. When changing an incontinence pad or liner
6. Before and after work
7. Before and after breaks
8. Before and after eating
9. Before and after handling and preparing both cooked and uncooked food



Respiratory Hygiene and Cough Etiquette

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-190

Definition and Overview (define the infection control practice)
Respiratory hygiene and cough etiquette are infection prevention measures designed to limit the transmission of all respiratory pathogens spread by droplet or airborne routes.

In this center, the use of respiratory hygiene and cough etiquette is expected by all participants, staff, visitors and volunteers to prevent the transmission of infection. The following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

Purpose (why this policy/procedure is important)
These infection prevention measures and strategies are meant to protect participants and staff from individuals entering the center who may have undiagnosed respiratory infections with signs and symptoms of illness. Anyone with any signs or symptoms of infection should not enter the center.

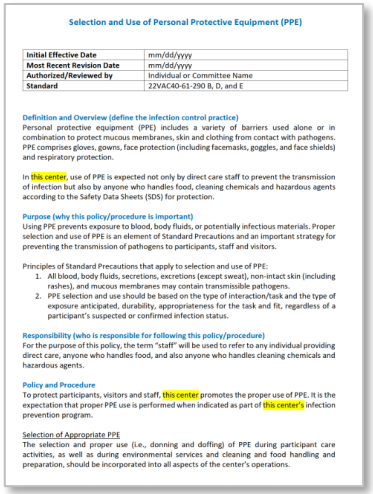
To protect participants, visitors and staff, this center promotes respiratory hygiene and cough etiquette during all care activities and when participating in and working in all locations within the center. It is the expectation that respiratory hygiene is performed routinely as part of this center's infection prevention program.

Responsibility (who is responsible for following this policy/procedure)
All participants, staff, visitors, contractors and volunteers in the center are responsible for following this policy and procedure.

Policy
To reduce the transmission of respiratory infections, it is the policy of this center to adhere to the Centers for Disease Control and Prevention (CDC) recommendations for Respiratory Hygiene and Cough Etiquette in healthcare facilities.

Procedure

1. Visual Alerts
   a. Post visual alerts in appropriate languages (e.g., signage, posters) at center entrances and other strategic places within the center (e.g., common areas, dining hall), and at the center's discretion instructing participants, visitors, volunteers and staff to:
      i. Inform management of signs and symptoms of infection prior to entering the center.



Selection and Use of Personal Protective Equipment (PPE)

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290 B, D, and E

Definition and Overview (define the infection control practice)
Personal protective equipment (PPE) includes a variety of barriers used alone or in combination to protect mucous membranes, skin and clothing from contact with pathogens. PPE comprises gloves, gowns, face protection (including facemasks, goggles, and face shields) and respiratory protection.

In this center, use of PPE is expected not only by direct care staff to prevent the transmission of infection but also by anyone who handles food, cleaning chemicals and hazardous agents according to the Safety Data Sheets (SDS) for protection.

Purpose (why this policy/procedure is important)
Using PPE prevents exposure to blood, body fluids, or potentially infectious materials. Proper selection and use of PPE is an element of Standard Precautions and an important strategy for preventing the transmission of pathogens to participants, staff and visitors.

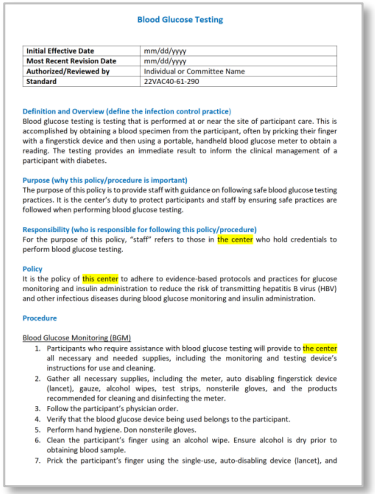
Principles of Standard Precautions that apply to selection and use of PPE:

1. All blood, body fluids, secretions, excretions (except sweat), non-intact skin (including rashes), and mucous membranes may contain transmissible pathogens.
2. PPE selection and use should be based on the type of interaction/task and the type of exposure anticipated, durability, appropriateness for the task and fit, regardless of a participant's suspected or confirmed infection status.

Responsibility (who is responsible for following this policy/procedure)
For the purpose of this policy, the term "staff" will be used to refer to any individual providing direct care, anyone who handles food, and also anyone who handles cleaning chemicals and hazardous agents.

Policy and Procedure
To protect participants, visitors and staff, this center promotes the proper use of PPE. It is the expectation that proper PPE use is performed when indicated as part of this center's infection prevention program.

Selection of Appropriate PPE
The selection and proper use (i.e., donning and doffing) of PPE during participant care activities, as well as during environmental services and cleaning and food handling and preparation, should be incorporated into all aspects of the center's operations.



Blood Glucose Testing

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290

Definition and Overview (define the infection control practice)
Blood glucose testing is testing that is performed at or near the site of participant care. This is accomplished by obtaining a blood specimen from the participant, often by pricking their finger with a fingerstick device and then using a portable, handheld blood glucose meter to obtain a reading. The testing provides an immediate result to inform the clinical management of a participant with diabetes.

Purpose (why this policy/procedure is important)
The purpose of this policy is to provide staff with guidance on following safe blood glucose testing practices. It is the center's duty to protect participants and staff by ensuring safe practices are followed when performing blood glucose testing.

Responsibility (who is responsible for following this policy/procedure)
For the purpose of this policy, "staff" refers to those in the center who hold credentials to perform blood glucose testing.

Policy
It is the policy of this center to adhere to evidence-based protocols and practices for glucose monitoring and insulin administration to reduce the risk of transmitting hepatitis B virus (HBV) and other infectious diseases during blood glucose monitoring and insulin administration.

Procedure

Blood Glucose Monitoring (BGM)

1. Participants who require assistance with blood glucose testing will provide to the center all necessary and needed supplies, including the monitoring and testing device's instructions for use and cleaning.
2. Gather all necessary supplies, including the meter, auto disabling fingerstick device (lancet), gauze, alcohol wipes, test strips, nonsterile gloves, and the products recommended for cleaning and disinfecting the meter.
3. Follow the participant's physician order.
4. Verify that the blood glucose device being used belongs to the participant.
5. Perform hand hygiene. Don nonsterile gloves.
6. Clean the participant's finger using an alcohol wipe. Ensure alcohol is dry prior to obtaining blood sample.
7. Prick the participant's finger using the single-use, auto-disabling device (lancet), and

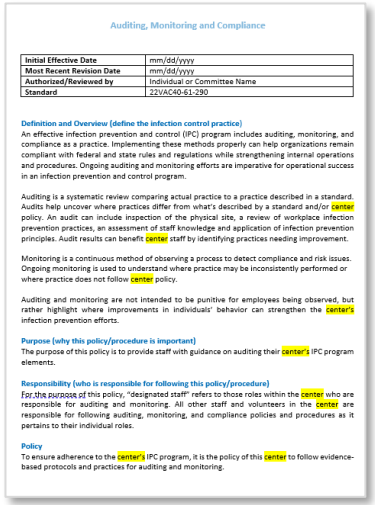
Hand Hygiene

Respiratory Hygiene and Cough Etiquette

Selection and Use of Personal Protective Equipment (PPE)

Blood Glucose Testing

Progress to Date – 8 Policy Templates Finalized



Auditing, Monitoring and Compliance

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290

Definition and Overview (define the infection control practice)
An effective infection prevention and control (IPC) program includes auditing, monitoring, and compliance as a practice. Implementing these methods properly can help organizations remain compliant with federal and state rules and regulations while strengthening internal operations and procedures. Ongoing auditing and monitoring efforts are imperative for operational success in an infection prevention and control program.

Auditing is a systematic review comparing actual practice to a practice described in a standard. Audits help uncover where practices differ from what's described by a standard and/or center policy. An audit can include inspection of the physical site, a review of workplace infection prevention practices, an assessment of staff knowledge and application of infection prevention principles. Audit results can benefit center staff by identifying practices needing improvement.

Monitoring is a continuous method of observing a process to detect compliance and risk issues. Ongoing monitoring is used to understand where practice may be inconsistently performed or where practice does not follow center policy.

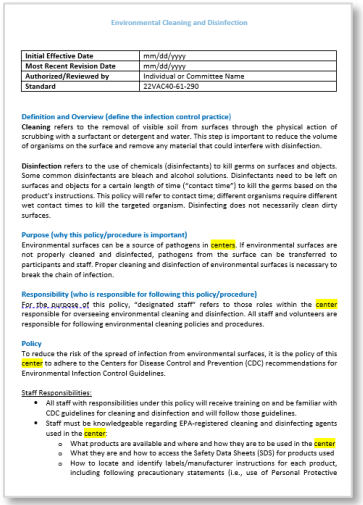
Auditing and monitoring are not intended to be punitive for employees being observed, but rather highlight where improvements in individuals' behavior can strengthen the center's infection prevention efforts.

Purpose (why this policy/procedure is important)
The purpose of this policy is to provide staff with guidance on auditing their center's IPC program elements.

Responsibility (who is responsible for following this policy/procedure)
For the purpose of this policy, "designated staff" refers to those roles within the center who are responsible for auditing and monitoring. All other staff and volunteers in the center are responsible for following auditing, monitoring, and compliance policies and procedures as it pertains to their individual roles.

Policy
To ensure adherence to the center's IPC program, it is the policy of this center to follow evidence-based protocols and practices for auditing and monitoring.

[Auditing, Monitoring and Compliance]



Environmental Cleaning and Disinfection

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290

Definition and Overview (define the infection control practice)
Cleaning refers to the removal of visible soil from surfaces through the physical action of scrubbing with a surfactant or detergent and water. This step is important to reduce the volume of organisms on the surface and remove any material that could interfere with disinfection.

Disinfection refers to the use of chemicals (disinfectants) to kill germs on surfaces and objects. Some common disinfectants are bleach and alcohol solutions. Disinfectants need to be left on surfaces and objects for a certain length of time ("contact time") to kill the germs based on the product's instructions. This policy will refer to contact time; different organisms require different wet contact times to kill the targeted organism. Disinfecting does not necessarily clean dirty surfaces.

Purpose (why this policy/procedure is important)
Environmental surfaces can be a source of pathogens in centers. If environmental surfaces are not properly cleaned and disinfected, pathogens from the surface can be transferred to participants and staff. Proper cleaning and disinfection of environmental surfaces is necessary to break the chain of infection.

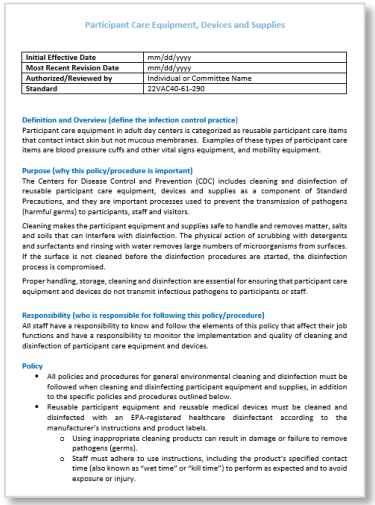
Responsibility (who is responsible for following this policy/procedure)
For the purpose of this policy, "designated staff" refers to those roles within the center responsible for overseeing environmental cleaning and disinfection. All staff and volunteers are responsible for following environmental cleaning policies and procedures.

Policy
To reduce the risk of the spread of infection from environmental surfaces, it is the policy of this center to adhere to the Centers for Disease Control and Prevention (CDC) recommendations for Environmental Infection Control Guidelines.

Staff Responsibilities:

- All staff with responsibilities under this policy will receive training on and be familiar with CDC guidelines for cleaning and disinfection and will follow those guidelines.
- Staff must be knowledgeable regarding EPA-registered cleaning and disinfecting agents used in the center.
  - What products are available and where and how they are to be used in the center
  - What they are and how to access the Safety Data Sheets (SDS) for products used
  - How to locate and identify labels/manufacturer instructions for each product, including following precautionary statements (i.e., use of Personal Protective

[Environmental Cleaning and Disinfection]



Participant Care Equipment, Devices and Supplies

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290

Definition and Overview (define the infection control practice)
Participant care equipment in adult day centers is categorized as reusable participant care items that contact intact skin but not mucous membranes. Examples of these types of participant care items are blood pressure cuffs and other vital signs equipment, and mobility equipment.

Purpose (why this policy/procedure is important)
The Centers for Disease Control and Prevention (CDC) includes cleaning and disinfection of reusable participant care equipment, devices and supplies as a component of Standard Precautions, and they are important processes used to prevent the transmission of pathogens (harmful germs) to participants, staff and visitors.

Cleaning makes the participant equipment and supplies safe to handle and removes matter, salts and soils that can interfere with disinfection. The physical action of scrubbing with detergents and surfactants and rinsing with water removes large numbers of microorganisms from surfaces. If the surface is not cleaned before the disinfection procedures are started, the disinfection process is compromised.

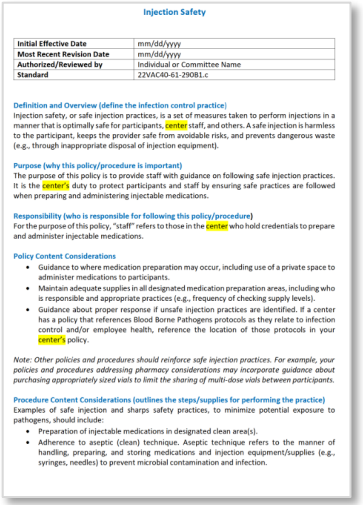
Proper handling, storage, cleaning and disinfection are essential for ensuring that participant care equipment and devices do not transmit infectious pathogens to participants or staff.

Responsibility (who is responsible for following this policy/procedure)
All staff have a responsibility to know and follow the elements of this policy that affect their job functions and have a responsibility to monitor the implementation and quality of cleaning and disinfection of participant care equipment and devices.

Policy

- All policies and procedures for general environmental cleaning and disinfection must be followed when cleaning and disinfecting participant equipment and supplies, in addition to the specific policies and procedures outlined below.
- Reusable participant equipment and reusable medical devices must be cleaned and disinfected with an EPA-registered healthcare disinfectant according to the manufacturer's instructions and product labels.
  - Using inappropriate cleaning products can result in damage or failure to remove pathogens (germs).
  - Staff must adhere to use instructions, including the product's specified contact time (also known as "wet time" or "kill time") to perform as expected and to avoid exposure or injury.

[Participant Care Equipment, Devices and Supplies]



Injection Safety

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290B1.c

Definition and Overview (define the infection control practice)
Injection safety, or safe injection practices, is a set of measures taken to perform injections in a manner that is optimally safe for participants, center staff, and others. A safe injection is harmless to the participant, keeps the provider safe from avoidable risks, and prevents dangerous waste (e.g., through inappropriate disposal of injection equipment).

Purpose (why this policy/procedure is important)
The purpose of this policy is to provide staff with guidance on following safe injection practices. It is the center's duty to protect participants and staff by ensuring safe practices are followed when preparing and administering injectable medications.

Responsibility (who is responsible for following this policy/procedure)
For the purpose of this policy, "staff" refers to those in the center who hold credentials to prepare and administer injectable medications.

Policy Content Considerations

- Guidance to where medication preparation may occur, including use of a private space to administer medications to participants.
- Maintain adequate supplies in all designated medication preparation areas, including who is responsible and appropriate practices (e.g., frequency of checking supply levels).
- Guidance about proper response if unsafe injection practices are identified. If a center has a policy that references Blood Borne Pathogens protocols as they relate to infection control and/or employee health, reference the location of those protocols in your center's policy.

Note: Other policies and procedures should reinforce safe injection practices. For example, your policies and procedures addressing pharmacy considerations may incorporate guidance about purchasing appropriately sized vials to limit the sharing of multi-dose vials between participants.

Procedure Content Considerations (outlines the steps/supplies for performing the practice)
Examples of safe injection and sharps safety practices, to minimize potential exposure to pathogens, should include:

- Preparation of injectable medications in designated clean area(s).
- Adherence to aseptic (clean) technique. Aseptic technique refers to the manner of handling, preparing, and storing medications and injection equipment/supplies (e.g., syringes, needles) to prevent microbial contamination and infection.

[Injection Safety]

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HQI HEALTH QUALITY INNOVATORS

Summary from June Office Hours

Strategy and Policy Development

What is strategy and policy development?

- Planning how to develop, draft and prepare for policy implementation
- Helps make the policy "actionable"
- Supports a culture of compliance

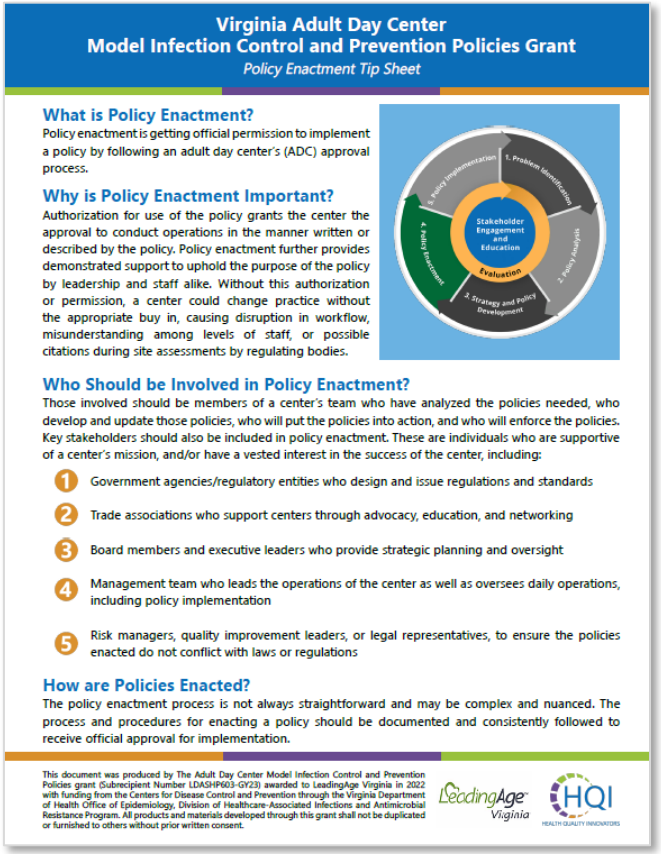
Access the June Office Hours Slides and Recording

Polling Question

Who is involved in the policy approval process at your adult day center?

1. Board members and executive leadership
2. Management team after review with staff members
3. Whomever writes or revises the policy
4. All the above

Policy Enactment: Why Is It Important?



Virginia Adult Day Center
Model Infection Control and Prevention Policies Grant
Policy Enactment Tip Sheet

What is Policy Enactment?

Policy enactment is getting official permission to implement a policy by following an adult day center's (ADC) approval process.

Why is Policy Enactment Important?

Authorization for use of the policy grants the center the approval to conduct operations in the manner written or described by the policy. Policy enactment further provides demonstrated support to uphold the purpose of the policy by leadership and staff alike. Without this authorization or permission, a center could change practice without the appropriate buy in, causing disruption in workflow, misunderstanding among levels of staff, or possible citations during site assessments by regulating bodies.

Who Should be Involved in Policy Enactment?

Those involved should be members of a center's team who have analyzed the policies needed, who develop and update those policies, who will put the policies into action, and who will enforce the policies. Key stakeholders should also be included in policy enactment. These are individuals who are supportive of a center's mission, and/or have a vested interest in the success of the center, including:

1. Government agencies/regulatory entities who design and issue regulations and standards
2. Trade associations who support centers through advocacy, education, and networking
3. Board members and executive leaders who provide strategic planning and oversight
4. Management team who leads the operations of the center as well as oversees daily operations, including policy implementation
5. Risk managers, quality improvement leaders, or legal representatives, to ensure the policies enacted do not conflict with laws or regulations

How are Policies Enacted?

The policy enactment process is not always straightforward and may be complex and nuanced. The process and procedures for enacting a policy should be documented and consistently followed to receive official approval for implementation.

This document was produced by The Adult Day Center Model Infection Control and Prevention Policies grant (Subrecipient Number LDASHP603-GY23) awarded to LeadingAge Virginia in 2022 with funding from the Centers for Disease Control and Prevention through the Virginia Department of Health Office of Epidemiology, Division of Healthcare-Associated Infections and Antimicrobial Resistance Program.

[Policy Enactment Tip Sheet]

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HQI HEALTH QUALITY INNOVATORS

Policy Enactment: How is it Done?

To Do:

- [x] Review the regulation the policy attempts to address, ensuring it does not conflict with the regulation. Have a regulatory expert review the document.
- [x] Include stakeholders in the process who are both supportive of the policy as well as those who may voice concerns or counterpoints for consideration.
- [x] Send a draft to staff and identified stakeholders for review, including the Board if applicable, providing ample turnaround time. Policy enactment can be a slow process that could require several attempts, which may result in repetition.
- [x] Allow for feedback.
- [x] Policy enactment is complete when the policy has been authorized for use.
- [x] Remember to include documentation (date, committee approved by) that the policy has been approved or authorized.

Policy Enactment: Key Points

The policy approval committee should be asking:

- Does the policy clearly state the goals or objectives?
- Are the evidence-based components of the policy clearly articulated?
- Are the components of the policy consistent with those of model policies?
- Are the requirements for implementation clearly stated in the policy?
- Are the requirements feasible given available resources?
- Does the policy articulate the mechanism for monitoring implementation?
- Does the policy identify indicators for assessing program success?
- What type of resistance or opposition exists?
- Were any key changes originally proposed to the policy's content?
- How is the content of the policy similar to or different from that of other policies?

Policy Enactment: Benefits

- Creates a framework/structure for action and continual improvement
- Provides clear guidelines and expectations
- Ensures compliance with regulatory standards
- Anticipates problems and mitigates risks
- Provides a structure for working through an incident or problem
- Promotes equity, consistency and uniformity

Policy Enactment: Challenges and Solutions

Challenges

- Lack of coordination
- Poor communication
- Inaccurate information
- Failure to anticipate problems
- Failure to achieve objectives
- Unanticipated costs
- Staff pushback

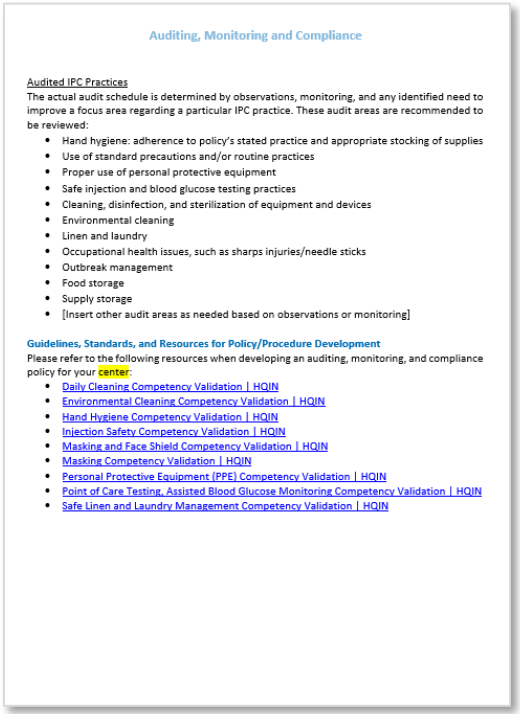
Solutions

- Strategy meetings
- Routinely scheduled meetings
- Fact check information
- Trial rollouts to beta test
- Staff competency testing
- Phased roll-out
- Staff education and involvement in all steps of the process

Policy Enactment: Tips

- Make sure your policies and procedures are well-formulated. Start with a critical review. Make sure polices align across regulatory bodies.
- Gather feedback from several sources to prevent possible surprises.
- Plan for compliance and roll out.
- Plan for any actions/processes within the policies that will affect budget and plan accordingly
- Communicate with purpose.
- Retain documentation of staff education regarding the policy.
- Test for complete understanding.
- Evaluate for success and areas of improvement.
- Review polices annually and update as needed.

Auditing, Monitoring and Compliance



Auditing, Monitoring and Compliance

Audited IPC Practices

The actual audit schedule is determined by observations, monitoring, and any identified need to improve a focus area regarding a particular IPC practice. These audit areas are recommended to be reviewed:

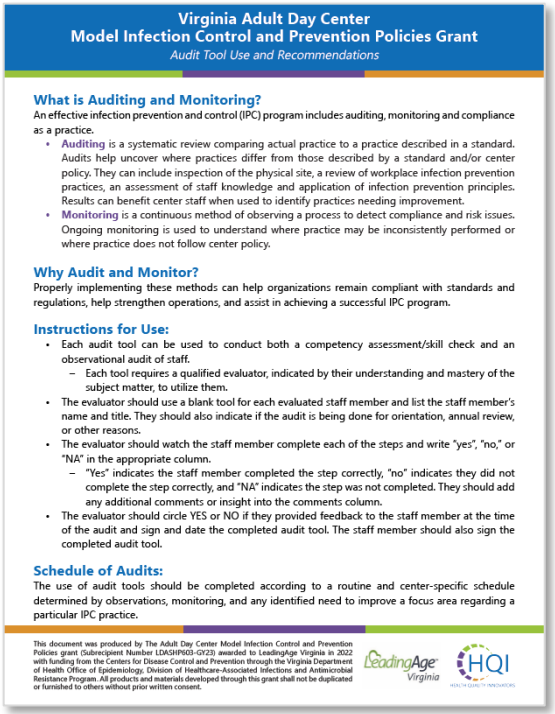
- Hand hygiene: adherence to policy's stated practice and appropriate stocking of supplies
- Use of standard precautions and/or routine practices
- Proper use of personal protective equipment
- Safe injection and blood glucose testing practices
- Cleaning, disinfection, and sterilization of equipment and devices
- Environmental cleaning
- Linen and laundry
- Occupational health issues, such as sharps injuries/needle sticks
- Outbreak management
- Food storage
- Supply storage
- [Insert other audit areas as needed based on observations or monitoring]

Guidelines, Standards, and Resources for Policy/Procedure Development

Please refer to the following resources when developing an auditing, monitoring, and compliance policy for your center:

- Daily Cleaning Competency Validation | HQIN
- Environmental Cleaning Competency Validation | HQIN
- Hand Hygiene Competency Validation | HQIN
- Injection Safety Competency Validation | HQIN
- Masking and Face Shield Competency Validation | HQIN
- Masking Competency Validation | HQIN
- Personal Protective Equipment (PPE) Competency Validation | HQIN
- Point of Care Testing, Assisted Blood Glucose Monitoring Competency Validation | HQIN
- Safe Linen and Laundry Management Competency Validation | HQIN

Auditing, Monitoring, and Compliance



Virginia Adult Day Center
Model Infection Control and Prevention Policies Grant
Audit Tool Use and Recommendations

What is Auditing and Monitoring?

An effective infection prevention and control (IPC) program includes auditing, monitoring and compliance as a practice.

- **Auditing** is a systematic review comparing actual practice to a practice described in a standard. Audits help uncover where practices differ from those described by a standard and/or center policy. They can include inspection of the physical site, a review of workplace infection prevention practices, an assessment of staff knowledge and application of infection prevention principles. Results can benefit center staff when used to identify practices needing improvement.
- **Monitoring** is a continuous method of observing a process to detect compliance and risk issues. Ongoing monitoring is used to understand where practice may be inconsistently performed or where practice does not follow center policy.

Why Audit and Monitor?

Properly implementing these methods can help organizations remain compliant with standards and regulations, help strengthen operations, and assist in achieving a successful IPC program.

Instructions for Use:

- Each audit tool can be used to conduct both a competency assessment/skill check and an observational audit of staff.
  - Each tool requires a qualified evaluator, indicated by their understanding and mastery of the subject matter, to utilize them.
- The evaluator should use a blank tool for each evaluated staff member and list the staff member's name and title. They should also indicate if the audit is being done for orientation, annual review, or other reasons.
- The evaluator should watch the staff member complete each of the steps and write "yes", "no," or "NA" in the appropriate column.
  - "Yes" indicates the staff member completed the step correctly, "no" indicates they did not complete the step correctly, and "NA" indicates the step was not completed. They should add any additional comments or insight into the comments column.
- The evaluator should circle YES or NO if they provided feedback to the staff member at the time of the audit and sign and date the completed audit tool. The staff member should also sign the completed audit tool.

Schedule of Audits:

The use of audit tools should be completed according to a routine and center-specific schedule determined by observations, monitoring, and any identified need to improve a focus area regarding a particular IPC practice.

This document was produced by The Adult Day Center Model Infection Control and Prevention Policies grant (Subrecipient Number LDASHP603-GY23) awarded to LeadingAge Virginia in 2022 with funding from the Centers for Disease Control and Prevention through the Virginia Department of Health Office of Epidemiology, Division of Healthcare-Associated Infections and Antimicrobial Resistance Program. All products and materials developed through this grant shall not be duplicated or furnished to others without prior written consent.

Tips for Using Audit Tools

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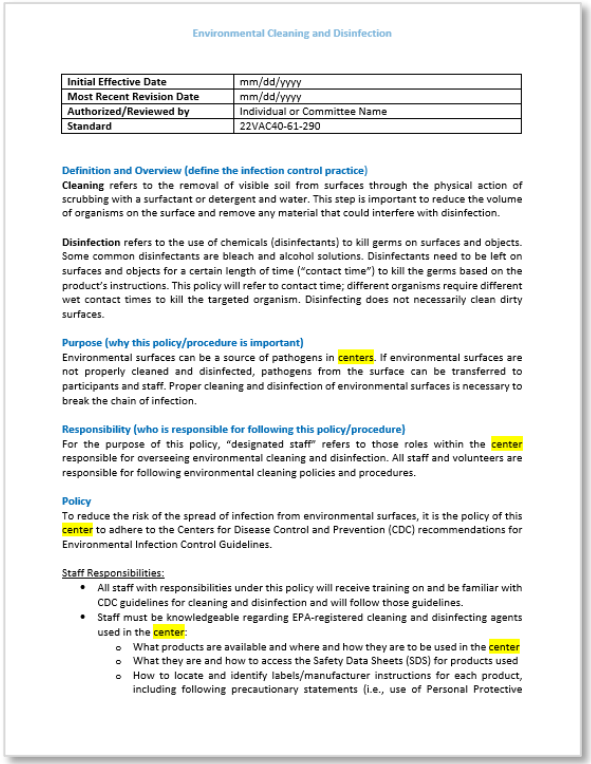
HQI HEALTH QUALITY INNOVATORS

Environmental Cleaning



Environmental Cleaning and Disinfection

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290

Definition and Overview (define the infection control practice)

Cleaning refers to the removal of visible soil from surfaces through the physical action of scrubbing with a surfactant or detergent and water. This step is important to reduce the volume of organisms on the surface and remove any material that could interfere with disinfection.

Disinfection refers to the use of chemicals (disinfectants) to kill germs on surfaces and objects. Some common disinfectants are bleach and alcohol solutions. Disinfectants need to be left on surfaces and objects for a certain length of time ("contact time") to kill the germs based on the product's instructions. This policy will refer to contact time; different organisms require different wet contact times to kill the targeted organism. Disinfecting does not necessarily clean dirty surfaces.

Purpose (why this policy/procedure is important)

Environmental surfaces can be a source of pathogens in centers. If environmental surfaces are not properly cleaned and disinfected, pathogens from the surface can be transferred to participants and staff. Proper cleaning and disinfection of environmental surfaces is necessary to break the chain of infection.

Responsibility (who is responsible for following this policy/procedure)

For the purpose of this policy, "designated staff" refers to those roles within the center responsible for overseeing environmental cleaning and disinfection. All staff and volunteers are responsible for following environmental cleaning policies and procedures.

Policy

To reduce the risk of the spread of infection from environmental surfaces, it is the policy of this center to adhere to the Centers for Disease Control and Prevention (CDC) recommendations for Environmental Infection Control Guidelines.

Staff Responsibilities:

- All staff with responsibilities under this policy will receive training on and be familiar with CDC guidelines for cleaning and disinfection and will follow those guidelines.
- Staff must be knowledgeable regarding EPA-registered cleaning and disinfecting agents used in the center:
  - What products are available and where and how they are to be used in the center
  - What they are and how to access the Safety Data Sheets (SDS) for products used
  - How to locate and identify labels/manufacturer instructions for each product, including following precautionary statements (i.e., use of Personal Protective Equipment (PPE))
  - Identify the selection and proper use of appropriate PPE required to protect the skin, eyes, and mouth during routine handling of cleaners and disinfectants
  - Proper use according to manufacturer instructions and product labels (appropriate applications, germs killed, dilution, application and use, and contact time)
    - How to Read a Disinfectant Label | CDC

Cleaning and Disinfecting Schedule:

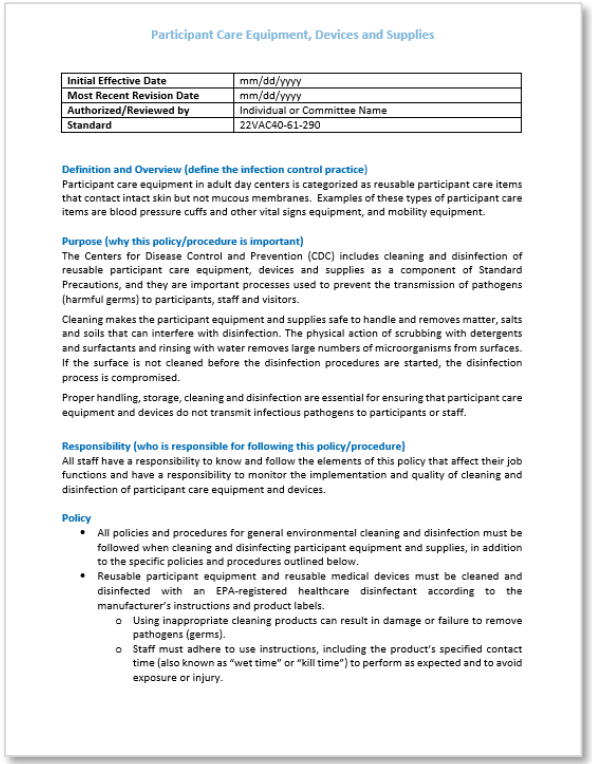
- A cleaning schedule has been developed by this center to provide ease of use and understanding by all staff responsible for components of center cleaning and disinfection. The established schedule is made available in a format that allows it to be cleaned (i.e., laminated) and the location of the schedule is made known to all staff. The center provides education for staff related to any changes in cleaning and disinfection, including changes in the established schedule.
- The center's schedule establishes the frequency of cleaning and disinfection of environmental surfaces in different areas within the center. The schedule also specifies scenarios that may occur (e.g., immediately if surfaces are visibly soiled; daily for high-touch surfaces; immediately upon departure of a known sick individual under isolation). The schedule establishes and defines routine cleaning, high-touch surfaces (handrails or switches) and low-touch surfaces (walls), and reinforces that high-touch surfaces require more frequent cleaning than low-touch surfaces.
- When an emergency cleaning outside of scheduled cleanings is needed (i.e., someone has an incontinence accident or becomes sick while at the center), designated staff are notified of the needed cleaning. Any type of spills, including body fluid spills or other contaminations, shall be cleaned immediately. Cleaning spills or potential contaminants is important to prevent participants from experiencing any negative outcome.
- When establishing a cleaning schedule, any areas being utilized for isolation of ill participants or staff members should be cleaned *after* all cleaning for non-isolation areas has been completed.
- All caddies, carts, trolleys, buckets, and containers used for cleaning must be thoroughly cleaned after each use prior to storing in the designated storage area.

General Practices Regarding Cleaning and Disinfection:

- All cleaning supplies and solutions must never be left unattended and must be secured (locked) when not in use.
- Personal items, including food and drink, must never be stored with cleaning supplies.
- Staff must select and use proper PPE for preparation and use of cleaning and disinfecting agents according to Standard Precautions for the task and according to manufacturer's instructions for each agent used.
- All PPE needed for cleaning and disinfecting agent preparation and use shall be readily accessible to staff, stored appropriately, and well-stocked.
  - List location(s) where PPE is available

Environmental Cleaning and Disinfection

Participant Care Equipment, Devices and Supplies



Participant Care Equipment, Devices and Supplies

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-290

Definition and Overview (define the infection control practice)
Participant care equipment in adult day centers is categorized as reusable participant care items that contact intact skin but not mucous membranes. Examples of these types of participant care items are blood pressure cuffs and other vital signs equipment, and mobility equipment.

Purpose (why this policy/procedure is important)
The Centers for Disease Control and Prevention (CDC) includes cleaning and disinfection of reusable participant care equipment, devices and supplies as a component of Standard Precautions, and they are important processes used to prevent the transmission of pathogens (harmful germs) to participants, staff and visitors.

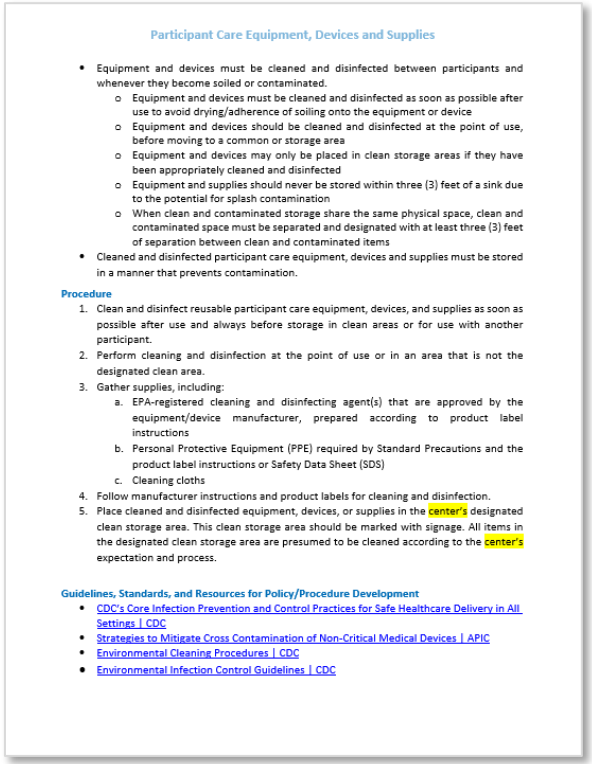
Cleaning makes the participant equipment and supplies safe to handle and removes matter, salts and soils that can interfere with disinfection. The physical action of scrubbing with detergents and surfactants and rinsing with water removes large numbers of microorganisms from surfaces. If the surface is not cleaned before the disinfection procedures are started, the disinfection process is compromised.

Proper handling, storage, cleaning and disinfection are essential for ensuring that participant care equipment and devices do not transmit infectious pathogens to participants or staff.

Responsibility (who is responsible for following this policy/procedure)
All staff have a responsibility to know and follow the elements of this policy that affect their job functions and have a responsibility to monitor the implementation and quality of cleaning and disinfection of participant care equipment and devices.

Policy

- All policies and procedures for general environmental cleaning and disinfection must be followed when cleaning and disinfecting participant equipment and supplies, in addition to the specific policies and procedures outlined below.
- Reusable participant equipment and reusable medical devices must be cleaned and disinfected with an EPA-registered healthcare disinfectant according to the manufacturer's instructions and product labels.
    - Using inappropriate cleaning products can result in damage or failure to remove pathogens (germs).
    - Staff must adhere to use instructions, including the product's specified contact time (also known as "wet time" or "kill time") to perform as expected and to avoid exposure or injury.



Participant Care Equipment, Devices and Supplies

- Equipment and devices must be cleaned and disinfected between participants and whenever they become soiled or contaminated.
    - Equipment and devices must be cleaned and disinfected as soon as possible after use to avoid drying/adherence of soiling onto the equipment or device
    - Equipment and devices should be cleaned and disinfected at the point of use, before moving to a common or storage area
    - Equipment and devices may only be placed in clean storage areas if they have been appropriately cleaned and disinfected
    - Equipment and supplies should never be stored within three (3) feet of a sink due to the potential for splash contamination
    - When clean and contaminated storage share the same physical space, clean and contaminated space must be separated and designated with at least three (3) feet of separation between clean and contaminated items
- Cleaned and disinfected participant care equipment, devices and supplies must be stored in a manner that prevents contamination.

Procedure

1. Clean and disinfect reusable participant care equipment, devices, and supplies as soon as possible after use and always before storage in clean areas or for use with another participant.
2. Perform cleaning and disinfection at the point of use or in an area that is not the designated clean area.
3. Gather supplies, including:
    a. EPA-registered cleaning and disinfecting agent(s) that are approved by the equipment/device manufacturer, prepared according to product label instructions
    b. Personal Protective Equipment (PPE) required by Standard Precautions and the product label instructions or Safety Data Sheet (SDS)
    c. Cleaning cloths
4. Follow manufacturer instructions and product labels for cleaning and disinfection.
5. Place cleaned and disinfected equipment, devices, or supplies in the center's designated clean storage area. This clean storage area should be marked with signage. All items in the designated clean storage area are presumed to be cleaned according to the center's expectation and process.

Guidelines, Standards, and Resources for Policy/Procedure Development

- CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | CDC
- Strategies to Mitigate Cross Contamination of Non-Critical Medical Devices | APIC
- Environmental Cleaning Procedures | CDC
- Environmental Infection Control Guidelines | CDC

Participant Care Equipment, Devices and Supplies

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Where Do You Start?

1. Prepare developed policies for review and approval
2. Review policy enactment process and verify you have the right individuals involved, including key stakeholders and staff
3. Allow for feedback and revisions to policies
4. Obtain approval
5. Participate in the next Office Hours webinar to learn how to implement your policy

Polling Question

What is your next step based on the information shared today?

1. Work with leadership to develop a policy enactment process
2. Review our policy enactment process, ensuring we include key stakeholders and are following our process
3. Include staff representatives and have them complete trial policy rollouts to test a policy and anticipate problems before they occur
4. Other (type your step in the chat)

Next Session

Policy Implementation

Thursday, August 10, 2023
2:00 p.m. EST

Register Today

LeadingAge Virginia

HQI
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