Overview of the Current State of Infection Prevention & Control in Adult Day Centers

March 15, 2023

Logistics – Zoom Webinar

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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Consultant

Special Guest

Briony Raymond, RN, MPH, CIC, PMP
Infection Prevention Consultant

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 control and prevention (IPC) in adult day centers (ADCs) and that are in accordance with state regulations/standards
- Provide policies that can be easily adapted throughout 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

Steps to Success

- Review and synthesis of existing information
  - Summarize current ADC infection prevention needs and policies
  - Conduct environmental scan and literature review
  - Review of Adult Day Center Infection Prevention Assessment feedback
- Policy development
  - Establish policy development workgroup
  - Provide draft policies for review and create final policies
- Implementation support
  - Provide resources for policy implementation and sustainment
  - Provide opportunities for peer-to-peer learning

What Exists Currently?

- Purpose of the comprehensive literature review and environmental scan:
    - Identify existing resources available
    - Root the project in evidence-based research
    - Determine which policies will need to be developed
- How the review/scan was completed:
    - Internet search engine query, articles, peer-review journals, phone calls, etc.
- Findings from the review/scan:
    - IPC data is limited to nursing homes, assisted living facilities and hospitals
    - ADC data is limited and primarily focuses on COVID-19
    - A robust and model set of policies specific to ADCs does not yet exist!

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INFECTION PREVENTION BEST PRACTICES

For ADULT DAY CARE CENTERS

VDSS Mission

To design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being.

This training is possible as a result of the Virginia Long-Term Care Infrastructure and Pilot Program (VLIPP) grant awarded to VDSS from Virginia Department of Health (VDH) through funding from the Center for Disease Control and Prevention (CDC).

OVERVIEW

INFECTION PREVENTION PRACTICES

WHY

HOW

AUDITING & MONITORING

DISINFECTING AGENTS

SIGNAGE

OVERVIEW

Frequently Missed Infection Control Best Practices in ADCC settings

WHY?

Infection Control Impact

HOW?

Implementation Strategies

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OVERVIEW - Frequently Missed Infection Control Best Practices in ADCC settings

Auditing and providing feedback to staff regarding infection prevention behaviors

Auditing and providing feedback to staff regarding proper implementation of cleaning and disinfection practices

Providing staff education regarding knowledge and use of cleaning and disinfecting agents

Strategic use of signage and visual reminders to educate and promote improved infection prevention behaviors and best practices

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OVERVIEW - Frequently Missed Infection Control Best Practices in ADCC settings

» **Why: Infection Control Impact**

» **How: Implementation Strategies**

OVERVIEW

INFECTION PREVENTION PRACTICES

WHY

HOW

AUDITING & MONITORING

DISINFECTING AGENTS

SIGNAGE

Routine audits of staff adherence to infection control behaviors including hand hygiene
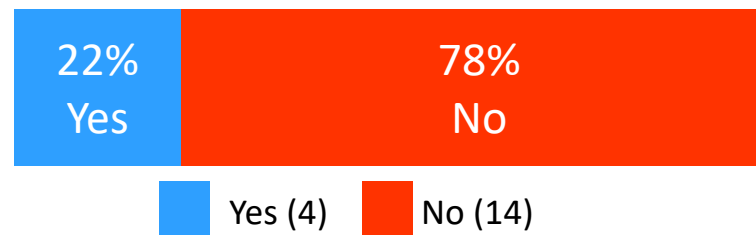
Audit:

Final aim of audit:

- Identification of **opportunities for improvement**
- Identification of **educational/training needs**, informing infection **program priorities**
- Providing insight into **behavior change** and **educational/training outcomes**

Inverse proportion:

- **Higher compliance** with infection prevention behaviors
- **Lower likelihood of transmission** of illness to both staff and residents

22% Yes	78% No

Yes (4)   No (14)

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Routine audits of staff adherence to infection control behaviors including hand hygiene

Conduct routine audits of infection prevention behaviors

Formal audit tools may be used, but in smaller settings may not be necessary

Document results of audits using audit tools, meeting notes or staff records as appropriate to your setting

Provide feedback to staff regarding audit observations or results

Provide ongoing training and education to staff when needed

Potential impact for operational safety and health of the provider's population

Opportunity for staff input on how to include hand hygiene practices into their daily routines

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OVERVIEW
INFECTION PREVENTION PRACTICES
WHY
HOW

**AUDITING &
MONITORING**
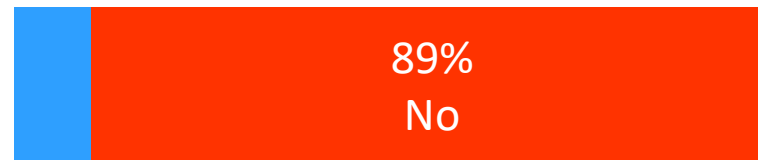
**DISINFECTING
AGENTS**

SIGNAGE

Routine audits and monitoring of the quality of environmental cleaning and disinfection

ROUTINE AUDITS ALLOW FOR:

Maintenance of **high levels of sanitation**

Identification of additional **education and training needs**

Increased **understanding of proper cleaning and disinfection procedures** and ownership of **staff roles** in safety

89%
No

Yes (2)   No (16)

Virginia Department of Social Services

Routine audits and monitoring of the quality of environmental cleaning and disinfection

Conduct routine audits of infection prevention behaviors

Formal audit tools may be used, but in smaller settings may not be necessary

Document results of audits using audit tools, meeting notes or staff records as appropriate to your setting

Provide feedback to staff regarding audit observations or results

Provide feedback regarding individual observations privately to the individual

Provide feedback regarding common or widespread issues to all staff

Provide ongoing training and education to staff when needed

Use audit observations to determine when additional education or training are needed

Use audit observations to determine whether training and education have been effective
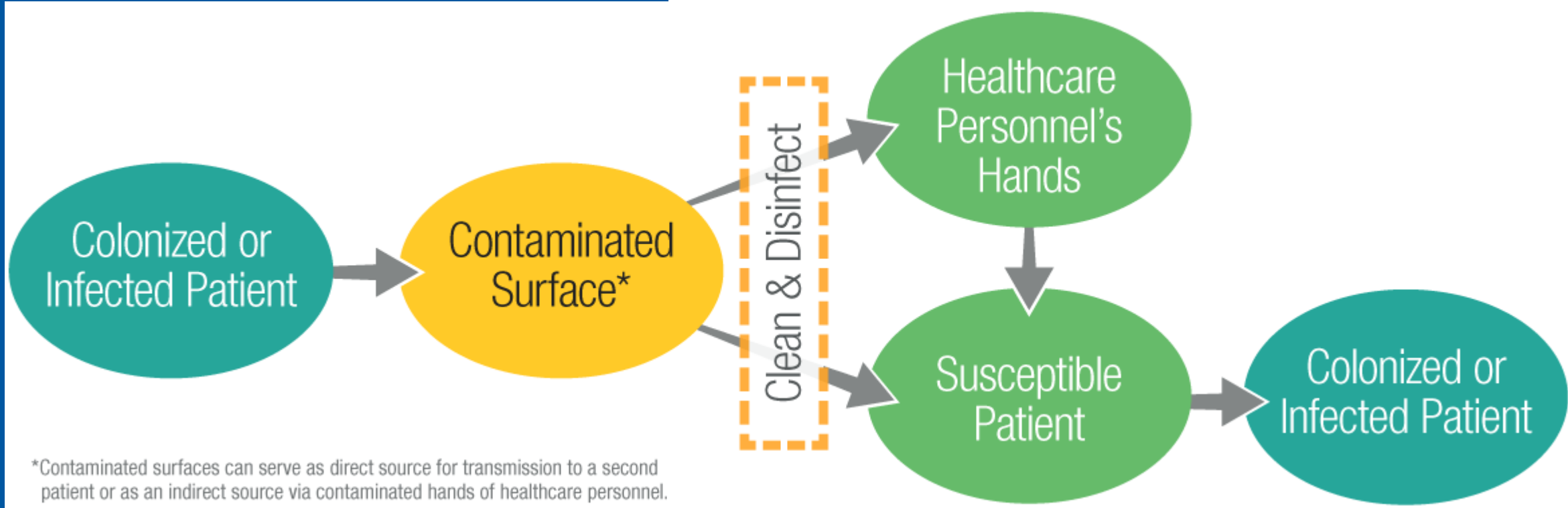
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https://www.cdc.gov/hai/prevent/environment/surfaces.html

Staff Knowledge of Cleaning and Disinfection Products and Contact Time

Provide education and ongoing training to staff that perform cleaning and disinfection tasks regarding the contact time for all disinfection products used

Include in training the importance of **contact time** as it impacts sanitation and ultimately, the health of staff and residents/participants

Consider writing the contact time using a marker on spray bottles where it will be clearly visible as a reminder

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Safe Handling of Cleaning and Disinfecting Agents

Safe handling of cleaning and disinfecting agents helps to prevent potential harm that can occur from exposure

Proper handling and use ensures that cleaning and disinfecting agents perform as expected

61% Yes	39% No

Yes (11)　No (7)

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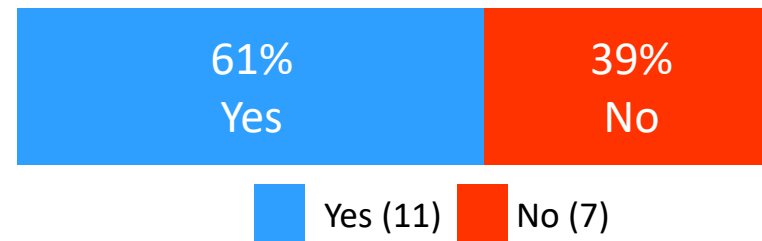
Safe Handling of Cleaning and Disinfecting Agents

Provide staff education and training regarding the need to don PPE (per manufacturer instructions) prior to preparing cleaning and disinfecting agents

Ensure that appropriate PPE is accessible where agents are prepared and used

Monitor staff compliance with the use of PPE for cleaning and disinfecting agent preparation and use

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OVERVIEW

INFECTION PREVENTION PRACTICES

WHY

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DISINFECTING AGENTS

SIGNAGE

Signage and Visual Reminders

BEFORE ENTERING PLEASE FOLLOW GUIDELINES

PLEASE HAVE A FACE COVERING

PLEASE WASH/ SANITIZE YOUR HANDS

PLEASE MAINTAIN PROPER SOCIAL DISTANCING

INFECTION PREVENTION IMPACT

Signage and Visual Reminders

Signs posted at all entrances and other key spots communicate the most current infection prevention instructions

Providing information that explains the benefits of masking, coughing, and the use of hand sanitizer can increase compliance with these measures and helps promote a healthy environment

Communicating locations with restrictions helps to keep the facility healthy

39% Yes	61% No

Yes (7)   No (11)

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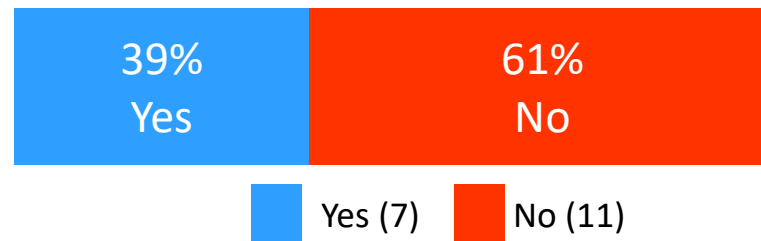
Signage and Visual Reminders

During peak respiratory illness periods, signs should be posted that remind staff, residents/participants and visitors to adhere to respiratory hygiene/cough etiquette

Post visual reminders when necessary to remind staff that common areas, nurses' areas and other staff spaces are PPE-free zones.

When transmission-based precautions (contact, droplet, airborne) are in use, signs are recommended that clearly indicate:

- Who may enter
- What PPE is necessary
- Proper order for donning (putting on) and doffing (removing) PPE to prevent accidental contamination
- Signs that are color-coded can help signify different levels of transmission-based precautions

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Signage and Visual Reminders

Post signs at the provider entrances and other highly frequented areas (e.g., lobby, reception, elevators, staff breakrooms, kitchen, EVS areas), with clear communication regarding **respiratory hygiene.**

Track the most current recommendations for respiratory hygiene and include in signage

Monitor compliance with desired behaviors to determine if posted signage is effective

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REVIEW

Frequently Missed Infection Control Best Practices in ADCC settings

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Strategic use of signage and visual reminders to educate and promote improved infection prevention behaviors and best practices

Status Updates

- Workgroup efforts
- Policies developed to date
- Ongoing policy development
- Monthly office hours – coming soon
- Implementation tip sheet – coming soon

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