



HEALTH QUALITY INNOVATORS

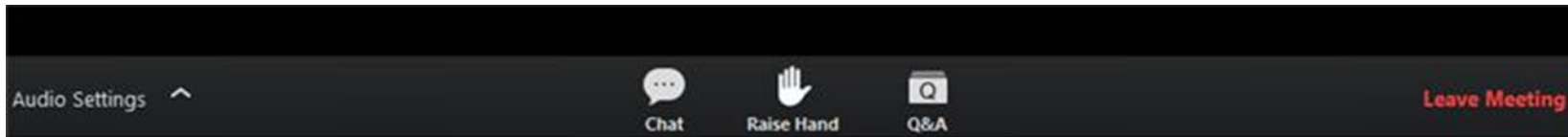


# Monthly Office Hours – Policy Analysis

May 11, 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 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

# Polling Question

**Have you ever completed a policy analysis at your center?**

1. Yes
2. No
3. What is that?
4. Who has time for that?



# Policy Analysis: Why is it Important?

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

### What is Policy Analysis?

Policy analysis is the process of reviewing and comparing several policy documents that could potentially improve or enhance an organization's practices. The intent is to define and select policy options that will be the most effective, efficient, and feasible.

### Why is Policy Analysis Important?

Conducting a policy analysis ensures you have completed the necessary assessment to choose the best policy option that fits the determined needs. Without a proper analysis, a selected policy could be impractical, costly, or not actually address the practices it was selected to improve. This could make it difficult to comply with the policy, sustain the new practice, and/or have no demonstrated effect on the problem.



### Policy Analysis:

Identify possible policy options and pick the one you think is best. Consider several before deciding.

[Policy Analysis | CDC](#)

### Who Should be Involved in Policy Analysis?

People who can provide and/or interpret information about the policy	People whose lives or jobs may be affected by the policy	People who administer resources related to the policy
<p>These individuals serve as subject matter experts, depending upon the specific topic. They can be staff members, community partners, or other stakeholders.</p> <ul style="list-style-type: none"> <li>For an Injection Safety Policy, a nurse may be a subject matter expert.</li> <li>For an Infection Prevention Program policy, the Virginia Department of Health Office of Epidemiology may be a subject matter expert.</li> </ul>	<p>These individuals can provide contextual knowledge, such as potential social, educational, and cultural perspectives.</p> <ul style="list-style-type: none"> <li>Staff</li> <li>Participants</li> <li>Visitors</li> <li>Volunteers</li> </ul>	<p>These individuals can help you understand the potential economic and/or budgetary impacts of the policy options being considered. They can also help you understand the legal landscape around the potential policies.</p> <ul style="list-style-type: none"> <li>Center Leadership</li> <li>Quality Improvement Representative</li> <li>Risk Manager</li> <li>Legal Department</li> <li>Trade Association(s)</li> </ul>

This document was produced by The Adult Day Center Model Infection Control and Prevention Policies grant (Subrecipient Number LDASHP03-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.

# Policy Analysis Checklist

Criteria	Element	Y	N	Comments
Framing Criteria	Determine how the policy will work/operate (e.g., mandatory, enforcement necessary, funding, person responsible for administering).	<input type="checkbox"/>	<input type="checkbox"/>	
	Determine the objectives of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	
	Determine the added value of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	
	Establish expected short, intermediate, and long-term outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	
	Identify the unintended positive and negative consequences of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	
Potential Impact on Risk Factors, Quality of Life, Morbidity and Mortality	Identify how the policy addresses the problem or issue (e.g., protects participants from pathogen exposure).	<input type="checkbox"/>	<input type="checkbox"/>	
	Determine the magnitude, reach, and distribution of benefit and burden (including impact on risk factors, quality of life, morbidity and mortality).			
	Determine the population(s) that will benefit: How much? When?	<input type="checkbox"/>	<input type="checkbox"/>	
	Determine the population(s) that will be negatively impacted: How much? When?			
	Determine if the policy impacts health disparities/health equity.	<input type="checkbox"/>	<input type="checkbox"/>	
	Identify gaps in the data/evidence base.	<input type="checkbox"/>	<input type="checkbox"/>	

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



Criteria	Element	Y	N	Comments
Likelihood that the Policy can be Successfully Adopted and Implemented	Determine the resource, capacity, and technical needs for developing, enacting, and implementing the policy.	<input type="checkbox"/>	<input type="checkbox"/>	
	Determine how much time is needed for the policy to be enacted, implemented, and enforced.	<input type="checkbox"/>	<input type="checkbox"/>	
	Determine how scalable, flexible, and transferable the policy is.	<input type="checkbox"/>	<input type="checkbox"/>	
Comparison of the Costs to Enact, Implement, and Enforce the Policy with the Value of the Benefits	Analyze the costs and benefits associated with the policy, from a budgetary perspective.	<input type="checkbox"/>	<input type="checkbox"/>	
	Compare costs to benefits (e.g., cost-savings, costs averted, cost effectiveness, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
	Determine that the anticipated costs are reasonable and manageable, especially for ongoing costs.	<input type="checkbox"/>	<input type="checkbox"/>	

Virginia Adult Day Center  
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# Policy Analysis:

## Does this Policy Work for Our Adult Day Center?

**Table 2. Policy Analysis Table**

Criteria	Public Health Impact	Feasibility	Economic and Budgetary Impact	
<b>Scoring Definitions</b>	<p><b>Low:</b> small reach, effect size, and impact on disparate populations</p> <p><b>Medium:</b> small reach with large effect size <i>or</i> large reach with small effect size</p> <p><b>High:</b> large reach, effect size, and impact on disparate populations</p>	<p><b>Low:</b> No/small likelihood of being enacted</p> <p><b>Medium:</b> Moderate likelihood of being enacted</p> <p><b>High:</b> High likelihood of being enacted</p>	<p><b>Less favorable:</b> High costs to implement</p> <p><b>Favorable:</b> Moderate costs to implement</p> <p><b>More favorable:</b> Low costs to implement</p>	<p><b>Less favorable:</b> costs are high relative to benefits</p> <p><b>Favorable:</b> costs are moderate relative to benefits (benefits justify costs)</p> <p><b>More favorable:</b> costs are low relative to benefits</p>
<b>Policy 1</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High  Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High  Concerns about the amount or quality of data? (Yes / No)	<p><b>Budget</b></p> <input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable  Concerns about the amount or quality of data? (Yes / No)	<p><b>Economic</b></p> <input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable  Concerns about the amount or quality of data? (Yes / No)
<b>Policy 2</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High  Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High  Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable  Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable  Concerns about the amount or quality of data? (Yes / No)
<b>Policy 3</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High  Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High  Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable  Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable  Concerns about the amount or quality of data? (Yes / No)

**NOTE: Scoring is subjective and this table is intended to be used as an organizational guide.**



# Hand Hygiene

## Hand Hygiene

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-2908 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 antiseptis."

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

## Hand Hygiene

### Notes and Recommendations

- Other best practices to consider may include the use of signage describing expectations for hand hygiene at entrances/exits, bathrooms, common areas, etc. (e.g., [Germbuster Poster English eps \(virginia.gov\)](#) and [Hand Hygiene \(virginia.gov\)](#))
- Other participant care policies and procedures should reinforce hand hygiene practices by incorporating performance of hand hygiene as a critical step during activities. Examples may include medication administration, food delivery, handling of soiled linen/laundry, etc.
- Consider providing guidance about fingernail length, use of artificial nails and extenders, hand care and use of lotions. At the center level, please review CDC guidance on fingernail length and establish a related policy.
- If after handwashing or use of alcohol-based hand sanitizer staff wish to use hand lotion, they should be advised to follow their center policy related to this item.
- Maintain adequate hand hygiene supplies in all center locations, including who is responsible and appropriate practices (e.g., proper installation and location of dispensers, frequency of checking supply levels, not topping off product containers).
- For all staff and volunteer training, consider the use of quizzes/tests at the conclusion of training, return demonstration, or teach back of content to ensure comprehension.
- Consider utilizing an auditing schedule for ongoing sustainment of this policy.
- All sources, standards, guidelines, and resources should be verified annually, or more frequently as your center policy dictates, to ensure the most up to date information is provided.

## Hand Hygiene



# Respiratory Hygiene and Cough Etiquette

## Respiratory Hygiene and Cough Etiquette

- ii. Practice respiratory hygiene and cough etiquette.
      - b. Follow the established procedures for masking, separation and isolation.
    2. Containment of respiratory secretions for participants with signs and symptoms of respiratory infection
      - a. Participants with respiratory signs and symptoms such as coughing, sneezing, congestion, rhinorrhea and/or increased secretions should:
        - i. Cover the nose and mouth when coughing/sneezing with (ideally) a tissue or sleeve of clothing.
        - ii. After use, dispose of tissues in the nearest no touch waste receptacle.
        - iii. Perform hand hygiene (use soap and water or an alcohol-based hand sanitizer) after contact with respiratory secretions or any contaminated objects/surfaces. If visible secretions are evident, use soap and water.
      - b. **The center** shall ensure the availability of the following materials, at entrances and common areas within the center (e.g., dining hall), so participants, staff and visitors can adhere to these measures.
        - i. Disposable tissues
        - ii. Trash receptacle for disposal of tissues
        - iii. Hand hygiene products conveniently located and available for use (e.g., dispensers of alcohol-based hand rub, soap and disposable towels if a sink is available)
    3. Masking and separation of people with respiratory secretions
      - a. Anyone with a respiratory infection, or are ill (have signs/symptoms of fever, chills, congestion, sore throat, newly developed cough, etc.), should not enter **the center**.
      - b. If a staff member or visitor becomes sick while they are at the center, they will be given a mask to wear and they must leave the center immediately to prevent the transmission of communicable diseases to participants and other staff.
      - c. Monitoring of participant health status upon arrival to the center and throughout the day will be completed to prevent the transmission of communicable diseases to other participants and staff.
      - d. If a participant becomes ill while at **the center**, the participant will be provided a mask to use, then will be isolated. Their responsible party will be called to pick them up from **the center**. A staff member will be assigned to care for the symptomatic participant while they wait for their transportation.
      - e. As noted in the participant's care plan, some participants may not be able to follow these respiratory hygiene and cough etiquette instructions due to a medical condition, diagnosis or other contraindication.
    4. Source Control
      - a. Source control starts at the source (the person who has a respiratory illness), stopping germs before they can spread to others. Due to the potential for asymptomatic and pre-symptomatic transmission of respiratory illnesses (common cold, influenza, pertussis, strep, COVID-19, etc.), source control measures (when applicable) are recommended for everyone in **the center**. Source control can reduce the spread of influenza, RSV, and COVID-19, etc., by someone who is infected and may have symptoms but no definitive diagnosis.

## Respiratory Hygiene and Cough Etiquette

- b. Source control refers to the use of masks as a barrier to cover a person's mouth and nose to block respiratory droplets and reduce the spread of large respiratory droplets to others. Droplets may contain microorganisms and can spread germs when a person talks, coughs or sneezes within three feet of that person.

### Guidelines, Standards, and Resources for Policy/Procedure Development

Respiratory hygiene and cough etiquette policies and procedures should be developed using evidence-based guidelines or national standards, such as resources from CDC and VDH. The following resources could be used for developing respiratory hygiene and cough etiquette policy and procedures for your center:

- [Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\) | CDC](#)
- [Respiratory Hygiene and Cough Etiquette in Healthcare Settings | CDC](#)
- [Healthy Habits to Help Protect Against Flu | CDC](#)
- [Posters | CDC](#)
- [Cover Your Cough Flyer | CDC](#)
- [Stay Home From Work Poster | CDC](#)

## Respiratory Hygiene and Cough Etiquette



# Selection and Use of Personal Protective Equipment (PPE)

## Selection and Use of Personal Protective Equipment (PPE)

### Gloves:

1. Wear gloves when:
  - a. Direct contact with blood, body fluids, mucous membranes, nonintact skin, or potentially contaminated surfaces or equipment is anticipated.
  - b. Assisting an individual in the restroom.
  - c. Preparing or handling food items.
  - d. Cleaning up spills or bodily fluids.
  - e. Using cleaning products and chemicals.
  - f. Administering medications if indicated by the administration route or method required for the specific medication.
2. Guidelines for glove use:
  - a. Gloves are not a substitute for hand hygiene.
  - b. Use gloves that fit properly and are designed for the task.
  - c. Perform hand hygiene prior to donning gloves and immediately after removing gloves.
  - d. Gloves must be changed after the care of one participant and before providing care to another participant.
  - e. Don't touch your face or PPE with contaminated gloves.
  - f. Don't touch environmental surfaces except as necessary when providing care.
3. When donning gloves:
  - a. Inspect gloves to ensure they are not damaged.
  - b. Carefully pull one onto each hand. If wearing a gown, extend the glove to cover the wrist of the gown.
4. When doffing gloves:
  - a. Using a gloved hand, grasp the palm area of the other gloved hand and gently pull the glove away from the palm and toward the fingers, removing the glove inside out.
  - b. Hold the removed glove in the gloved opposite hand.
  - c. Without touching the outside of the contaminated glove, carefully slide the ungloved index finger inside the wrist band of the gloved hand.
  - d. Gently pulling outward and down toward fingers, remove the glove inside out.
  - e. Throw away both gloves in an appropriate container.
  - f. Use an alcohol-based hand rub to clean your hands and other exposed skin or use the soap and water method to wash hands.
5. When to change gloves and perform hand hygiene:
  - a. If the glove becomes damaged or torn.
  - b. If the gloves become visibly soiled.
  - c. When moving from performing a dirty task (e.g., trash removal and incontinence care) to clean tasks.
  - d. After sneezing, coughing, or touching hair or face with gloved hand.

### Gowns:

1. Wear a gown when:

## Selection and Use of Personal Protective Equipment (PPE)

- a. Place over face and eyes.
  - b. Adjust to fit.
4. When doffing a face shield:
    - a. Remove face shield from the back by lifting head band or earpieces.
    - b. If reusable, disinfect and return to supply stock.
    - c. If disposable, discard in an appropriate container.

### Putting on PPE (Donning) Should Occur in the Following Order:

1. Gown
2. Mask or respirator
3. Goggles or face shield
4. Gloves

### Removal of PPE (Doffing) Should Occur in the Following Order:

1. Gloves
2. Goggles or face shield
3. Gown
4. Mask or respirator

### Key Points of PPE Usage:

1. Wash hands or use an alcohol-based hand sanitizer immediately after removal of PPE. If any item of PPE becomes soiled or compromised, that item should be removed and disposed of according to [center](#) and policy guidelines, hand hygiene should be performed, and reapplication of necessary PPE should occur.
2. Accessibility of PPE:
  - a. The [center](#) shall have the supplies necessary for adherence to proper PPE use. These supplies shall also be readily accessible in the participant care areas and other areas where use of PPE is indicated.
  - b. PPE shall be available in appropriate sizes.
3. Key Points of PPE Usage:
  - a. Keep hands away from your face when wearing PPE.
  - b. Perform tasks from clean to dirty.
  - c. Limit the surfaces you touch.
  - d. Change PPE when torn or heavily contaminated.
  - e. Remove PPE in a manner to avoid contaminating your skin or clothing.
  - f. Perform hand hygiene following removal of PPE.
  - g. PPE designated as single-use should not be reused.
4. Disposing of PPE:
  - a. After use of PPE, dispose of your PPE according to [center](#) protocol. PPE that is free from visible contamination with blood or body fluids can be discarded in regular trash and PPE that is visibly contaminated with blood or body fluids is discarded in biohazard bags.
5. Staff Training and Competencies:

## Selection and Use of Personal Protective Equipment (PPE)



# Where Do You Start?

1. Review existing policies
2. Prioritize policies by considering those that need to be developed versus those that only need to be updated
3. Build your policy analysis team
4. Research and identify policy options
5. Compare policy options
6. Participate in the next Office Hours webinar to learn how to develop, draft, and enact your policy



# Polling Question

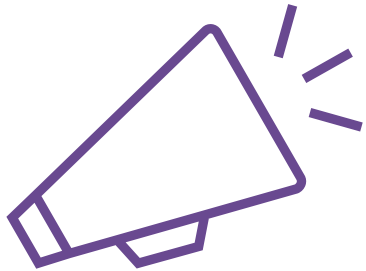
## What is your next step based on the information shared today?

1. Meet with leadership
2. Complete a policy analysis
3. Make updates to our center policies based upon recommended practices
4. Other (place your step in the chat)



# Next Session

## Strategy and Policy Development



Thursday, June 15, 2023  
2:00 PM EST



# Contact Information

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