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| **Authorized/Reviewed by** | Individual or Committee Name |
| **Standard** | 22VAC40-61-290 |

**Definition and Overview (define the infection control practice**)

The Centers for Disease Control and Prevention (CDC) states that infection control prevents or stops the spread of infections in healthcare settings. Adherence to infection prevention and control (IPC) practices is essential to providing safe and high-quality care across all settings where healthcare is delivered.

Adherence to effective infection prevention and control practices is accomplished through development and maintenance of a comprehensive IPC program. An effective IPC program is one that is evidence-based, actionable and able to be measured for compliance.

**Purpose (why this policy/procedure is important)**

Development and implementation of a comprehensive IPC program is an important step in the prevention of the spread of pathogens, such as bacteria and viruses, which cause infections. A strong IPC program is critical to protect participants, staff and visitors.

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

All staff, volunteers, visitors, contracted services and participants have important responsibilities for following the practices, policies and procedures set out in the documents that comprise the IPC program. The scope of the IPC program shall encompass the entire center premises, including all buildings and grounds.

The insert the role/title of center staff responsible shall serve as the primary point of contact for the IPC program and have responsibility for on-going monitoring and implementation of program policies and procedures. This staff person shall be trained in basic infection prevention and will participate in IPC program reviews.

**Policy and Procedure**

IPC Program Structure

* This center shall maintain a comprehensive IPC program developed through written and implemented practices, policies and procedures that address surveillance, prevention and control of disease and infection that is consistent with the CDC guidelines and the Federal Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations.
* This center shall ensure that at least one staff person with training or experience in infection prevention relevant to a congregate care setting is employed by or regularly available (e.g., by contract) to manage the center's infection prevention program.
* The comprehensive IPC program shall include this manual and all plans, policies and procedures that serve to aid in surveillance, prevention and control of disease to address:
	+ Prevention (hand hygiene, standard precautions, respiratory hygiene/cough etiquette, personal protective equipment, blood glucose testing and injection safety)
	+ Cleaning and disinfection
	+ Linen management and laundry services
	+ Regulated medical waste handling
	+ Pest control
	+ Communicable disease surveillance and reporting
	+ Workplace health

IPC Program Reviews

* The center director shall ensure that IPC and IPC-related policies and procedures are reviewed at least annually and are updated according to the most current evidence-based guidelines from the CDC, OSHA and the Virginia Department of Health (VDH). Staff are educated on the plan annually along with any updates to the program and the appropriate staff training documentation is retained.
* Additional IPC program reviews will be completed between annual reviews if indicated by changing circumstances (e.g., pandemic illness, increased incidence of communicable disease in the center, or applicable changes to infection prevention guidance from CDC or VDH). Relevant policies and procedures will be updated based on the findings of these additional reviews.

Surveillance for Communicable Disease

* Ongoing surveillance shall be performed to determine when unusual and/or suspected illness activity is occurring and when reporting of illness is required.
* Describe how your center will perform surveillance for disease and track the number of infections.
	+ Infections should be tracked for all individuals at the facility—staff and participants. This could include reports generated from records, periodic reports or meetings. This could also include surveillance line lists (e.g., illness logs) for specific conditions. Specify exactly who is responsible for monitoring and how often. Tracking over time with summary data is best to show possible cyclical trends or can assist in evaluating changes of practice to prevent the spread of infection.
* All center staff have a role in contributing to ongoing disease surveillance by observing the health and behaviors of participants as part of their daily activities. Surveillance should be performed for all types of communicable diseases including respiratory infections, gastrointestinal illnesses, dermatologic illnesses/conditions, etc. Ongoing surveillance is performed to:
	+ Determine when unusual levels of suspected illness are occurring **and**
	+ Trigger the center to begin enacting enhanced contact precautions, environmental cleaning and disinfecting practices, and similar infection control practices to contain and prevent the spread of illness **and**
	+ Determine whether reporting of illness is required.
* As part of their training on basic infection prevention, the specify identified staff from above will be familiar with the diseases listed on the reportable diseases for surveillance to CDC, VDSS and VDH.
* The center staff will observe the health of participants through routine interactions with those individuals. If during those interactions a staff member observes symptoms of a suspected illness or is informed of current illness of a participant, the staff member will report their observations to the designated staff member. The participant’s condition will be evaluated and as needed and the center will further enact enhanced infection prevention and control practices to protect the health of staff and participants, including but not limited to:
	+ Isolating the individual with suspected illness to contain the spread by removing them from common areas.
	+ Performing the appropriate cleaning and disinfecting practices to areas suspected of contamination from the ill participant.
	+ Provide the participant and exposed staff with the appropriate personal protective equipment (PPE) based on the participant’s observed symptoms (i.e., mask for coughing, gloves for dermatologic illness). 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, and isolation may be the only means available to help prevent transmission.
	+ Inform the participant’s responsible party of their condition immediately and request that they be picked up from the center as soon as possible.
	+ Designate a staff member to care for the symptomatic patient while they await transportation.
	+ The staff member will document all assessments to assist in providing an accurate history for further diagnostic evaluation of the participant.
	+ Follow the appropriate procedures for reporting Communicable Disease Outbreaks to the appropriate parties as described below.
		- The insert the role/title of center staff responsible will track the number of confirmed infections among participants and retain documentation for contact tracing. Documentation is reviewed by insert the role/title of center staff responsible specify frequency of review.
		- The center will have an escalation of notification process in place to notify appropriate emergency contacts to facilitate removal of individual in a timely manner as well as seeking care from participant’s PCP if needed.

Communicable Disease Outbreaks

* An outbreak will be suspected if there is an unusual level of illness that may be spread from person to person. The Virginia Department of Health (VDH) considers it an outbreak or suspected outbreak when two or more persons are experiencing similar symptoms. A center should report this to their local health department (LHD) to help determine if an outbreak is occurring. The occurrence of an unusual infection, even a single case, also may warrant reporting to the LHD. If there is ever a question, report it and ask for feedback.
* The most common types of illnesses that cause outbreaks are respiratory illnesses, gastrointestinal illnesses and dermatologic illnesses (i.e., skin rashes).
* When an outbreak of communicable disease is suspected or has been confirmed, the center director or designee shall:
	+ Report suspected outbreaks even if the cause or specific disease has not yet been diagnosed
	+ Seek recommendations for prevention and/or control of transmission from the VDH LHD, and once received, follow and implement those recommendations in a timely manner
	+ Submit the mandatory reporting requirements to the parties listed below
* When an outbreak of communicable disease is suspected or confirmed, the center director shall ensure that a report is made to both the Licensing Inspector assigned to the center and to the LHD of the VDH immediately:
	+ VDSS Licensing Inspector: specify name, phone number, and email address
	+ LHD Epidemiologist: specify epidemiology number (if known), or main number, or use the [VDH Suspected Outbreak Reporting Portal](https://redcap.vdh.virginia.gov/redcap/surveys/?s=M3YRJPNRHP), which funnels to your LHD
		- Specify your [Local Health Department](https://www.vdh.virginia.gov/health-department-locator/)
* Maintain documentation regarding notifications to VDSS and VDH about suspected or confirmed outbreaks and recommendations received and implemented.
* As appropriate, the center director will notify family members, physicians, staff and volunteers who may be impacted by a suspected or confirmed illness or outbreak.
* If multiple participants are diagnosed with a communicable illness that requires additional precautions, the center director or designee will contact the LHD for recommendations regarding isolation and/or cohorting of participants with the same illness.
* If a staff member becomes sick, they must immediately notify their supervisor to initiate shift coverage and leave when the participants are safely monitored.

Participants Placement

* Medical records for prospective and returning participants shall be reviewed (including history and physical or discharge summary, laboratory results and diagnoses) prior to admission/return to determine the presence of infectious disease and the appropriate measures to prevent transmission (participant placement, need for transmission-based precautions/isolation). The center will assess the need for increased staffing ratios based on participant needs.
* The center will have a protocol for standards of care to accept the participant back to the center. If external testing has been performed and results are on the VDH reportable list, the center designee will document the result, as well as provide this information to the LHD contact and the VDSS Licensing Inspector.

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

* [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | CDC](https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html)
* [Outbreak Reporting Requirements for Facilities and Programs | VDH](https://www.vdh.virginia.gov/epidemiology/epidemiology-fact-sheets/fact-sheet-outbreak-reporting-requirement/%20)
* [Disease Reporting and Control Regulations | VDH](https://www.vdh.virginia.gov/clinicians/disease-reporting-and-control-regulations/)

**Notes and Recommendations**

* Other participant care and center operation policies and procedures should reinforce these policies as a critical step in a center’s infection prevention program.
* 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.
* Staff will be trained at hire, evaluated for competence with feedback, and training will be reinforced at least annually.
* Consider utilizing an audit tool for compliance and implement 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.
* Center leadership will be aware of VDH reportable communicable diseases through a review of the reportable disease list. However, reporting is not all inclusive and not limited to communicable diseases or the diseases listed on the [reportable disease list](https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf).
* IPC program reviews should include center leadership, representatives from multiple departments in the center as applicable, and direct care staff. List specific departments or roles to be included, if known, in the program reviews.
	+ Note: Representation of multiple departments may be dependent on the size and staffing structure of the center.