



HEALTH QUALITY INNOVATORS

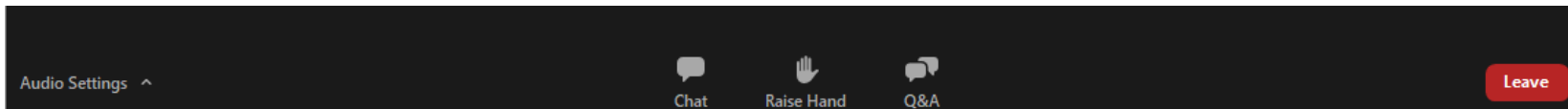


Monthly Office Hours – Policy Implementation

August 10, 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



Sheila McLean
MBA, LNHA, CPHQ
Project Director



Allison Spangler
BSN, RN, RAC-CT, QCP
Project Manager



Felicity Wood
MS, LNHA
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 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 – 11 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	22VAC40-61-290 B, 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 soaps, antiseptic hand sanitizer (i.e., alcohol-based hand sanitizer including foam or gel, containing at least 60% alcohol), or surgical hand antiseptics."

In this **policy**, 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 **this 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

- When hands are visibly dirty/soiled or greasy
- When actual or possible contact with blood or bodily fluids has occurred
- Before and after performing first aid
- After using restroom or assisting an individual in the restroom
- When changing an incontinence pad or liner
- Before and after work
- Before and after break
- Before and after eating
- Before and after handling and preparing both cooked and uncooked food

Hand Hygiene

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	22VAC40-61-130

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 **this 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 **this 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

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

Respiratory Hygiene and Cough Etiquette

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:

- All blood, body fluids, secretions, excretions (except sweat), non-intact skin (including rashes), and mucous membranes may contain transmissible pathogens.
- 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.

Selection and Use of Personal Protective Equipment (PPE)

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 **this 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)

- Participants who require assistance with blood glucose testing will provide to **this center** all necessary and needed supplies, including the monitoring and testing device's instructions for use and cleaning.
- 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.
- Follow the participant's physician order.
- Verify that the blood glucose device being used belongs to the participant.
- Perform hand hygiene. Don nonsterile gloves.
- Clean the participant's finger using an alcohol wipe. Ensure alcohol is dry prior to obtaining blood sample.
- Prick the participant's finger using the single-use, auto-disabling device (lancet), and

Blood Glucose Testing

Progress to Date – 11 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, whereas organisms require different 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 label/manufacture 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 Standard (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 label.
 - 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	22VAC40-61-290B.1.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 vial 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 areas.
- Adherence to aseptic (lean) 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

Progress to Date – 11 Policy Templates Finalized

Laundry and Linen Management

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.4.

Definition and Overview (define the infection control practice)
Laundry in an adult day center may include, but is not limited to, towels, washcloths, kitchen and bed linens, aprons and clothing protectors.

Appropriate management of laundry includes transporting, handling, processing (washing and drying) and storing these items in a manner that minimizes risk of communicable disease transmission or injury from sharps, and contributes to overall environmental sanitation.

Contaminated laundry is defined by the Occupational Health and Safety Administration (OSHA) as items that have been soiled by blood, body fluids, secretions or excretions (except sweat), including items soiled by incontinence.

The terms "soiled laundry/linen" or "dirty laundry/linen" are commonly used to describe any linen or textile (fabric) that has been used or worn.

For the purpose of this policy, outside of definitions and information provided by outside entities, the phrase "used laundry/linen" will be used to address the terms soiled, dirty and/or contaminated synonymously.

Purpose (why this policy/procedure is important)
According to the Centers for Disease Control and Prevention (CDC), contaminated clothes and linen often contain high numbers of microorganisms from bodily substances including blood, skin, stool, urine, vomitus and other body tissues and fluids.

Use of appropriate infection control measures during linen handling and laundry processing is a component of Standard Precautions. Use of these measures makes it less likely that laundry will be a source of the spread of communicable disease and ultimately helps protect the safety of participants and staff.

Responsibility (who is responsible for following this policy/procedure)
Staff in the center tasked with the transportation, storage, handling or processing of laundry/linens have responsibilities under this policy/procedure.

Role/Title in center is responsible for implementing and monitoring the quality of policies and procedures surrounding laundry/linen management.

Laundry and Linen Management

Integrated Pest Management (Pest Control)

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name
Standard	22VAC40-61-410

Definition (define the infection control practice)
According to the Centers for Disease Control and Prevention (CDC), integrated pest management (IPM) is a science-based, common-sense approach that provides tools and strategies designed to provide a safe, sanitary, and comfortable environment for participants, staff and the public, free of insects and vermin.

Purpose (why this policy/procedure is important)
IPM uses a variety of pest management techniques that focus on pest prevention, pest reduction, and the elimination of conditions that lead to pest infestations. IPM simply means (1) do not attract pests, (2) keep them out, and (3) get rid of them (if you have them) with the safest, most effective methods to protect the health and wellness of participants and staff in the adult day center.

Responsibility (who is responsible for following this policy/procedure)
All staff and volunteers have responsibilities under the following policy and procedure. **Role/Title in center** has responsibility for monitoring the implementation of the IPM policies and procedures.

Policy
All staff will follow CDC recommendations for pest control as outlined in the procedures below, as appropriate to their job roles and responsibilities.

Procedure

Inspection and Monitoring

- Insert the role/title of center staff responsible** will perform routine examination of indoor and outdoor areas **insert a timeframe (e.g., daily or weekly)** to identify:
 - Evidence that pests and vermin are present.
 - Dust, droppings, wood particles, or other evidence or signs that pests could be present.

Integrated Pest Management

Regulated (Biohazard) Waste Disposal

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name
Standard	22VAC 40-61-410

Definition (define the infection control practice)
The Virginia Department of Environmental Quality (DEQ) has defined Regulated Medical Waste in Virginia in 9VAC20-121-90 and the Occupational Safety and Health Administration (OSHA)'s Bloodborne pathogens standard 1910.1030 defines regulated waste.

OSHA provides the following definitions:

"contaminated sharps" means any contaminated object that can penetrate the skin including but not limited to needles, syringes, and broken glass.

"other potentially infectious materials" means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

"regulated waste" means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and can release these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Purpose (why this policy/procedure is important)
Some adult day centers may generate regulated waste, which are subject to Federal and State Codes and Regulations. Specific handling requirements are necessary to prevent the potential for communicable disease transmission to staff or participants.

Responsibility (who is responsible for following this policy/procedure)
All staff in the center who have the potential to generate, encounter, handle or transport regulated medical wastes have the responsibility to know and follow this policy/procedure.

Role/Title in center has responsibility for the oversight of implementation and quality of regulated medical waste handling practices.

Policy

- Regulated waste will be handled and disposed of according to OSHA and VDEQ guidelines. See **Regulated Medical Waste in Virginia DEQ** (or if printed, see **Location where these guidelines are found for your center**).
- Regulated waste will be handled and disposed of according to the **center's** Bloodborne Pathogen Exposure Control Plan.

Regulated (Biohazard) Waste Disposal

Summary from July Office Hours

Policy Enactment

What is policy enactment?

- Obtaining permission to implement a policy
- Ensuring operational objectives will be met
- Providing needed support to uphold the policy
- Providing different opinions and feedback for consideration and potential policy revisions



**Access the July Office
Hours Slides and Recording**

Polling Question

What steps does your center take to implement policies? (You may select multiple responses)

1. Distribute the document to all staff
2. Require staff sign-off on new/updated policies
3. Provide training on changes in practice reflected in the new/updated policy
4. Allow a period of time for staff to ask questions or provide feedback about the changes outlined in the policy
5. All of the above



Policy Implementation: Why Is It Important?

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


What is Policy Implementation?
Policy implementation is the process of putting a policy into action or the execution of a policy at an adult day center (ADC). Through policy implementation, ADCs can achieve organizational goals by initiating actions needed to achieve those goals.

Why is Policy Implementation Important?
Policy implementation ensures that the developed policy is operationalized and put into practice as written so that all responsible parties are made aware of changes in practice required to meet the policy's intent and therefore, the identified need.

Without policy implementation, staff, volunteers, or contracted parties who are responsible for performing the procedural steps outlined in the policy will not know to change their behavior to match the new or revised policy. Failure to effectively implement a policy can result in improper practice, participant safety concerns, and/or citation during survey for actual practices that differ from practices stated in the policy.



Who Should be Involved in Policy Implementation?
Those involved in policy implementation may include a wide range of staff and key stakeholders who are supportive of a center's mission and/or who have a vested interest in the success of the center.

How are Policies Implemented?
The policy implementation process should involve several individuals, forming a team, who are coordinated in their efforts. This "implementation team" should follow the guidance below for policy implementation:



Leadership	Communication	Feedback
Formulate a plan, including a staff training plan	Distribute the policy and document that it has been reviewed by staff	Observe behaviors and practices for policy adherence
Establish a scheduled review process for policy revisions		Document staff training and compliance
Plan for sustainability	Provide education and training for all impacted staff	Audit and validate compliance and competency
Plan for training upon hire and at least annually or as changes occur		

This document was produced by the Adult Day Center Model Infection Control and Prevention Policies grant (disbursement number LD081903-0723) 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 Implementation Tip Sheet

Policy Implementation: How Is It Done?

- Plan** implementation. Don't do it at random.
- Distribute** policy document. An online platform allows users to find everything in one place, and users can sign off that they read the document.
- Create** a training plan; don't expect employees to read and remember. Compliance comes through thorough understanding.
- Provide** training from top to bottom in an organization.
- Establish** a review cycle. Plan for reviews. Consider that regulations, laws, and practices are constantly changing, some more frequently than others.
- Train** regularly as part of continuous improvement.
- Instruct** employees to sign and date policies to prove that they agree to adhere to them or risk consequences.

Policy Implementation: Key Points

Implementation of a Policy Includes:

- 1** Educating those who will be affected by the new/revised policy
- 2** Changing pre-existing or prior operations or systems or creating new ones
- 3** Monitoring and enforcing compliance with the policy

Policy Implementation: Tips

Tips to Improve Policy Implementation

- Define your goals and have a clear objective and keep desired outcomes in mind
- Make a plan and identify resources to achieve your goals
- Decide who is involved, and define their role and responsibilities
- Be consistent in your policy implementation

From there:

- Clearly communicate the policy and included changes
- Publicize and implement the policy, noting a “go-live” date for when practices will change to reflect the policy
- Monitor progress of staff adherence to the policy
- Adjust and pivot as feedback is received or challenges are encountered
- Update/revise policy as needed
- Keep moving toward your goal

Policy Implementation in Action!

“ Investing in the process of policy implementation has helped us improve our day-to-day operations and provide consistent care to those we serve. Also, being clear with staff about how policies and procedures effect their work is something everyone values and appreciates.

Being clear is being kind. Our adoption of policy implementation has helped us clarify expectations of employees and led to consistency in our daily operations which ultimately leads to great outcomes for those we serve. ”

– Heather P., Executive Director
Richmond, VA Adult Day Center

Laundry and Linen Management

Laundry and Linen Management

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.4.

Definition and Overview (define the infection control practice)

Laundry in an adult day center may include, but is not limited to, towels, washcloths, kitchen and bed linens, aprons and clothing protectors.

Appropriate management of laundry includes transporting, handling, processing (washing and drying) and storing these items in a manner that minimizes risk of communicable disease transmission or injury from sharps, and contributes to overall environmental sanitation.

Contaminated laundry is defined by the Occupational Health and Safety Administration (OSHA) as items that have been soiled by blood, body fluids, secretions or excretions (except sweat), including items soiled by incontinence.

The terms "soiled laundry/linen" or "dirty laundry/linen" are commonly used to describe any linen or textile (fabric) that has been used or worn.

For the purpose of this policy, outside of definitions and information provided by outside entities, the phrase "used laundry/linen" will be used to address the terms soiled, dirty and/or contaminated synonymously.

Purpose (why this policy/procedure is important)

According to the Centers for Disease Control and Prevention (CDC), contaminated clothes and linen often contain high numbers of microorganisms from bodily substances including blood, skin, stool, urine, vomitus and other body tissues and fluids.

Use of appropriate infection control measures during linen handling and laundry processing is a component of Standard Precautions. Use of these measures makes it less likely that laundry will be a source of the spread of communicable disease and ultimately helps protect the safety of participants and staff.

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

Staff in the center tasked with the transportation, storage, handling or processing of laundry/linens have responsibilities under this policy/procedure.

Role/title in center is responsible for implementing and monitoring the quality of policies and procedures surrounding laundry/linen management.

Laundry and Linen Management

- Always handle used laundry/linen with minimal agitation (without shaking) and never hold or carry used laundry/linen against the body
- Place used laundry/linen in a leak-proof container or bag at the site of collection
 - Used laundry/linen must be clearly identified to alert staff to handle these items safely, using appropriate precautions
 - Wet laundry must be in a leakproof bag that is tied securely
- Do not squeeze the container or bag when transporting to avoid punctures
- Used laundry/linen should never touch clean surfaces
 - Staff will take precautions not to touch their clothing, other objects or doorways with used laundry/linen
 - Laundry in bags should not touch surfaces, including floors, during transportation
- Per CDC guidelines, while sorting of laundry is not necessary, sorting individual laundry and/or types of laundry can occur either before or after laundering, depending on center preference
- Removal of solids must occur prior to laundering according to the type of machines utilized
 - Indicate your center's process for solid removal here
- All used laundry/linen sorting, removal of solids and waste, and loading and unloading of used laundry/linen must occur in the center's designated laundry processing area
- The center will designate a laundry processing area that minimizes the likelihood of cross contamination, that is near the washer, and that is not in the same place as the clean processing area
 - List designated laundry processing location(s)
- If the center uses reusable soiled linen containers or carts, ensure that they are cleaned and disinfected (with an Environmental Protection Agency (EPA) approved disinfectant following the manufacturer's instructions for use) after each use according to the cleaning protocols of the center
 - All containers holding and storing laundry and linen must be routinely cleaned
- Use and maintain laundry equipment according to manufacturer instructions
- Launder used laundry/linen in a designated area, which:
 - Is separate from clean storage areas
 - Does not contain food, beverages or personal items
 - Has access to handwashing centers and hand hygiene supplies
- Visibly inspect used laundry/linen to make sure there are no objects (sharp or other) in the laundry
- If residential/consumer type washing machines or dryers (as opposed to commercial, heavy-duty ones) are in use, physical removal of bulk solids (e.g., feces or vomitus) must be done before washing and drying
 - Appropriate PPE must be worn to remove bulk, etc.



Laundry and Linen Management Policy

Pest Management

Integrated Pest Management (Pest Control)

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name
Standard	22VAC40-61-410

Definition (define the infection control practice)

According to the Centers for Disease Control and Prevention (CDC), integrated pest management (IPM) is a science-based, common-sense approach that provides tools and strategies designed to provide a safe, sanitary, and comfortable environment for participants, staff and the public; free of insects and vermin.

Purpose (why this policy/procedure is important)

IPM uses a variety of pest management techniques that focus on pest prevention, pest reduction, and the elimination of conditions that lead to pest infestations. IPM simply means (1) do not attract pests, (2) keep them out, and (3) get rid of them (if you have them) with the safest, most effective methods to protect the health and wellness of participants and staff in the adult day center.

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

All staff and volunteers have responsibilities under the following policy and procedure.

Role/title in center has responsibility for monitoring the implementation of the IPM policies and procedures.

Policy

All staff will follow CDC recommendations for pest control as outlined in the procedures below, as appropriate to their job roles and responsibilities.

Procedure

Inspection and Monitoring

- **Insert the role/title of center staff responsible** will perform routine examination of indoor and outdoor areas **insert a timeframe (e.g., daily or weekly)** to identify:
 - Evidence that pests and vermin are present.
 - Dust, droppings, wood particles, or other evidence or signs that pests could be present.

Integrated Pest Management (Pest Control)

- If conditions exist that could promote pest and vermin infestations.
- Professional pest control monitoring services are provided by a reputable licensed and insured company.

Elimination of Conditions that Attract Pests

- Wash items used for cooking and eating immediately after they are done being used.
- Store food and water in containers made of thick plastic, glass, or metal with a tight-fitting lid.
- Take out trash and other waste daily and place in a covered trash can or dumpster away from **center** entrances.
- Monitor the exterior of the building and remove any trash or debris and place it in an appropriate covered container.
- Monitor internal areas of the **center** and ensure that conditions are clean, and no clutter is present.
- Ensure that all spills are cleaned promptly.
- Remove any standing water. Promptly identify and fix any plumbing leaks.
 - Include ceilings in visual inspections for water intrusion or damage, especially drop ceilings and areas with overhead sprinkler systems.
- Whenever feasible, remove supplies from corrugated cardboard boxes or shipping containers before storing to remove external contaminants and discourage pests.

Keeping Pests Out of Indoor Environments

- When practical keep windows shut and sealed.
- When windows need to be open for ventilation, ensure that screens are in place and are in good condition.
- Do not prop exterior doors and limit the amount of time that exterior doors are open.
- Cover or close all holes in the **center** walls, ceilings, and floors.
- If the **center** accepts donations of clothing/blankets, require that all donations be prewashed and sealed in a plastic bag. Store clothing in bags and inspect carefully when bags are opened. Inspect carefully any donations of craft supplies and books for any evidence of pests.

Use of Traps and Application of Pesticides

- Pesticides and traps will be used and applied by a reputable licensed and insured company or applied per their instructions.

Ensuring Staff and Participant Safety

- If pests are identified in the **center**:
 - Participants and staff will be relocated away from the affected area whenever possible.



Integrated Pest Management Policy

Regulated (Biohazard) Waste Management

Regulated (Biohazard) Waste Disposal

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name
Standard	22VAC 40-61-410

Definition (define the infection control practice)

The Virginia Department of Environmental Quality (DEQ) has defined Regulated Medical Waste in Virginia in 9VAC20-121-90 and the Occupational Safety and Health Administration (OSHA)'s Bloodborne pathogens standard 1910.1030 defines regulated waste.

OSHA provides the following definitions:

"contaminated sharps" means any contaminated object that can penetrate the skin including but not limited to needles, scalpels, and broken glass

"other potentially infectious materials" means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids

"regulated waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and can release these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Purpose (why this policy/procedure is important)

Some adult day centers may generate regulated waste, which are subject to Federal and State Codes and Regulations. Specific handling requirements are necessary to prevent the potential for communicable disease transmission to staff or participants.

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

All staff in the **center** who have the potential to generate, encounter, handle or transport regulated medical wastes have the responsibility to know and follow this policy/procedure.

List title/role in center has responsibility for the oversight of implementation and quality of regulated medical waste handling practices.

Policy

- Regulated waste will be handled and disposed of according to OSHA and VDEQ guidelines, found here: [Regulated Medical Waste | Virginia DEQ](#) (or if printed, [list location where these guidelines are found for your center](#)).
- Regulated waste will be handled and disposed of according to the **Center's** Bloodborne Pathogen Exposure Control Plan.

Regulated (Biohazard) Waste Disposal

- List location(s) where the plan is stored**
- The **center** will maintain a contract for sharps disposal with a reputable licensed and insured company.
- The **center** will maintain a contract for other regulated (biohazard) waste disposal with a reputable licensed and insured company.

Procedure (outline the steps/supplies for performing the practice)

Contaminated Sharps Disposal

- Make sure a sharps disposal container is in close proximity/available and immediately accessible for use prior to uncapping the needle or performing the injection.
- Perform proper hand hygiene and don new gloves.
- Contaminated needs should not be bent or recapped.
- Never throw away loose needles and other sharps in trash cans or recycling bins, and never flush them down the toilet.
- Dispose of contaminated sharp immediately after use in a readily accessible and appropriate sharps disposal container that meets the following criteria:
 - Closable
 - Puncture resistant
 - Labeled with a bio-hazard symbol or be red in color
 - Leakproof on the sides and bottom
 - Located as close as feasible to the immediate area where sharps are used or can be anticipated to be found (e.g., medication room)
 - Maintained upright throughout use
 - Routinely replaced and not allowed to overflow
 - Are stored in a designated area away from participant activity/programming
- Sharps containers shall be closed for disposal once they are approaching the designated fill line (about three-fourths full).
- Full containers should be moved to the appropriate storage area to await pick-up and disposal. The storage area must be designated with a biohazard symbol on the door.
 - List location(s) where the containers are stored**

***List title/role in center** has responsibility for contacting the contracted biohazard waste company and scheduling the pick-up and disposal of regulated medical waste.

- Insert additional center-specific plans, regarding the pick-up and disposal of biohazard waste.**
- Ultimate disposition and disposal of contaminated sharps must be done according to Virginia DEQ regulations.
- Doff gloves and perform proper hand hygiene.

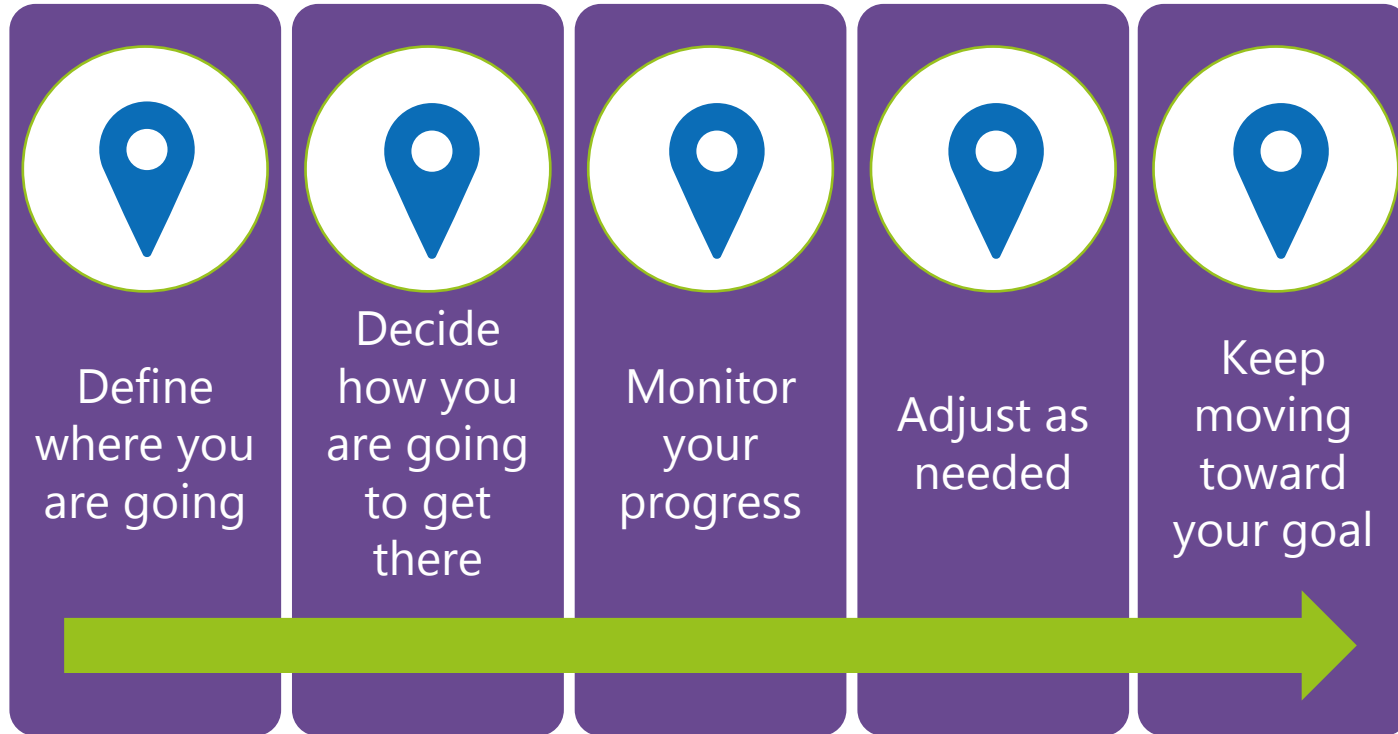
Other Types of Regulated Waste

- Perform proper hand hygiene and don new gloves.
- Regulated waste shall be placed in an appropriate container that is:
 - Closable
 - Constructed to contain contents and prevent leakage of fluids
 - Labeled with a biohazard symbol or be red in color
- *List title/role in center** has responsibility for contacting the contracted biohazard waste company and scheduling the pick-up and disposal of regulated medical waste.



Regulated (Biohazard) Waste Management Policy

Where Do You Start?



Polling Question

Please provide feedback on the resources developed by this project so far. We'd like to know if and how you have used any of the resources (including the policies and tip sheets).

Please type in your responses, such as "downloaded policy templates," "met with my team," "implemented a new recommended policy" or "updated current policy based on recommendations."

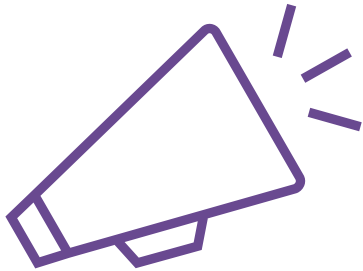
If you have not yet taken a new step, please type in what your next step will be to get started!



Next Session

Office Hours: Policy Development Wrap-Up
Thursday, September 14, 2023

2:00 p.m. EST



[Register Today](#)



Contact Information

Sheila McLean

Project Director

smclean@hqi.solutions

804.289.5345

Allison Spangler

Project Manager

aspangler@hqi.solutions

804.289.5342

Felicity Wood

Consultant

fwood@hqi.solutions

804.289.5301