



HEALTH QUALITY INNOVATORS

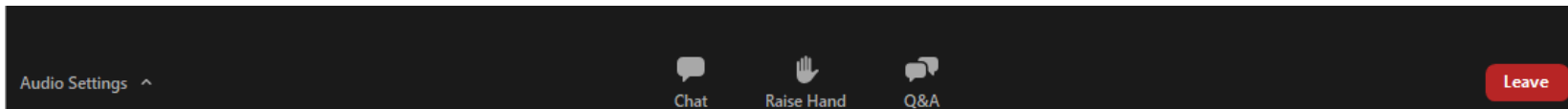


# Monthly Office Hours – Project Wrap Up and Celebration

September 14, 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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# Agenda

- 1 Review Project Goals and Methods
- 2 Share Resources: All Infection Prevention Policies Are Available!
- 3 Celebrate Success!
- 4 Moving Forward: What's Next?

# Year 1: Project Goals and Methods

## 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.

## Background Findings

- Review and synthesis of existing information
  - Comprehensive literature review and environmental scans
- IPC data for ADCs is limited
  - Robust and model set of policies specific to ADCs does not yet exist!

## 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

# Finalized Project Resources

# 13 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 wash, antiseptic hand sanitizer (i.e., alcohol-based hand sanitizer including foam or gel), containing at least 60% alcohol), or surgical hand antiseptics."

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 **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

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 break
8. Before and after eating
9. 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	22VAC40-61-190

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

Respiratory hygiene and cough etiquette are infection prevention measures designed to limit the transmission of all respiratory pathogens spread by droplet or airborne routes.

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

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

These infection prevention measures and strategies are meant to protect participants and staff from individuals entering **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

1. Visual Alerts
  - a. 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:
    - i. 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:

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

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

For the purpose of this policy, the term "staff" will be used to refer to any individual providing direct care, anyone who handles food, and also anyone who handles cleaning chemicals and hazardous agents.

### Policy and Procedure

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

### Selection of Appropriate PPE

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

## 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)

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

## Blood Glucose Testing



# 13 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, 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 labeling/manufacturer instructions for each product, including following precautionary statements (i.e., use of Personal Protective

## Environmental Cleaning and Disinfection

## Participant Care Equipment, Devices and Supplies

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

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

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

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

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

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

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

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

All staff have a responsibility to know and follow the elements of this policy that affect their job functions and have a responsibility to monitor the implementation and quality of cleaning and disinfection of participant care equipment and devices.

### Policy

- All policies and procedures for general environmental cleaning and disinfection must be followed when cleaning and disinfecting participant equipment and supplies, in addition to the specific policies and procedures outlined below.
  - Reusable participant equipment and reusable medical devices must be cleaned and disinfected with an EPA-registered healthcare disinfectant according to the manufacturer's instructions and product 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





# 13 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 22VAC 40-61-410 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 soiled 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 waste 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. food hair: **Regulated Medical Waste - Virginia, DEQ** (or if printed, **see location where these guidelines are found to your center**).
- Regulated waste will be handled and disposed of according to the **center's** Bloodborne Pathogen Exposure Control Plan.

## Regulated (Biohazard) Waste Disposal

# 13 Policy Templates Finalized

**Workplace Health**

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC60-61-180

**Definition and Overview (define the infection control practice)**  
The Centers for Disease Control and Prevention (CDC) defines workplace health as a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports and links to the surrounding community designed to meet the health and safety needs of all employees and volunteers.

**Purpose (why this policy/procedure is important)**  
According to the CDC, workplace health programs have the potential to impact an employee's health. Potential health impacts include their health behaviors, health risks for disease and current health status.

For organizations, workplace health programs have the potential to impact areas such as health care costs, absenteeism, productivity, recruitment/retention, culture and employee morale. Employers, workers, their families and communities all benefit from the prevention of disease and injury, and from sustained health.

**Responsibility (who is responsible for following this policy/procedure)**  
All staff and volunteers in the **center** have rights and responsibilities under the following policies and procedures. For the purpose of this policy, unless otherwise noted, "center staff" refers to staff and volunteers.

**Insert the role/title of center staff responsible** is responsible for ensuring proper implementation and ongoing monitoring of the workplace health policies and procedures.

**Policy**  
**Staff and Volunteer Health Records**

- Health information required to be collected by local, state and federal code shall be maintained at the **center** and included in the **center** staff and volunteer record for each individual.
  - All staff health records shall be retained for a period of two years beyond termination of employment.
  - According to standard 22VAC60-61-180C, tuberculosis (TB) records shall be retained for volunteers for a period of two years beyond termination of volunteerism.
  - Medical records pertaining to post-exposure evaluation and follow-up must be maintained for the duration of the **center** staff employment plus thirty (30) years per OSHA requirements.

## Workplace Health

**Infection Prevention and Control (IPC) Program**

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC60-61-290

**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 infection. 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 ongoing 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**

- The **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.
- The **center** shall ensure that at least one staff person with training or experience in infection prevention relevant to a congruent care setting is employed by or regularly available (e.g., by contract) to manage the **center's** infection prevention program.

## Infection Prevention & Control (IPC) Program

# Workplace Health

## Workplace Health

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed by	Individual or Committee Name
Standard	22VAC40-61-180

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

The Centers for Disease Control and Prevention (CDC) defines workplace health as a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports and links to the surrounding community designed to meet the health and safety needs of all employees and volunteers.

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

According to the CDC, workplace health programs have the potential to impact an employee's health. Potential health impacts include their health behaviors, health risks for disease and current health status.

For organizations, workplace health programs have the potential to impact areas such as health care costs, absenteeism, productivity, recruitment/retention, culture and employee morale. Employers, workers, their families and communities all benefit from the prevention of disease and injury, and from sustained health.

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

All staff and volunteers in the center have rights and responsibilities under the following policies and procedures. For the purpose of this policy, unless otherwise noted, "center staff" refers to staff and volunteers.

**insert the role/title of center staff responsible** is responsible for ensuring proper implementation and ongoing monitoring of the workplace health policies and procedures.

### Policy

#### Staff and Volunteer Health Records

- Health Information required to be collected by local, state and federal code shall be maintained at the center and included in the center staff and volunteer record for each individual.
  - All staff health records shall be retained for a period of two years beyond termination of employment.
  - According to standard 22VAC40-61-180E, tuberculosis (TB) records shall be retained for volunteers for a period of two years beyond termination of volunteerism.
  - Medical records pertaining to post-exposure evaluation and follow-up must be maintained for the duration of the center staff employment plus thirty (30) years per OSHA requirements.

## Workplace Health

- Center staff records shall be treated confidentially, kept in **specify locked location in center** and will be maintained by **insert the role/title of center staff responsible**.
  - Exception: Center staff emergency contact information shall be maintained in a location that is easily accessible.
    - Specify location where emergency contact information is stored.**
  - Center leadership acknowledges that hepatitis B vaccinations must be offered and that employers are required to maintain an accurate copy of each employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations, in the employee's health record.
  - If a center elects to provide information about optional vaccinations for staff (e.g., COVID-19, annual influenza, etc.), and elects to partner with a third-party pharmacy to provide vaccinations for staff on the center premises, the center:
    - Requires the third-party pharmacy to obtain and retain all documentation as required by law and regulations, and
    - Requests that the third-party pharmacy share vaccination documentation with the staff member, who can then elect to provide required documentation to the appropriate center representative for inclusion and retention in the center staff's file.
- Health records should include the results of a risk assessment documenting the absence of tuberculosis (TB Risk Assessment) in a communicable form, using a screening form published by the Virginia Department of Health (VDH).
  - Center staff: TB Risk Assessment shall be submitted within seven days prior to or on the first day of work or volunteerism at the center and annually thereafter.
  - Health Records shall additionally include any subsequent tuberculosis evaluations and reports based on contact with cases of tuberculosis disease, development of new onset chronic respiratory symptoms or based on consultation and/or recommendations with the VDH.

### Occupational Safety and Health Administration (OSHA) Standards

**NOTE:** A respiratory protection program is required if a center provides and/or requires N95 respirators for the care of participants with COVID-19 or any other condition. If the center is not required to have an OSHA-compliant Respiratory Protection Standard, delete the bullet below.

- Specify location of policies and procedures related to the OSHA-compliant Respiratory Protection Program**
  - [Small Entity Compliance Guide for the Respiratory Protection Standard | OSHA](#)
- The center will maintain an OSHA-compliant exposure control plan for bloodborne pathogens and other occupational hazards.
  - [Bloodborne Pathogens and Needlestick Prevention | OSHA](#)
  - [Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards | OSHA](#)
  - All center staff will have access to the Hepatitis B Vaccine, and receipt or declination will be documented in the center staff health record.



## Workplace Health Policy



HEALTH QUALITY INNOVATORS

# Infection Prevention & Control Program

## Infection Prevention and Control (IPC) Program

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)

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.

## Infection Prevention and Control (IPC) 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
  - Linens 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,



## Infection Prevention & Control Program



HEALTH QUALITY INNOVATORS

# Additional Finalized Resources

- [Adult Day Center Competency Validation Tools](#)
- [Adult Day Center Monthly Office Hours](#)
- [Adult Day Center Tip Sheets](#)
- [Adult Day Center Policies](#)

Graphic for "Monthly Office Hours - Project Wrap Up and Celebration" on September 14, 2023. It features the HQI logo and "LeadingAge Virginia" branding. The text states: "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 6U50CE000555."

Graphic for "Virginia Adult Day Center Model Infection Control and Prevention Policies Grant Policy Enactment Tip Sheet". It includes a circular diagram with four quadrants: "Policy Enactment", "Monitoring and Compliance", "Audit", and "Review". The text covers:

- What is Policy Enactment?** Policy enactment is getting official permission to implement a policy by following an adult day center's (ADC) approval process.
- Why is Policy Enactment Important?** Authorization for use of the policy grants the center the approval to conduct operations in the manner written or described by the policy. Policy enactment further provides demonstrated support to uphold the purpose of the policy by leadership and staff alike. Without this authorization or permission a center could change practice without the appropriate buy in, causing disruption in workflow, misunderstanding among levels of staff, or possible citations during site assessments by regulating bodies.
- Who Should be Involved in Policy Enactment?** Those involved should be members of a center's team who have analyzed the policies needed, who develop and update those policies, who will put the policies into action, and who will enforce the policies. Key stakeholders should also be included in policy enactment. These are individuals who are supportive of a center's mission, and/or have a vested interest in the success of the center, including:
  1. Government agencies/regulatory entities who design and issue regulations and standards
  2. Trade associations who support centers through advocacy, education, and networking
  3. Board members and executive leaders who provide strategic planning and oversight
  4. Management team who leads the operations of the center as well as oversees daily operations, including policy implementation
  5. Risk managers, quality improvement leaders, or legal representatives, to ensure the policies enacted do not conflict with laws or regulations
- How are Policies Enacted?** The policy enactment process is not always straightforward and may be complex and nuanced. The process and procedures for enacting a policy should be documented and consistently followed to receive official approval for implementation.

This document was prepared by The Adult Day Center Model Infection Control and Prevention Policies grant Collaborative Member (CM) members in 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 Infection Control and Prevention, Evidence-Based Practice (EBP) team. It is provided through this grant and may not be replicated or furnished to others without prior written consent.

Form titled "Point of Care Testing/Assisted Blood Glucose Monitoring Competency Validation". It includes fields for "Type of validation: Return demonstration" (with checkboxes for Orientation, Annual, Other), "Employee Name:", "Job Title:", and a table for "Point of Care Testing Observations (e.g., assisted blood glucose monitoring)". The table has columns for "Step to Evaluate", "Yes/No/NA", and "Comments".

Form titled "Auditing, Monitoring and Compliance". It includes fields for "Initial Effective Date", "Most Recent Revision Date", "Authorized/Reviewed by", and "Standard". Below is a section for "Definition and Overview (define the infection control practice)" and a paragraph describing the purpose of the program. It also includes a section for "Review comparing actual practice to a practice described in a standard..." and a section for "This procedure is important...".

# Policy Template Manual Introduction

 **Template Infection Prevention & Control Policy and Procedures Manual for Adult Day Care Centers in Virginia** 

**Intended Use**

This manual and policy templates were developed by LeadingAge Virginia, in partnership with Health Quality Innovators (HQI), through grant funding from the Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health (VDH).

The policy templates provided are consistent with infection prevention and control guidance from the Centers for Disease Control and Prevention (CDC) and are intended to address Virginia Department of Social Services (VDSS) regulatory standards for adult day care centers pertaining to infection prevention and control.

This manual is intended for use as a **template** for adult day center providers to develop center-specific infection prevention and control policies and procedures. These templates should be reviewed carefully and modified where needed to account for the specifics of the physical plant, center operations, and staff and participant needs. Providers are responsible for ensuring that modifications to templates are consistent with CDC guidelines and VDSS regulations, and any applicable local, state, or federal code.

Each policy and procedure should include enough detail so that all staff persons understand their specific roles and responsibilities for implementation. It is the responsibility of the director to ensure compliance with all policies and procedures as required by the *Standards and Regulations for Licensed Adult Day Care Centers (22VAC40-61-10 et seq.)*.

The manual templates contain yellow highlighted areas that can be customized with facility-specific details or additional considerations. These areas should be addressed, edited, or deleted as applicable to the provider setting before final implementation. There is also a blank policy template, which includes guiding descriptions to assistant providers if they prefer to write their own policies and procedures.

**Disclaimer**

Use of this manual template does not guarantee compliance with all applicable codes, standards, regulations and/or rules, and centers may still be subject to citations, violations, penalties, or licensure actions for noncompliance. Providers remain responsible for maintaining compliance with all statutes and rules governing licensed adult day care centers. The final implemented version of these policies and procedures are subject to regulatory compliance. **This policy template manual is compliant with the standards and regulations set forth by VDSS as of September 1, 2023.**

Neither LeadingAge Virginia (association), nor its employees guarantee the accuracy, reliability, or timeliness of any content contained in this manual or related resources nor endorse any content, viewpoints, products, or services mentioned in the manual. The association, its employees, and affiliated partners, including HQI, shall not be held liable for any outcomes, losses, or damages caused by any individual's choice to utilize or rely on such information contained herein. Portions of the content included herein may be subject to change at any time and may become incorrect or outdated. Any person or entity that relies on any information obtained from this manual does so at his or her own risk, and by utilizing the information contained herein agrees to hold harmless LeadingAge Virginia, its employees, and affiliated partners.

**Template Infection Prevention & Control Policy and Procedures Manual for Adult Day Care Centers in Virginia**

**Core Practices for Infection Prevention**

In addition to the comprehensive infection control policies and procedures included in this manual template, an effective infection prevention program requires additional center support. The following [CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#) are recommended to include as part of your infection control program:


- Designate an individual on staff to provide leadership and management to the program.
- Provide training and education to all staff on infection prevention upon hire, at least annually, and as needed based on observed behaviors that:
  - Are job specific.
  - Address lapses/gaps in adherence to infection control practices.
  - Address newly recognized infection transmission threats [new equipment or procedures, new pathogens (germs)].
  - Include competency validation (a way to determine that staff understand their responsibilities and can adhere to infection control practices while performing job duties).
- Provide appropriate infection prevention information to participants, family members, visitors, volunteers, and others in the caregiving network, including:
  - Information about how infections are spread, how they can be prevented and what signs or symptoms should be reported for evaluation.
  - Materials that address varied levels of education, language comprehension, and cultural diversity.
- Routinely monitor staff performance of infection prevention and control behaviors and provide feedback.



## Template Procedure Manual

**Celebrate Success!**

# Overview of the Project

 **4** office hours

 **15** average attendees

 **133** Total office hours participants



# Overview of the Project



**13**  
policies



**4** tip  
sheets



**622**  
downloads

Top **3**  
downloaded  
policies



Hand  
Hygiene

**126 downloads**



Respiratory  
Hygiene and  
Cough Etiquette

**80 downloads**



Blood Glucose  
Testing

**79 downloads**

# Celebrating Success and Creating a Roadmap for the Future!

## National Adult Day Services Week September 17-23, 2023



# Thank you!

- Heather Turbyne-Pollard – Circle Center
- Mike Martelli – Family Member
- Jessica Peters – Insight Memory Care Center
- Michael DiGeronimo – Arlington Adult Day Program
- Carla Groff – Bedford Adult Day Center
- Stephanie Houpt – Insight Memory Care Center
- Geeta Gnawali – Herndon Center
- Maria Zabala – Mount Vernon Center
- Ruth Parsons – Retired Center Director
- Anthony Nappi – UVA School of Medicine
- Erin Arizmendi – VDSS Infection Preventionist
- Betsy Archer – LeadingAge Virginia Grants Administrator
- Kayla Parkins – VDH Infectious Diseases Intern, William & Mary Student



# Cause for Celebration!



“ The templates you gave us are an INCREDIBLY helpful starting place to make sure we are meeting ADHC regulatory standards. The additional considerations at the bottom of the policy templates and the links to resources are incredibly helpful as well. What a fantastic program – thank you! ”



# Cause for Celebration!

What adult day centers are saying about this project  
(Microsoft form feedback):

We benefitted greatly.

This has been very helpful to our center.


Really like the Notes and Recommendations section at the end - provides great additional thoughts and considerations to facilities for personalization of policies.

Most used project resources per feedback:

Office hours recordings

Policy templates

# Moving Forward...



**Feedback  
from  
ADCs**

“ This has been extremely helpful for me and our program. Thank you. ”

“ My biggest challenge has been managing my time commitments at my program...to take the time to update/upgrade our current policies. ”

“ Like that they are specifically designed for ADCs, they are informative but not too lengthy, and easily understood by all levels of staff They can be used as a staff orientation tool. They fulfill DSS policy requirements leaving no gaps. So far, haven't identified anything I DISLIKE about them. ”

“ Create an online resource library for ADCs to access policies/resources. ”

“ I wish we had this kind of program for other ADC regulations, particularly emergency disaster and medication management policies! ”

# Moving Forward: *What's Next?*

## Prioritizing Implementation

- Guarantee that all licensed ADCs receive an **ADC Model IPC Policies Compendium Notebook**
- Publish an **ADC IPC Resource Library** on the LeadingAge Virginia webpage
- Conduct a **Needs Assessment** with ADCs to help determine readiness for policy implementation and what support is needed
- Continue to provide virtual education through **Office Hours**, with content shared from guest presenter subject matter experts







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