

# Template Infection Prevention & Control Policy and Procedures Manual for Licensed Assisted Living Facilities in Virginia

## Intended Use

This manual and the policy and procedure templates were developed by the Virginia Department of Social Services (VDSS) Division of Licensing Programs (DOLP) through funding received from the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging and Infectious Diseases Cooperative Agreement (ELC) grant received from Virginia Department of Health (VDH). The template policies and procedures provided are consistent with infection prevention and control guidance from Centers for Disease Control and Prevention (CDC) and are intended to address VDSS regulatory requirements within *Standards for Licensed Assisted Living Facilities* pertaining to infection prevention and control.

This manual is to serve as a **template** for assisted living facility (ALF) providers to develop facility-specific policies and procedures for infection prevention and control. These templates should be reviewed carefully and modified where needed to account for the specifics of the physical plant, facility operations, and staff and resident 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 that all staff persons understand their specific roles and responsibilities for implementation. It is the responsibility of the administrator to ensure compliance with all policies and procedures as required by the *Standards for Licensed Assisted Living Facilities (22VAC40-73-150-C.3)*.

These manual templates contain highlighted areas for providers to fill in information for consideration and/or additional details. 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 descriptions for use to write policies and procedures if providers desire to write their own.

## Disclaimer

Use of this manual template does not guarantee compliance with all applicable Codes, Standards, Regulations and/or Rules, and a facility 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 assisted living facilities. The final implemented version of these policies and procedures are subject to regulatory compliance.

## Core Practices for Infection Prevention

In addition to comprehensive infection control policies and procedures in this manual template, an effective Infection Prevention program requires additional facility support. It is recommended that you incorporate additional [\*CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings\*](#) as part of your infection control program, as follows:

- Demonstrate leadership support for infection prevention and control in a visible and tangible way
- Provide training and education to all staff on infection prevention upon hire and at least annually that:
  - is job specific
  - addresses lapses/gaps in adherence to infection control practices
  - addresses newly recognized infection transmission threats (new equipment or procedures, new pathogens [germs])
  - includes 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 residents, family members, visitors, 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



# Infection Prevention and Control (IPC) Program Manual For [Facility Name]

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## Example Policy Template - Insert Title

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

### **Definition (define the infection control practice)**

Enter an evidence-based definition for the infection control practice based on CDC guidelines, using ordinary (non-clinical) language whenever possible.

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

This policy and procedure document is intended to address the requirements of [insert Standard numbers here]

Additionally provide information about why following the infection control practice is important and how the practice contributes to the prevention and/or control of communicable disease.

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

Identify who in the facility is expected to follow the policy/procedure. This may include staff, volunteers, contractors, vendors, visitors, or residents. This may also include information on who is responsible for enforcing or oversight of the policy /procedure.

### **Policy**

- List individual policy elements.
- Be concise and clear.
- Avoid words that imply choice, like “should” or “may”

### **Procedure**

**Use a sub-heading if more than one procedure will be described (this subheading can be used in other sections as needed)**

- Describe the procedure for the infection control behavior
- Use evidence-based resources for procedure development
- Be clear and concise with each step described

### **Guidelines and Resources for Policy/Procedure Development**

- YYYY Title of Resource Used (this is likely to be a page title from a web page-see example below): [webaddresslink/webaddresslink/webaddresslink.html](#)
- (EXAMPLE) 2022 CDC Guideline for Hand Hygiene in Healthcare Settings: <https://www.cdc.gov/infection-control/hcp/hand-hygiene/>

# 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

## Definition (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 practices is essential to providing safe and high-quality patient 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 infection prevention and control (IPC) program.

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

This document is intended to address the requirements of 22VAC40-73-100 A, 22VAC40-73-100-B, 22VAC40-73-100-C.2.a, 22VAC40-73-100 C.5, 22VAC40-73-100-E, 22VAC40-73-100-F.

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 residents, staff, and visitors.

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

All staff, volunteers, visitors, contracted services, and residents 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 facility premises, including all buildings and grounds.

The facility administrator, designated health care professional and designated staff person/point of contact for the IPC program identified in the policy below shall have specific responsibility for the implementation and monitoring of the policies and procedures of the IPC program.

## Policy/Procedure

### IPC Program Structure

- This facility 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 federal Centers for Disease Control and Prevention (CDC) guidelines and the Federal Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations
- This facility will have a licensed health care professional practicing within the scope of his/her profession, and with training in infection prevention, participate in the

development of IPC policies and procedures. This healthcare professional will additionally ensure compliance with applicable guidelines and regulations and participate in IPC program reviews (described below)

- Identify who will act as the designated health care professional and the type of training they have received in infection prevention by role/title OR by specifying that this is a contracted service and name of company/contracted vendor.
- The [specify by role/title in the facility] 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 (described below)
- The comprehensive IPC program shall include this manual and all additional plans, policies, and procedures that serve to aid in the surveillance, prevention and control of disease and shall include (but not be limited to) those plans, policies and procedures that address the following:
  - Prevention (hand hygiene, standard precautions, respiratory hygiene/cough etiquette, transmission-based precautions, personal protective equipment, point-of-care testing and injection safety, occupational health)
  - Cleaning and disinfection
  - Linen management and laundry services
  - Regulated medical waste handling
  - Pest control
  - Communicable disease surveillance and reporting
  - Management of bloodborne pathogen exposures

### **IPC Program Reviews**

- The facility administrator 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 Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA) and the Virginia Department of Health (VDH)
- The designated healthcare professional shall be included in each annual review to ensure compliance with applicable guidelines and regulations
- Documentation of annual reviews will be maintained at the facility
- Updates and changes should be noted on the IPC Program Review document
- 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 facility, 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

- IPC program reviews should include facility leadership, representatives from multiple departments in the facility, as applicable, and direct care staff. **List specific departments or roles to be included, if known, in the program reviews**

*NOTE: Representation of multiple departments may be dependent the size and staffing structure of the facility*

### **Surveillance for Communicable Disease**

- Ongoing surveillance shall be performed to determine when unusual levels of illness activity are occurring and when reporting of illness is required.
- **Describe here how your facility will perform surveillance for disease and track the number of infections. (This could include reports generated from records, periodic reports, or meetings. This could also include surveillance line lists (e.g., illness log) for specific conditions. Specify exactly who is responsible for monitoring and how often. Surveillance should be performed for all types of communicable diseases, including respiratory infections, gastrointestinal illnesses, etc.)**

### **Communicable Disease Outbreaks**

- An outbreak will be suspected if there is an unusual level of illness that may be spread from person to person.
  - The most common types of illness that cause outbreaks are respiratory illnesses, gastrointestinal illnesses, and rash illnesses
- When an outbreak of communicable disease is suspected or confirmed, the facility administrator shall ensure that a report is made to both the Licensing Inspector assigned to the facility and to the Local Health District (LHD) of the Virginia Department of Health within each agency’s required timeframe.
  - **VDSS Licensing Inspector: Insert name, phone number, email address**
  - **LHD Epidemiologist: Insert epidemiology number (if known) or main number OR by using the VDH Suspected Outbreak Reporting Portal at <https://redcap.vdh.virginia.gov/redcap/surveys/?s=M3YRJPNRHP> which funnels to your LHD.**
    - **Locate your Local Health Department at <https://www.vdh.virginia.gov/health-department-locator/>**
- Suspected outbreaks must be reported even if the cause or specific disease has not yet been diagnosed
- When an outbreak is suspected or confirmed, the Local Health District (LHD) of the Virginia Department of Health (VDH) will be contacted by the administrator or designee seeking recommendations for prevention and/or control of transmission
  - When recommendations are received from VDH, those recommendations must be implemented

- Documentation will be maintained at the facility regarding notifications to VDSS and VDH about suspected or confirmed outbreaks and recommendations received

### **Resident Placement**

- Medical records for prospective and returning residents shall be reviewed (including history and physical or discharge summary, laboratory results and diagnoses) prior to admission/return to determine if that resident has any infectious disease and to determine appropriate measures to prevent disease transmission (resident placement, need for transmission-based precautions/isolation)
- If multiple residents are diagnosed with a communicable illness that requires additional precautions, the administrator or designee will contact the LHD for recommendations regarding isolation and/or cohorting of residents with the same illness

### **Guidelines and Resources for Policy/Procedure Development**

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 Virginia Department of Health Outbreak Reporting: <https://www.vdh.virginia.gov/epidemiology/epidemiology-fact-sheets/fact-sheet-outbreak-reporting-requirement/>
- 2023 Virginia Department of Health Disease Reporting and Control Regulations: <https://www.vdh.virginia.gov/clinicians/disease-reporting-and-control-regulations/>

# Hand Hygiene

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition

Hand hygiene is the act of cleaning one's hands. Hand hygiene is typically performed by using either alcohol-based hand rub (ABHR) or washing hands with soap and water. The Centers for Disease Control and Prevention (CDC) includes hand hygiene as a component of Standard Precautions, which is a set of basic infection prevention practices that prevent transmission of germs.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100-A, 22VAC40-73-100 C.1.a & C.1.c, 22VAC40-73-100 C.3.

Hand hygiene is a simple and effective method for preventing the spread of pathogens (harmful germs), such as bacteria and viruses, which cause infections. Pathogens can contaminate hands during direct contact with residents or contact with contaminated equipment and environmental surfaces located near the resident. Failure to clean contaminated hands can result in the spread of these pathogens to residents, staff (including the person whose hands were contaminated), and environmental surfaces.

To protect our residents, visitors, and staff, our facility promotes hand hygiene practices during all care activities and when working in all locations within the facility.

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

All staff and volunteers in the facility are responsible for following hand hygiene policies and procedures as applicable to their role. Visitors and residents are highly encouraged to follow hand hygiene policies and procedures.

## Policy

- The supplies necessary for hand hygiene using soap and water (soap, water, paper towels) and alcohol-based hand rub (ABHR) are always accessible and in adequate supply
  - **Role/title in the facility** is responsible for checking and maintaining appropriate supply levels. Supply levels will be monitored **insert timeframe/frequency (e.g., daily, or weekly)**
  - Soap and ABHR containers are never to be topped off (*adding soap/ABHR to a partially empty dispenser*) when partially filled. They are to be replaced when necessary
- Staff are to receive education on hand hygiene policies and procedures upon hire and at least annually thereafter

- Volunteers are to receive education on hand hygiene policies and procedures prior to beginning volunteer service and at least annually thereafter
- Hand hygiene using ABHR or soap and water should be used for the following indications:
  - Immediately before touching a resident
  - Before performing an aseptic task (e.g., giving an injection) or touching/handling invasive medical devices (e.g., urinary catheter)
  - Before moving from work on a soiled body site to a clean body site on the same resident
  - After touching a resident or the resident's immediate environment
  - After contact with blood, body fluids, or contaminated surfaces
  - Immediately after removing gloves or other personal protective equipment (PPE)
- Unless hands are visibly soiled, alcohol-based hand rub (ABHR) is preferred for staff use over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are an effective method of cleaning hands when a sink is not available
- **Hand hygiene with soap and water (instead of ABHR) must be performed** in certain instances:
  - When hands are visibly soiled
  - After using the restroom
  - Before, during and after preparing food
  - Before eating
  - When caring for a resident with known or suspected C. difficile or norovirus infection, or other condition requiring soap and water handwashing
- **Hand hygiene with soap and water** is also recommended for the following non-healthcare indications:
  - Before touching eyes, nose, or mouth
  - After smoking or performing any action which may leave a chemical residue on the hands
  - After taking out trash or rubbish
  - After performing cleaning activities
  - After touching an animal, animal feed/treats, or animal waste
  - After gardening or being outdoors
- Use of gloves is not a substitute for performing hand hygiene.
- Appropriate hand hygiene includes diligently cleaning and trimming fingernails, which may harbor dirt and germs and can contribute to the spread of some infections. **If your facility has specific policies regarding fingernail length, use of artificial nails and extenders, hand care, and use of lotions insert that information here, otherwise delete this line**
- Residents should be encouraged and/or assisted to perform hand hygiene at regular intervals. Opportunities for encouraging hand hygiene include:
  - Before and after eating

- After using the restroom
- Before and after touching eyes, nose, or mouth
- After blowing their nose, coughing, or sneezing
- Before and after participation in group activities

*Note: Other facility policies and procedures should reinforce hand hygiene practices by incorporating performance of hand hygiene as a critical step during activities. Examples may include policies on wound care, handling of medical devices (e.g., indwelling urinary catheters), and medication preparation and administration. Auditing and monitoring of implementation of critical infection prevention behaviors like hand hygiene is an important additional component of effective infection prevention. Consider including information regarding facility policies and procedures for auditing and monitoring.*

## **Procedure**

### **Hand hygiene using alcohol-based hand rub (ABHR):**

- Apply to hands the amount of product recommended by the manufacturer. If no specific amount of product is recommended, apply enough product to cover all the surfaces of the hands and fingers
- Rub hands together, including all surfaces of hands and fingers. Don't forget the backs of hands, between fingers and fingertips
- Continue rubbing until hands feel dry, which should take approximately 15 to 20 seconds

### **Handwashing using soap and water:**

- Turn on water (avoid using hot water to prevent drying of skin) and wet hands
- Leave faucet running during handwashing
- Apply soap to hands, using the amount recommended by the manufacturer. If no specific amount of product is recommended, apply enough soap to generate lather to cover all the surfaces of the hands and fingers.
- Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Don't forget the backs of hands, between fingers and fingertips
- Rinse hands with water and use disposable/paper towels to dry hands
- Use a disposable/paper towel to turn off the faucet

## **Guidelines and Resources for Policy/Procedure Development**

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 CDC Guideline for Hand Hygiene in Healthcare Settings: <https://www.cdc.gov/infection-control/hcp/hand-hygiene/>
- 2022 CDC Hand Hygiene in Communities: Clean Hands Save Lives: <https://www.cdc.gov/clean-hands/about/index.html>
- 2022 CDC When and How to Wash Your Hands. <https://www.cdc.gov/clean-hands/about/>

# Selection and Use of PPE for Standard Precautions

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (define the infection control practice)

Standard precautions are a set of practices that both protect staff from infection and prevent the spread of infection from resident to resident. Standard precautions include the use of personal protective equipment (PPE) based on the task to be performed to reduce the risk.

PPE includes a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with pathogens. PPE includes gloves; gowns; face protection, including facemasks, goggles, and face shields; and respiratory protection (including N95 respirators).

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100-C.1.a-b, 22VAC40-73-100 C.3.

This policy describes expectations for the use of PPE that will help prevent exposure to blood, body fluids and other potentially infectious materials during care of residents and their environment. Proper selection and use of PPE is one element of Standard Precautions and is an important strategy for preventing the transmission of pathogens (harmful germs) to residents, staff, and visitors.

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

ALL staff and volunteers are expected to follow the principles of Standard Precautions, including the use of PPE as described in this policy.

## Policy

### Availability of PPE

- Appropriate personal protective equipment (PPE) shall always be accessible to staff in adequate supply.
- **Role/title in the facility** is responsible for checking and maintaining appropriate supply levels. Supply levels will be monitored **insert timeframe/frequency (e.g., daily, or weekly)**
- **Include facility-specific information including storage location(s) and how staff can access additional supplies as necessary**

### Principles of Standard Precautions

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

- PPE selection and use shall be based on the type of interaction/task and the potential for exposure to blood, body fluids, secretions, excretions (except sweat) and non-intact skin for ***all residents and all tasks where exposure is possible***, regardless of any suspected or confirmed infection status
- Use of PPE for Standard Precautions applies to both direct resident care (physical care) and care and cleaning of the resident environment (including environmental surfaces and resident care equipment/devices)
  - Environmental surfaces and resident care equipment/devices that have been exposed to blood, body fluids, secretions, excretions (except sweat), non-intact skin (including rashes) and mucous membranes are considered ***potentially contaminated***

### Factors Influencing PPE Selection

- Staff and volunteers must consider the type of exposure potential (e.g., splash/spray versus touch) before selecting PPE
- Staff must consider the durability, appropriateness and fit of the PPE selected for the task that they are going to perform

### Types of PPE

- ***Gloves*** must be worn when there is a potential that hands will contact blood, body fluids, mucous membranes, non-intact skin or potentially contaminated environmental surfaces or equipment.
  - *NOTE: gloves should also be worn for other reasons, such as exposure to chemicals, which are described in other policies and procedures in this manual.*
- ***Gowns*** must be worn when there is potential for the body or uniform to come into direct contact with blood, body fluids, secretions, or excretions (except sweat), non-intact skin (including rashes) and mucous membranes or potentially contaminated environmental surfaces or equipment
- ***Face Protection*** must be worn when performing tasks that could generate splashes or sprays of blood, body fluids or other potentially infectious materials.
  - Face protection includes face shields or a combination of both a fluid-resistant facemask and goggles
  - Prescription glasses ***do not count*** as eye protection
  - During the care of residents with respiratory symptoms (coughing/sneezing) a facemask and eye protection must be worn. *See the policy on Respiratory Hygiene and Cough Etiquette for additional information*

### Proper Use of PPE (Dos and Don'ts)

- Hand hygiene must be performed immediately before putting on PPE and immediately after removing PPE
- Potentially contaminated PPE must be removed and discarded (or placed in an appropriate location for reprocessing) before leaving the work area (e.g., Gloves worn during resident care should not then be worn while walking in the hallway)

- Potentially contaminated PPE must be removed and discarded, and fresh PPE put on when moving from work on a contaminated body site to a clean body site (e.g., when transitioning from incontinent care to oral care)
- Disposable PPE must be discarded according to guidelines for disposal of regulated medical waste. *Refer to the Regulated Biohazard Waste Disposal Policy regarding appropriate disposal*
- Utility gloves may be decontaminated for reuse if their integrity is not compromised (there is no cracking, peeling, tearing, puncturing, or deterioration)
- Disposable PPE must never be washed or decontaminated for reuse

## Procedure

1. Identify the appropriate types of PPE for the task, according to anticipated exposure, according to the Factors Influencing PPE Selection and Types of PPE sections above
2. Identify when and how PPE should be donned (put on) and doffed (removed) before and after the task
  - a. PPE should be put on before entering the area where the task is to be performed and removed before exiting that area
3. Perform hand hygiene immediately prior to putting on PPE
4. Follow CDC guidance for putting on PPE in the proper sequence to prevent contamination
  - a. PDF is available at <https://www.cdc.gov/healthcare-associated-infections/media/pdfs/ppe-sequence-p.pdf>
5. Perform task
6. Follow CDC guidance for removing PPE in the proper sequence to prevent contamination
  - a. See PDF link above
7. Dispose of PPE in a proper receptacle before leaving the work area
8. Immediately perform hand hygiene after removing PPE

*NOTE: Other policies and procedures should reinforce proper use of PPE by incorporating use as a critical step. Examples of policies/procedures that might incorporate PPE include (but are not limited to) performing phlebotomy, room cleaning and other environmental services policies, managing incontinence and wound care.*

## Guidelines and Resources for Policy/Procedure Development

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2007 CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <https://www.cdc.gov/infection-control/hcp/isolation-precautions/>
- 2022 CDC Standard Precautions for All Patient Care: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>

# 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

## Definition (define the infection control practice)

The Centers for Disease Control and Prevention (CDC) has developed a set of measures that are intended to prevent the transmission of respiratory pathogens (germs). These measures are a component of Standard Precautions and are known as Respiratory Hygiene and Cough Etiquette.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100 C.1.a-b, 22VAC40-73-100 C.3

Respiratory infection control measures are needed to prevent the spread of respiratory infections in assisted living settings. Respiratory Hygiene and Cough Etiquette are a component of Standard Precautions and must be implemented as part of a comprehensive infection control program.

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

Everyone in the facility including facility staff, contract workers, volunteers, visitors, and residents have responsibilities under this policy and procedure.

## Policy

- Staff, volunteers, and visitors will be alerted to the importance of informing the facility of any symptoms of a respiratory infection
  - Visual alerts will be posted at the entrance(s) as a reminder during the fall and winter respiratory illness season and at any time that there is a heightened respiratory illness level in the community
  - Visual alerts will be posted at the entrance(s) as a reminder to adhere to cough etiquette
    - [CDC Cover Your Cough Flyer](#)
    - [VDH Cover Your Cough Flyer](#)
- Staff and volunteers in the facility shall be responsible for following procedures for respiratory hygiene/cough etiquette to contain respiratory secretions, and especially if they are experiencing symptoms of a respiratory infection
- Residents and visitors should be encouraged to follow procedures for respiratory etiquette to contain secretions as they are able, especially if they are experiencing symptoms of a respiratory infection
- Supplies and materials necessary for adhering to respiratory hygiene and cough etiquette will be accessible, including:

- Tissues and no-touch waste receptacles
- Supplies for hand hygiene, including alcohol-based hand rub where soap and water is not immediately available
- During periods of increased respiratory infection activity (e.g., cold and flu season)
  - Facemasks (procedure masks or surgical masks) will be available and readily accessible to any person who is coughing to contain respiratory secretions
  - Coughing persons will be encouraged to maintain at least three (3) feet of distance from others in common areas
- Facility staff must observe droplet precautions (e.g., wearing a surgical or procedure mask for close contact) in addition to Standard Precautions when providing care for a resident with symptoms of a respiratory infection, especially with fever
  - The symptomatic resident should wear a mask for source control, if able
  - Droplet precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires droplet precautions

## **Procedure**

### **Respiratory Hygiene/Cough Etiquette**

1. Cover your mouth and nose with a tissue when coughing or sneezing
2. Dispose of tissues in the nearest waste receptacle after use
3. Perform hand hygiene after disposing of tissues, having contact with respiratory secretions or after having contact with other contaminated or potentially contaminated objects

### **Hand Hygiene**

See facility policy on hand hygiene for full procedure.

### **Droplet Precautions**

See facility policy on transmission-based precautions for full procedure.

## **Guidelines and Resources for Policy/Procedure Development**

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 CDC Cover Your Cough Flyer: [https://www.cdc.gov/flu-resources/media/pdfs/2024/08/covercough\\_hcp8-5x11.pdf](https://www.cdc.gov/flu-resources/media/pdfs/2024/08/covercough_hcp8-5x11.pdf)
- 2022 CDC Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings: <https://www.cdc.gov/flu/hcp/infection-control/healthcare-settings.html>
- 2022 VDH Cover Your Cough Flyer: <https://www.vdh.virginia.gov/content/uploads/sites/3/2016/01/CoverYourCoughSign.pdf>

# Transmission-Based Precautions

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (define the infection control practice)

According to the Centers for Disease Control and Prevention (CDC), transmission-based precautions are a group of Infection Prevention and Control (IPC) practices that are used in addition to Standard Precautions for residents who may be infected or colonized with infectious agents that require precautions to effectively prevent transmission. There are three categories of transmission-based precautions: contact precautions, droplet precautions and airborne precautions.

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

This policy and procedure document is intended to address the requirements 22VAC40-73-100 C.1.a-b, 22VAC40-73-100 C.3. 22VAC40-73-300-B, 310-H-4).

Appropriate resident placement, including implementation of additional precautions is a component of CDC Standard Precautions. Transmission-Based Precautions are used for residents who are known or suspected to be infected or colonized with infectious agents, which require additional control measures to effectively prevent transmission. Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.

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

All staff who enter the resident care environment have a responsibility to understand and follow this policy and procedure.

Identify who (by role/title) in the facility is responsible for making decisions about when transmission-based precautions are to be applied and discontinued here.

## Policy

- **If your facility cannot or does not admit or retain residents with conditions that require certain types of transmission-based precautions, insert your facility-specific policy information in addition to (or in place of) information in this template**
- This facility shall adhere to CDC recommendations regarding the use of transmission-based precautions, which can be viewed in detail on the web at <https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html>
- Contact Precautions will be implemented for residents with known or suspected infections that have an increased risk for transmission via contact (e.g., acute diarrheal illness or draining wound)

- Droplet Precautions will be implemented for residents with known or suspected infections with germs that could be transmitted by respiratory droplets (when the resident coughs, sneezes or talks)
- Airborne Precautions will be implemented for residents known or suspected to be infected with pathogens transmitted by the airborne route (e.g., COVID-19)
- When residents are placed on transmission-based precautions
  - Explain who (by role/title) is responsible for notification and education of residents, staff and family Explain who (by role/title) is responsible for determining what type of signage will be used at the room entry to communicate what precautions must be used and who (by role/title) is responsible for posting that signage
    - [CDC example signage in English and Spanish](https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html)  
(<https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html>)
  - Explain who (by role/title) is responsible for documentation in the staff communication log and/or resident record, and what specific details should be recorded
  - Explain how resident/visitor interactions are to be managed
  - Explain how donning stations (where PPE is accessed and put on prior to entering an area under transmission-based precautions) are to be set up (e.g., an isolation cart (or equivalent) outside of the room)
  - Explain how doffing areas (where PPE is removed before exiting the area under transmission-based precautions) are to be set up (this may be a trash can, biohazard container or both near the room/area exit)
  - Explain how the handling of resident care equipment will change (e.g., dedicating equipment to a single resident or cleaning and disinfection expectations for shared equipment)

## Procedure

### General Procedure for Application of Transmission-Based Precautions

1. Identify appropriate PPE for the type of Transmission-Based Precaution to be implemented addressed below.
2. Perform hand hygiene prior to donning PPE.
3. Put on the appropriate type(s) of PPE prior to entry to the area under transmission-based precautions, following CDC guidelines.
4. Remove PPE immediately prior to exiting the resident room, following CDC guidelines for removal.

5. Discard PPE in the appropriate waste container. PPE that could potentially release liquid or semi-liquid blood or body fluids or release caked dried blood or body fluids must be discarded in a biohazard container.
6. Perform hand hygiene.

### **Procedure for the Application of Contact Precautions**

1. Ensure appropriate resident placement in a single resident space or room if available. If a single room is not available, **insert role/title responsible for room assignments in your facility** will make room placement decisions balancing risks to other residents.
2. Use personal protective equipment (PPE) appropriately, following CDC guidelines for putting on and removing. Wear a gown and gloves for all interactions that may involve contact with the resident or the resident's environment. Donning PPE upon room entry and properly discarding before exiting the resident room is done to contain pathogens.
3. Limit transport and movement of residents outside of the room to medically necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the resident's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting residents on Contact Precautions. Don clean PPE to handle the resident at the transport location.
4. Use disposable or dedicated resident-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple residents is unavoidable, clean and disinfect such equipment per manufacturer's instructions before use on another resident. **Refer to Cleaning and Disinfecting Policy or insert facility protocols here.**
5. Prioritize cleaning and disinfection of the rooms of residents on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily) focusing on frequently touched surfaces and equipment in the immediate vicinity of the resident. Disinfection should be performed by using an EPA-registered disinfectant that is effective against the pathogen, being sure to follow all manufacturer instructions and guidelines for preparation and use

### **Procedure for the Application of Droplet Precautions**

1. Have the resident wear a mask for source control, especially when receiving face-to-face care
2. Ensure appropriate resident placement in a single resident space or room if available. If a single room is not available, **insert role/title responsible for room assignments in your facility will** make room placement decisions balancing risks to other residents
3. Use personal protective equipment (PPE) appropriately, following CDC guidelines for putting on and removing. Don a mask upon entry to the resident room or space. Doff the mask and properly discard upon exiting the resident room to contain pathogens
4. Use personal protective equipment (PPE) appropriately, following CDC guidelines for putting on and removing. Wear a gown and gloves for all interactions that may involve

contact with the resident or the resident's environment. Donning PPE upon room entry and properly discarding before exiting the resident room is done to contain pathogens

### **Procedure for the Management of a Resident Suspected to be Infected with an Airborne-Transmissible Illness Until Transfer**

3. Place the resident in a private room with the door closed
4. Transfer the resident as soon as feasible to a facility with an airborne infection isolation room (AIIR)
5. Instruct the resident to wear a surgical mask, if possible, when being transported out of the facility
6. Staff entering the room should wear a fit-tested NIOSH-approved N95 or higher-level respirator

### **Procedure for the Application of Airborne Precautions**

1. Have the resident wear a facemask for source control, especially when receiving face-to-face care (unless they are unable)
2. **Ensure appropriate resident placement in an airborne infection isolation room (AIIR).** In settings where an AIIR is unavailable, masking the resident and placing the resident in a private room with the door closed will reduce the likelihood of airborne transmission until the resident is either transferred to a facility with an AIIR or returned home
3. Restrict susceptible healthcare personnel from entering the room of residents known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available
4. Use personal protective equipment (PPE) appropriately, following CDC guidelines, including a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel
5. Limit transport and movement of residents outside of the room to medically necessary purposes. If transport or movement outside an AIIR is necessary, instruct residents to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette
6. Contact **insert the name of medical provider if applicable** OR the Local Health Department at **insert contact information** to determine if additional steps need to be taken to identify and evaluate exposed susceptible persons as soon as possible. Some airborne illnesses can be prevented with post-exposure immunization (like smallpox, varicella, or measles)

## **Guidelines and Resources for Policy/Procedure Development**

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 CDC Infection Control: Transmission-Based Precautions: <https://www.cdc.gov/infection-control/about/index.html>
- 2022 CDC Standard Precautions for All Patient Care: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>
- 2007 CDC Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions in Addition to Standard Precautions: <https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-table-2.html>
- 2007 CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <https://www.cdc.gov/infection-control/hcp/isolation-precautions/>

# Point-of-Care Blood Glucose Testing

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (define the infection control practice)

Point-of-care blood testing is diagnostic testing that is performed at or near the site of resident care. This is accomplished by obtaining a blood specimen from the resident, often by pricking their finger with a fingerstick device and then using a portable, handheld instrument such as a blood glucose meter to obtain a reading. The testing provides an immediate laboratory result to inform the clinical management of the resident's blood glucose level.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100-C.2(b), 22VAC40-73-100-C.2(c), 22VAC40-73-100-C.2(f).

Unsafe practices during point-of-care blood testing, including reuse of fingerstick devices for more than one resident, using a meter for more than one resident without proper cleaning and disinfection after each use, and failing to change gloves and perform hand hygiene between resident contacts, have resulted in exposure of residents to life-threatening infections. To protect our residents and staff, we must ensure safe practices are always followed when performing point-of-care blood testing.

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

Staff who are credentialed/authorized to perform point-of-care blood testing are responsible for following this policy and procedure for point-of-care glucose testing. Consider including a list of roles/titles who perform glucose testing.

Role/title in facility is responsible for ensuring proper implementation and ongoing monitoring of point-of-care blood glucose testing.

## Policy

- Glucose meters are not to be shared between residents, and should be dedicated for single-resident use
  - Glucose meters must be labeled with resident information
- *NOTE: Having dedicated glucose meters for each resident is the CDC best practice. However, If the facility does permit use of meters for more than one resident, the policy should describe the expectations for ensuring that meters are properly handled, cleaned, and disinfected to prevent disease transmission.*

- Meters must be cleaned and disinfected according to the manufacturer’s instructions after each use and before storing
- Glucose meters must be stored between uses in a way that prevents contamination and prevents unauthorized access
- Only single-use, auto-disabling lancing devices are to be used to perform finger sticks.
- *Consider including policy regarding facility response if unsafe practices during point-of-care testing are identified during staff observation*
- *Consider including noninfectious considerations such as the need for calibration of point-of-care testing meters, if indicated*

## Procedure

1. Gather all necessary supplies, glucometer; single-use, auto-disabling fingerstick device; alcohol wipes; test strip; disposable gloves; and the products recommended for cleaning and disinfection of the meter
2. Ensure the meter has been properly calibrated within the timeframe recommended by the manufacturer
3. Ensure you are familiar with the proper use of the meter (e.g., does the manufacturer require the test strip to be inserted in advance of the procedure)
4. Verify the resident order and information
5. Perform hand hygiene
6. Don nonsterile gloves
7. Clean the resident’s finger using an alcohol wipe
8. Prick the resident’s finger using the single-use, auto-disabling lancing device and properly dispose of the used fingerstick device
9. Transfer blood to the test strip and obtain the reading
10. Apply pressure using gauze or an alcohol wipe to the fingerstick wound
11. Discard all used supplies
12. Remove and discard gloves and perform hand hygiene
13. Clean and disinfect the glucose meter after each use, per the meter’s manufacturer instructions
14. Store the meter between uses, in a manner that prevents contamination (e.g., in the medication cart, a cabinet or a drawer). Glucose meters shall be stored **list location(s) for your facility**

*NOTE: Procedures for cleaning and disinfecting the meter after each use should be based on the manufacturer’s instructions. Staff should wear gloves when cleaning and disinfecting the meter and only use products recommended by the manufacturer to ensure compatibility with the device.*

## **Guidelines and Resources for Policy/Procedure Development**

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 CDC Standard Precautions for All Patient Care: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>
- 2022 CDC Blood Glucose Monitoring: <https://www.cdc.gov/injection-safety/hcp/infection-control/>

# Injection Safety

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (define the infection control practice)

Injection safety or safe injection practices are a part of Standard Precautions and include a set of measures taken to perform injections in a manner that is optimally safe for residents, facility staff, and others.

A safe injection does not harm the recipient, does not expose the provider to any avoidable risks, and does not result in waste that is dangerous for the community (e.g., through inappropriate disposal of injection equipment).

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100-C.2.b.

Unsafe injection practices, including reuse of needles and syringes and mishandling of injectable medications, have resulted in exposure of residents to pathogens. To protect our residents and staff, we must ensure that safe injection practices are always followed when preparing and administering injectable medications.

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

Staff who are credentialed/authorized to prepare and administer injectable medications are responsible for following this policy and procedure for safe injection practices. Consider including a list of roles/titles who perform injections.

Role/title in facility is responsible for ensuring proper implementation and ongoing monitoring of safe injection practices.

## Policy

- Injections (and all medications) must be prepared in a dedicated, clean space per the principles of aseptic technique.
- Supplies necessary for adherence to safe injection practices
  - Will be available in adequate supply in medication preparation areas
  - Will be stored in a manner that prevents contamination
  - Will be checked and restocked insert frequency by insert role/title
- Store medications securely and in accordance with manufacturer recommendations
  - Discard any medication if sterility is compromised or in question
- Use single-dose vials whenever possible
  - Never use a single-dose vial for more than one resident
  - Discard any remaining medication after dose has been given
- Multidose vials should be dedicated to a specific resident whenever possible
- Insulin pens and other medication cartridges and syringes are for **single-patient-use only** and should never be used for more than one person

- **Always** disinfect the septum of a vial using an alcohol pad before entering with a needle
- **Never** reinsert a used needle into a multi-dose vial or container
- **Never** use a needle or syringe or other injection supplies on more than one resident.
- **Always** use a new sterile needle and syringe for each injection
- Activate safety features on needles/syringes before disposal
- A puncture-resistant sharps container shall be available near the point of administration for immediate disposal
- **Never** dispose of sharps in a regular waste container

## Procedure

*Procedure elements can be modified to represent facility-specific policies and procedures; but should still align with CDC and OSHA guidance for safe injection practices.*

1. Verify the resident and medication order before preparing the injection
2. Prepare all medications, including injections, insert facility specific information regarding the designated clean area(s) for medication preparation. Medications should be prepared immediately prior to administration medications should not be pre-poured
3. Follow all principles of aseptic technique during medication preparation and administration, including:
  - Perform hand hygiene when needed, and always before preparing medications/injections
  - Store and prepare supplies in a way that maintains quality and sterility of injection equipment
  - Always check expiration dates on supplies and medications, never use expired medications or supplies
  - Prepare injections only when you are ready to administer them, immediately prior to administration
4. Gather all supplies necessary for injection (prepared medication, alcohol or other aseptic skin prep, gauze, bandage, sharps container)
5. Follow the Six Rights of Medication Administration
6. Administer the injection using proper technique for the route of administration
7. Immediately activate sharp safety device
8. Dispose of the syringe/needle in an appropriate sharps disposal container
9. Apply pressure to the site using gauze or an alcohol wipe as needed and apply bandage
10. Discard all used supplies into an appropriate waste container
11. Remove and discard gloves and immediately perform hand hygiene

*If any needlestick occurs, follow policies and procedures for workplace injuries.*

## Guidelines and Resources for Policy/Procedure Development

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 CDC Standard Precautions for All Patient Care: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>
- 2022 CDC Injection Safety: <https://www.cdc.gov/injection-safety/about/index.html>
- 2007 CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, Safe Injection Practices: <https://www.cdc.gov/injection-safety/hcp/clinical-guidance/>

# Workplace Health

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (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.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100-C.2.b, 22VAC40-73-250 D.1-5

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 household members in the facility have rights and responsibilities under the following policies and procedures, as do household members who encounter residents.

**Role/title in facility** is responsible for ensuring proper implementation and ongoing monitoring of the workplace health policies and procedures.

## Policy

### Staff, Volunteer and Household Member Health Records

- Health information required to be collected by local, state, and federal code shall be maintained at the facility and be included in the staff record for each staff person.
  - Staff Health records shall be retained until at least two years after employment is terminated
  - Medical records pertaining to post-exposure evaluation and follow up must be maintained for the duration of the staff employment plus thirty (30) years, per OSHA requirements.
- Applicable health information shall be maintained at the facility for each household member who encounters residents.
- Staff and household member records shall be treated confidentially, kept in **insert locked location in facility** and will be maintained by **role/title of person responsible**

- Exception: Staff emergency contact information shall be maintained in a location that is easily accessible. **List location where emergency contact information is stored**
- Facility staff and volunteers with any potential exposure to residents, infectious materials, contaminated environmental surfaces, contaminated medical supplies or equipment, or contaminated air will be provided with information on immunizations recommended by the CDC Advisory Committee on Immunization Practices (ACIP).
  - CDC Vaccine Information for Adults:  
<https://www.cdc.gov/vaccines-adults/index.html>
  - The facility will keep a record that this information was provided **insert where this record will be recorded (e.g., health record, training record)** and will maintain documentation of screening and immunizations that are offered to, received by, or declined by staff in the health record.
- Health records shall 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 or a form consistent with it
  - Staff and Private Duty Personnel: TB Risk Assessment shall be submitted within the seven days prior to or on the first day of work at the facility and annually thereafter
  - Household members: TB Risk Assessments shall be submitted prior to encountering residents 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 Virginia Department of Health

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

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

- **Insert here the location of the policies and procedures related to the OSHA-compliant Respiratory Protection Program.**
  - OSHA Small Entity Compliance Guide for the Respiratory Protection Standard:  
<https://www.osha.gov/sites/default/files/publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>
- The facility will maintain an OSHA-compliant exposure control plan for bloodborne pathogens and other occupational hazards
  - OSHA Bloodborne Pathogen Standard information:  
<https://www.osha.gov/bloodborne-pathogens/standards>

- 2003 OSHA Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards:  
<https://www.osha.gov/sites/default/files/publications/osha3186.pdf>
- All staff will have access to the Hepatitis B Vaccine, and receipt or declination will be documented in the staff health record

## Prevention of Communicable Illness

- The facility will prevent staff from engaging in work activities that could contribute to the spread of a communicable illness
- Staff must notify (list role/title) immediately if they develop signs or symptoms of acute infectious illness, including fever (temperature above 100.3F), cough, diarrhea, vomiting or draining skin lesions.
  - Staff will be encouraged to stay home from work while symptoms are present and should not return to work until symptoms have improved and at least 24 hours have passed since their last fever without the use of fever-reducing medication.

## Procedure

### Reporting Illness

1. Staff who experience signs or symptoms of communicable illness (as described in policy above) while at work will immediately report those signs/symptoms to their supervisor.
2. Describe your facility's additional procedures for calling out sick if a staff becomes ill while not at work.
3. Staff will be allowed to return to work:
  - When cleared to return by a medical provider
  - OR
  - When symptoms have improved AND they have been fever-free for at least 24 hours without the use of fever reducing medications

### Workplace Injuries & Occupational Exposures

1. For all types of workplace injuries and exposures, immediately provide first aid.
  - a. For hazard/chemical exposures follow first aid instructions from the Safety Data Sheet (SDS), product label or manufacturer instructions. SDS are located (Note location of Safety Data Sheets)
  - b. For bloodborne pathogen occupational exposures (including splashes, sprays, or needle sticks) thoroughly wash the exposed area.
    - i. Skin/Puncture exposures: wash with plenty of soap and water
    - ii. Eyes: flush with plenty of clean water or eyewash solution. Eye wash stations are located (Note location(s) of eye wash stations)
2. Immediately report injuries or exposures to the staff's supervisor or Facility Administrator.
3. The Administrator will ensure an exposure evaluation and follow-up per the facility's Bloodborne Pathogen Exposure Control Plan or other workplace injury plans.

## Maintenance of Eyewash Stations

1. Describe your facility procedure for maintenance of eyewash stations to include:
  - a. For plumbed-in stations: procedures for checking/monitoring, cleaning, and disinfection (per manufacturer's instructions)
  - b. For bottle stations: procedures for monitoring and replacement of bottles when used, opened, or expired (per manufacturer's instructions)

## Guidelines and Resources for Policy/Procedure Development

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 CDC Workplace Health Resource Center: <https://www.cdc.gov/workplace-health-promotion/php/resource-center/>
- 2022 OSHA Bloodborne Pathogen Standard information: <https://www.osha.gov/bloodborne-pathogens/standards>
- 2003 OSHA Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards: <https://www.osha.gov/sites/default/files/publications/osha3186.pdf>
- 2011 OSHA Small Entity Compliance Guide for the Respiratory Protection Standard: <https://www.osha.gov/sites/default/files/publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>

# Environmental Cleaning and Disinfection

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (define the infection control practice)

Cleaning removes dirt, dust, crumbs, and germs from surfaces or objects. Cleaning typically uses soap (or detergent) and water to physically remove soil from surfaces and objects. This may not necessarily kill the germs, but because they have been physically removed, there are fewer germs that could spread infection.

Disinfection uses chemicals (disinfectants) to kill germs on surfaces and objects. Some common disinfectants are bleach and alcohol solutions. You usually need to leave the disinfectant on the surfaces and objects for a certain length of time to kill the germs based on the product's instructions. Disinfecting does not necessarily clean dirty surfaces or remove germs.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100 C.1.a, 22VAC40-73-100 C.2.e, 22VAC40-73-100 C.4

The Centers for Disease Control and Prevention (CDC) includes cleaning and disinfection as a component of Standard Precautions, and they are important processes used to prevent the transmission of pathogens (harmful germs) to residents, staff, and visitors

Cleaning makes the environmental surface 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.

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

All staff have responsibility for knowing and following those elements of this policy that affect their job functions.

If only specific job roles in the facility have responsibility for cleaning and disinfection, list those roles specifically.

List title/role has responsibility for monitoring the implementation and quality of environmental cleaning and disinfection practices.

## Policy

- 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

- General surface cleaning shall be performed in common areas and shared resident care areas **insert regular schedule for your facility here or list location of schedule** and as needed
- Routine cleaning of resident rooms shall be performed at least weekly and as needed.
- Body fluid spills or other contaminations shall be cleaned immediately
- Routine cleaning and terminal cleaning (move-out or post-isolation) shall be performed using established procedures described below
- All caddies, carts, trolleys, buckets, and containers used for cleaning must be thoroughly cleaned after each shift prior to storing in the designated storage area
- All cleaning supplies and solutions must never be left unattended and must be secured (locked) when not in use
- Personal items must never be stored with cleaning supplies
- Staff must select and use proper PPE for preparation and use of cleaning and disinfecting agents according to Standard Precautions for the task and according to manufacturer's instructions for each agent used
- Any reusable PPE (e.g., rubber gloves used for cleaning) must be reprocessed (cleaned and disinfected) at least once per day
- All PPE (disposable and reusable) needed for cleaning and disinfecting agent preparation and use shall be readily accessible to staff, stored appropriately, and well-stocked.
  - **List location(s) where PPE is available**
- All other cleaning and disinfection supplies shall be in-date, well stocked, appropriately stored, and accessible to cleaning staff
  - **List location(s) where supplies are stored**
- Disinfection is a separate step that is to be performed after cleaning and is not a substitute for cleaning
- The EPA-registered disinfectants in use in this facility are
  - ***list disinfectants used (e.g., bleach, alcohol, improved hydrogen peroxide) including specific concentrations.***
    - ***Consult EPA list(s) to ensure that your facility has disinfectants that are registered to be effective against the germs that are likely to be encountered in the facility (e.g., List K for C. difficile, List G for Norovirus:***  
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- Staff must be knowledgeable in the following regarding EPA-registered cleaning and disinfecting agents used in the facility:
  - What products are available and where and how they are to be used in the facility
  - How to access the Safety Data Sheets (SDS) for products used
  - How to locate and identify labels/manufacturer instructions for each product, to include
    - Following precautionary statements (including use of PPE)
    - Implementing first aid measures for accidental exposure
    - Proper handling, preparation, labeling, storage, and disposal

- Proper use according to manufacturer instructions and product labels (appropriate applications, germs killed, dilution, application, and use, and contact time)
  - [CDC: How to Read a Disinfectant Label](https://www.cdc.gov/project-firstline/media/pdfs/howtoreadalabel-infographic-508.pdf) (https://www.cdc.gov/project-firstline/media/pdfs/howtoreadalabel-infographic-508.pdf)
- What to do in the case of accidental exposure

## Procedures

### Accidental Exposure to Cleaning and Disinfectant Agents

- Perform first aid steps listed on the product label/manufacturer's instructions; or from the product's Safety Data Sheet (SDS)
- Notify [this person or role in the facility] of the exposure within [this timeframe] to file a report and determine what additional follow-up is required, per workplace injury and exposure policies

### Checking for Safety Issues

Before beginning any cleaning or disinfection tasks:

1. Determine if resident status could pose a challenge to safe cleaning
2. Determine if there is any need for additional PPE or supplies (e.g., if there are any spills of blood/body fluids)
3. Determine if there are any obstacles (e.g., clutter) or issues that could pose a challenge to safe cleaning
4. Determine if there is any damaged or broken furniture or surfaces to be reported to supervisor/management

### General Cleaning Order

- Proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms
- Within each area proceed from high to low to prevent dirt and germs from dripping or falling onto already cleaned areas (e.g., clean bed rails before legs, clean surfaces before floors)
- Proceed through areas in a systematic manner to avoid missing areas (e.g., left to right or clockwise)
- During routine and terminal cleaning, clean low-touch surfaces before high-touch surfaces
- Clean resident living and bedroom spaces before bathroom spaces
- Within resident rooms or areas, both routine and terminal cleaning should start with shared equipment and common surfaces, then to less frequently touched surfaces, and saving the high-touch surfaces within the resident care zones (typically bed areas) for last
- When organizing the daily cleaning schedule, any areas under transmission-based precautions should be cleaned after all routine cleaning for non-precautions areas has been completed

## General Surface Cleaning

1. Thoroughly wet (soak) a fresh cleaning cloth in the environmental cleaning solution
2. Fold the cleaning cloth in half until it is about the size of your hand. This will ensure that you can use all the surface area efficiently (generally, fold them in half, then in half again, and this will create 8 sides)
3. Wipe surfaces using the general strategies as above (e.g., clean to dirty, high to low, systematic manner), making sure to use mechanical action (for cleaning steps) and making sure that the surface is thoroughly wetted to allow required contact time (for disinfection steps)
4. Regularly rotate and unfold the cleaning cloth to use all the sides
5. When all the sides of the cloth have been used or when it is no longer saturated with solution, **do not re-dip the used cloth in cleaning solution**, dispose of the cleaning cloth or store it for reprocessing (laundering)
6. Repeat process from step 1

## Managing Cleaning Supplies

- When preparing cleaning supplies ensure that clean and soiled items remain separate.
- Use fresh cleaning cloths at the start of each cleaning session (e.g., routine daily cleaning)
- Change cleaning cloths when they are no longer saturated with solution, for a new, wetted cloth. Gather soiled cloths in a laundry container or bag until they are to be laundered
- For higher-risk areas, change cleaning cloths between each zone (i.e., use a new cleaning cloth for each resident room or common area)
- Ensure that there are enough fresh cleaning cloths to complete the required cleaning session.
- Never double-dip cleaning cloths into portable containers (e.g., bottles, small buckets) used for storing environmental cleaning products (or solutions)
- Never shake mop heads and cleaning cloths—it disperses dust or droplets that could contain microorganisms.
- Never leave soiled mop heads and cleaning cloths soaking in buckets
- High-touch surfaces (like handrails or switches) require more frequent cleaning than low-touch surfaces (walls)

## Body Fluid Spills or Contaminations

1. Wear appropriate PPE, following Standard Precautions and CDC recommendations
2. Confine the spill and wipe it up immediately with absorbent (paper) towels, cloths, or absorbent granules (if available) that are spread over the spill to solidify the blood or body fluid (all should then be disposed as biohazard/regulated waste)
3. Clean the spill area thoroughly, using neutral detergent and warm water solution
4. Disinfect by using a facility-approved disinfectant

5. Typically, chlorine (bleach) based disinfectants (1:100 or 1:10 dilution of 5% chlorine-bleach; depending on the size of the spill) are adequate for disinfecting spills. However, ***do not use chlorine-based disinfectants on urine spills***
6. Take care to allow the disinfectant to remain wet on the surface for the required contact time (which may be as much as 10 minutes), and then rinse the area with clean water to remove the disinfectant residue (if required)
7. Immediately send all reusable supplies and equipment (cleaning cloths, mops) for reprocessing (cleaning and disinfection) after the spill is cleaned up

### **Use of PPE for Cleaning and Disinfecting**

1. Always perform hand hygiene immediately before wearing gloves (donning) and immediately after removal (doffing)
2. Always follow Standard Precautions when selecting PPE. Additionally, follow any Transmission-based precautions as indicated
3. Use SDS or manufacturer labels to determine if there is additional PPE required for preparing or using environmental cleaning and disinfecting products and solutions (e.g., manual dilutions)
4. Put on all required PPE before entering the area to be cleaned and remove it and dispose before leaving that area
5. Place disposable PPE in an appropriate waste container and place soiled reusable PPE in an appropriate container to hold until reprocessing
6. Reprocess (clean and disinfect or launder) all reusable PPE at least once a day
7. Use reusable rubber gloves for cleaning, if provided
8. Use chemical-resistant gloves (nitrile, latex) for preparation of cleaning chemicals

### **Areas Under Transmission-Based Precautions (Procedure Best Practices)**

- Clean areas that are NOT under transmission-based precautions first, saving areas under precautions for last.
- Change or reprocess all supplies and equipment, including PPE, directly after cleaning an area under transmission-based precautions
- When possible, dedicate supplies and equipment to these areas
- Post visual signs outside of isolation areas indicating the type of precautions
  - Post signs in all necessary languages and ensure staff understand the signs
  - Ensure that signs indicate any required procedures (e.g., use of a specific disinfectant, PPE)
- Do not bring cleaning carts into areas under precautions
  - Keep carts/trolleys at the door and bring in only those supplies necessary to complete necessary tasks
- Clean areas under contact and droplet precautions more frequently
  - Clean and disinfect high-touch surfaces at least twice daily
  - Clean and disinfect low-touch surfaces at least once daily

## **Guidelines and Resources for Policy/Procedure Development**

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2022 CDC Standard Precautions for All Patient Care: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>
- 2022 CDC. Infection Control: E. Environmental Services: <https://www.cdc.gov/infection-control/hcp/environmental-control/environmental-services.html>
- 2022 CDC. How to Read a Disinfectant Label: <https://www.cdc.gov/project-firstline/media/pdfs/howtoreadalabel-infographic-508.pdf>
- 2019 CDC Guidelines for Environmental Infection Control in Healthcare Facilities: <https://www.cdc.gov/infection-control/hcp/environmental-control/>

## Resident 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

### Definition (define the infection control practice)

Resident care equipment is categorized according to risk for infection based on use according to the Spaulding classification scheme. The scheme divides reusable resident care items into three categories: critical, semi-critical and non-critical. Assisted Living Facilities primarily use non-critical equipment.

**Non-critical equipment** are those items that contact intact skin but not mucous membranes. Examples of noncritical resident care items are bedpans, blood pressure cuffs and other vital signs equipment, and mobility equipment.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100 C.1.a, 22VAC40-73-100 C.2.d & C.2.f, 22VAC40-73-100 C.4

The Centers for Disease Control and Prevention (CDC) includes cleaning and disinfection of reusable resident 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 residents, staff, and visitors.

Cleaning makes the resident 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 and are essential for ensuring that resident care equipment and devices do not transmit infectious pathogens to residents or staff.

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

All staff have responsibility for knowing and following those elements of this policy that affect their job functions.

If only specific job roles in the facility have responsibility for cleaning and disinfection, list those specific roles here.

List title/role has responsibility for monitoring the implementation and quality of cleaning and disinfection of resident care equipment and devices.

*NOTE: Important Responsibility and Policy Consideration: in some facilities, responsibility for cleaning and disinfection of resident care equipment and devices may be shared between environmental services/housekeeping staff and clinical staff. It is important to clearly define who is*

*responsible for cleaning and disinfection of specific items so that no cleaning or disinfection is missed because staff do not know their responsibility.*

## **Policy**

- ***All policies and procedures for general environmental cleaning and disinfection must be followed when cleaning and disinfecting resident equipment and supplies, in addition to the specific policies and procedures outlined below.***
- Equipment, devices, and supplies that are labeled as “single-use,” “single-patient use” or “disposable” must never be reprocessed for use on another resident.
- Reusable resident equipment and reusable medical devices must be cleaned and disinfected with an EPA-registered healthcare disinfectant according to the manufacturer’s instructions and product labels.
  - Using inappropriate cleaning products can result in damage or failure to remove pathogens (germs).
  - Staff must adhere to use instructions, including contact time (also known as “wet time” or “kill time”) for disinfectants for products to perform as expected and to avoid exposure or injury
- Equipment and devices must be cleaned and disinfected between residents and whenever they become soiled or contaminated.
  - Equipment and devices must be cleaned and disinfected as soon as possible after use to avoid drying/adherence of soiling onto the equipment or device
  - Equipment and devices should be cleaned and disinfected at the point of use, before moving to a common or storage area
- Resident care equipment, devices and supplies must be stored in a designated, dedicated clean storage area in a manner that prevents contamination
  - Equipment and devices may only be placed in clean storage areas if they have been appropriately cleaned and disinfected.
  - Equipment and supplies should never be stored within three (3) feet of a sink due to the potential for splash contamination
  - When clean and contaminated storage share the same physical space, clean and contaminated space must be separated and designated with at least three (3) feet of separation between clean and contaminated items.

## **Procedure**

1. Clean and disinfect reusable resident care equipment, devices and supplies as soon as possible after use and always before storage in clean areas or use on another resident.
2. Perform cleaning and disinfections at the point of use or in a dedicated area for reprocessing.
3. Gather supplies, including:
  - a. EPA-registered cleaning and disinfecting agent(s) that are approved by the equipment/device manufacturer, prepared according to product label instructions
  - b. Personal protective equipment required by Standard Precautions and the product label instructions or Safety Data Sheet (SDS)

- c. Cleaning cloths
4. Follow manufacturer instructions and product labels for cleaning and disinfection
5. Place cleaned and disinfected equipment, device or supplies in designated clean storage area

### **Guidelines and Resources for Policy/Procedure Development**

- 2022 CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings: <https://www.cdc.gov/infection-control/hcp/core-practices/>
- 2021. Association for Professionals in Infection Control and Epidemiology (APIC). Strategies to Mitigate Cross Contamination of Non-critical Medical Devices. <https://apic.org/noncritical-is-critical/>
- 2022. Centers for Disease Control and Prevention (CDC). Healthcare Associated Infections (HAIs). Preventing HAIs. Environmental Cleaning in Resource-Limited Settings. <https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html>
- 2019. Centers for Disease Control and Prevention (CDC). Guideline for Environmental Infection Control in Healthcare Facilities: <https://www.cdc.gov/infection-control/hcp/environmental-control/>

# Laundry and Linen Management

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (define the infection control practice)

Laundry in an assisted living facility may include bed sheets and blankets, towels, washcloths, table linens, resident or household member clothing, uniforms, and launderable personal protective equipment (PPE).

Appropriate management of laundry includes handling, storing, and processing (washing and drying) these items in a manner that minimizes risk for the transmission of communicable disease and contributes to overall environmental and facility sanitation.

The terms “soiled laundry” or “dirty laundry” are commonly used to describe any linen or textile that has been used or worn.

**Contaminated laundry** is defined by the Occupational Health and Safety Administration (OSHA) as that which has been soiled by blood, body fluids, secretions, or excretions (except sweat); which includes those items soiled by incontinence.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100 C.1.a-b, 22VAC40-73-100 C.2.b & C.2.d

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

Use of appropriate infection control measures during the linen handling and laundry process 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 residents and staff.

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

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

**Role/title in facility** has responsibility for implementation and monitoring the quality of policies and procedures surrounding laundry/linen management.

## Policy

- All staff will follow CDC recommendations for linen and laundry management as outlined in the procedures below, as appropriate to their job roles and responsibilities.

## Procedure

### Collecting, Transporting and Sorting of Soiled and Contaminated Laundry

- Always perform hand hygiene before putting on and after removing PPE
- Always select and use proper PPE according to Standard Precautions and OSHA requirements.
  - Gloves must always be used when handling soiled linen
  - Gowns are to be used if it is possible that contaminated linen will contact the staff's body during handling
- Always handle soiled and contaminated laundry with minimal agitation (without shaking)
- Never sort or rinse contaminated laundry at the location where contamination occurred (this is prohibited by OSHA)
- Place soiled and contaminated laundry in an appropriate, enclosed container or bag at the site of collection
  - Contaminated laundry must be clearly identified with labels, color-coding or other methods that alert staff to handle these items safely, and with appropriate precautions.
  - Wet laundry must be in a leakproof bag that is securely tied
- Never hold or carry soiled linen against the body.
- If reusable soiled linen containers or carts are used, ensure that they are reprocessed (cleaned and disinfected) after each use
- Per CDC guidelines, sorting of laundry can occur either before or after laundering, depending on facility preference. Indicate your facility's process for sorting here.

### Processing, Transportation and Storage of Clean Laundry

- Always use and maintain laundry equipment according to manufacturer instructions.
- Always launder soiled items in a designated area, which:
  - Is separate from clean storage areas
  - Does not contain food, beverages, or personal items
  - Has access to handwashing facilities and hand hygiene supplies
  - Table and kitchen linens must be laundered separately from other washable goods
- 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
- The use of hot water and chlorine bleach, *when appropriate*, is effective at destroying microorganisms (germs)
- Dryer temperatures and cycle times should be determined by the materials in the fabrics to be dried.

*NOTE: VDSS Regulations 22VAC40-73-780 F requires that when bed, bath, table, and kitchen linens are washed, the water shall be above 140°F or the dryer shall heat the linens above 140°F as verified*

*by the manufacturer or a sanitizing agent shall be used according to the manufacturer's instructions.*

- If cool or cold water and low heat drying is used in your facility, specify your policy for sanitizing agent here.
- Cleaned and dried laundry should be pressed (as needed), folded or hung and packaged for transport and distribution or storage in a way that maintains cleanliness
  - Clean laundry should be covered or enclosed during transportation
  - Clean linen transport containers and/or carts should be cleaned and disinfected at least daily
- Facility linens (table linens, towels, bed linens) should be stored in either a dedicated linen closet in which no other items are stored or enclosed or covered when in mixed storage to prevent against contamination by dust, debris, or other contaminants
- Once linens have been taken to a resident room, they must not be returned to the clean linen storage area until they have been reprocessed (laundered)

### **Guidelines and Resources for Policy/Procedure Development**

- 2019. Centers for Disease Control and Prevention (CDC). Guideline for Environmental Infection Control in Healthcare Facilities: <https://www.cdc.gov/infection-control/hcp/environmental-control/>
- 2022 CDC Standard Precautions for All Patient Care: <https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html>

# 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

## 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 for reducing populations of disease vectors and public health pests.

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

This policy and procedure document is intended to address the requirements of 22VAC40-73-100 C.2.h

Integrated Pest Management (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) don't attract pests, (2) keep them out, and (3) get rid of them (if you have them) with the safest, most effective methods.

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

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

**Role/title in facility** has responsibility for monitoring the implementation of the integrated pest management 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 facility staff responsible** will perform routine examination of indoor and outdoor areas **insert a timeframe (e.g., daily, or weekly)** to identify
  - Evidence that pests are present
  - If conditions exist that could promote pest infestations
  - Professional pest control monitoring services are provided by **insert name of contracted company and timeframe (e.g., every three months or as needed)**

### 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 frequently and place in a covered trash can or dumpster away from facility entrances.
- Monitor the exterior of the building and remove any trash or debris and place in an appropriate covered container.
- Monitor internal areas of the facility and ensure that conditions are clean, and no clutter is present.
- Ensure that all spills are cleaned promptly
- Deny pests access to water by ensuring that there is no standing water and that any leaks are promptly identified and fixed.
  - Include ceilings in visual inspections for water intrusion or damage, especially drop ceilings and areas with overhead sprinkler systems.

### **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 facility walls.

### **Use of Traps and Application of Pesticides**

- Pesticides and traps will be used by **insert name of contracted pest control company** or per their instructions.

### **Ensuring Staff and Resident Safety**

- If pests are identified in the facility:
  - Residents and staff will be relocated away from the affected area whenever possible
  - Residents and staff will be restricted from areas during and after the application of pesticides as necessary.
- **Insert additional facility-specific plans, this might be moving residents to a different room or closing off common areas that are affected by infestation**

### **Guidelines and Resources for Policy/Procedure Development**

- 2010 CDC National Center for Environmental Health: Division of Emergency and Environmental Health Services. What Is Integrated Pest Management: <https://www.cdc.gov/environmental-health-services/php/vector-control-resources/what-is-ipm.html>
- National Center for Environmental Health (U.S.) & United States. Dept. of Housing and Urban Development - Healthy Housing Reference Manual. Chapter 4 - Disease Vectors and Pests (2006). <https://stacks.cdc.gov/view/cdc/21748>
- 2019 CDC Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of the CDC and Healthcare Infection Control Practices Advisory Committee (HIPAC). <https://www.cdc.gov/infection-control/media/pdfs/guideline-environmental-h.pdf>



# Regulated (Biohazard) Waste Disposal

Initial Effective Date	mm/dd/yyyy
Most Recent Revision Date	mm/dd/yyyy
Authorized/Reviewed By	Individual or Committee Name

## Definition (define the infection control practice)

Regulated medical waste (RMW) is a subset of solid waste that is subject to more stringent management standards to prevent potential exposure to pathogens that could transmit an infectious disease.

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)

This policy and procedure document is intended to address the requirements of 22VAC40-73-100-C.2.b, C.2.c & C.2.g.

Some wastes generated by Assisted Living Facilities and other healthcare providers are subject to Federal and State Codes and Regulations and are defined as regulated waste. Specific handling requirements are necessary to prevent the potential for communicable disease transmission to staff or between residents.

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

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

**List title/role in facility** 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.
- Regulated waste will be handled and disposed of according to the Facility's Bloodborne Pathogen Exposure Control Plan.
- The facility will maintain a contract for sharps disposal with **list name of contracted company**.
- The facility will maintain a contract for other regulated (biohazard) waste disposal with **list name of contracted company**.

## Procedure

### Contaminated Sharps Disposal

- Contaminated needles and other sharps shall:
  - Not be bent or recapped
  - Immediately or as soon as possible after use be placed in appropriate containers that are:
    - Closable
    - Puncture resistant
    - Labeled with a bio-hazard symbol or be red in color
    - Leakproof on the sides and bottom
    - Accessible to staff and located as close as feasible to the immediate area where sharps are used or can be anticipated to be found (e.g., laundry room)
    - Maintained upright throughout use
    - Routinely replaced and not allowed to overfill
- Sharps containers shall be closed for disposal once they are approaching the designated fill line (about three-fourths full).
- **Consider including here additional information about where to place filled containers, who to contact when sharps containers are filled, who to call for pickup or disposal and contact information.**
- Ultimate disposition and disposal of contaminated sharps must be done according to Virginia DEQ regulations.

### Other Types of Regulated Waste

- 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
- **Consider including additional information about where to place filled containers, who to contact when containers are filled, who to call for pickup or disposal and contact information.**
- Ultimate disposition and disposal of regulated waste must be done according to Virginia DEQ regulations.

## **Guidelines and Resources for Policy/Procedure Development**

- 2022 Occupational Safety and Health Administration (OSHA). 1910.1030 - Bloodborne Pathogens Standard:  
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>
- 2022 Virginia Department of Environmental Quality (DEQ). Regulated Medical Waste:  
<https://www.deq.virginia.gov/land-waste/solid-hazardous-waste/specialty-waste/medical-waste>
- 2021 Food and Drug Administration. Sharps Disposal Containers in Health Care Facilities:  
<https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers-health-care-facilities>