Adult Care Center
of the NSV, Inc.
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Infection Control Policy

Index

INFECTION CONTROL POLICY

It is the policy of the Adult Care Center to ensure that staff and participants are provided with a sanitary and comfortable working environment and to help prevent the development and transmission of infection and communicable disease.

INFECTION CONTROL PROCEDURES:

1. Staff shall furnish documentation of negative TB assessment from acceptable source (i.e., health department, Urgent Care, or physician's office). The assessment must have been completed within 30 days of the first day of employment.
2. Appropriate hygiene, quality housekeeping and maintenance practices shall be carried out routinely.
3. Personnel, Volunteers and participants with symptoms of communicable disease, or open wounds may not be permitted to work until receipt of physician's notice stating it is safe for them to return to work. Covered wounds are acceptable.
4. Open wounds shall be reported to the participant's RN, caregiver, residence or legal guardian and the Infection Control Manager.
5. Potentially contracted communicable diseases shall be reported to the residence and the ACC RN. Confirmed contraction of a communicable disease shall be immediately reported to the local health department.
6. A physician's report specifying measures to be taken shall be required prior to the return of a participant who has contracted a communicable disease. Work restrictions shall be followed.
7. The Executive Director shall be notified of any incident of communicable or infectious disease.
8. Participant residences shall be notified of known contact with staff or participants found to have an infectious or communicable disease.
9. An Infection Control Manager shall be named. Policies will be reviewed annually, and staff trained 2 hours per year.

Signature:_____ Date:_____

Infection Control (IC) Checklist

Elements to be assessed	Yes	No	Notes
The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.	**x**		
The facility has a process for reviewing infection surveillance data and infection prevention activities.	**x**		
Written infection control policies and procedures are available and **based on** evidence-based guidelines.	**x**		
Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate	**x**		
The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).	**x**		
The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor.	**x**		
Tuberculosis (TB) screening is required annually of all staff and volunteers.	**x**		
The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties.	**x**		
The facility offers all personnel influenza vaccination annually.		**x**	**Center pays for those with no insurance.**
The facility has an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., blood-borne pathogens). *Note: A model template, which includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at:* https://www.osha.gov/Publications/osha3186.pdf	**x**		

All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment. *Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual's duties.*	**x**		
The facility currently has a written policy for to assess risk for TB on admission.	**x**		
The facility documents participant immunization status for pneumococcal vaccination at time of admission.	**x**		
The facility has written intake procedures to identify potentially infectious persons at the time of admission. *Examples: Documenting recent antibiotic use, and history of infections or colonization with C. difficile or antibiotic-resistant organisms*	**x**		
The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or *C. difficile* are reported by clinical laboratory.		**x**	**n/a**
The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in participants of the facility.	**x**		
The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis. *Note: Receiving discharge records at the time of re-admission is not sufficient to answer "yes"*		**x**	**n/a**
The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.	**x**		
The facility has a current list of diseases reportable to public health authorities.	**x**		

The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.	**x**		
Hand hygiene policies follow Department of Social Services licensing requirements.	**x**		
All personnel receive training and competency validation on HH at the time of employment.	**x**		
All personnel received training and competency validation on HH within the past 12 months.	**x**		
Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible	**x**		
The facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures).	**x**		
The facility has a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., *C. difficile*, Influenza).	**x**		
Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.	**x**		
Appropriate personnel received job-specific training and competency validation on proper use of PPE within the past 12 months.	**x**		
Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible	**x**		
All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens	**x**		
The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care	**x**		

testing (e.g., assisted blood glucose monitoring, or AMBG).			
Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures at time of employment.	**x**		
Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation on injection safety procedures within the past 12 months.	**x**		
The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.	**x**		**Regs require that meds be locked up, so staff need access to med box. Strict pill counting/checking in place.**
The facility has written cleaning/disinfection policies.	**x**		
The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.	**x**		
The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.).	**x**		
Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.	**x**		
Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.	**x**		
The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.	**x**		**We correct each other prn.**
Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against *C. difficile* and Norovirus) are available.			
Based on CDC checklist for LTC (9/2016)			

Exposure Control Plan
To Minimize Occupational exposure to Bloodborne Pathogens[1]

POLICY

The Adult Care Center of the Northern Shenandoah Valley, Inc. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Occupational Health and Safety Administration (OSHA) standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens".

PROGRAM ADMINISTRATION

The Executive Director and the Staff Registered Nurse (RN) are responsible for implementation of the ECP. The Executive Director, and/or the Staff RN will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP.

The Executive Director will provide and maintain all necessary personal protective equipment (PPE), engineering controls, labels, and red bags as required by this policy. The Executive Director and/or the Staff RN will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes by doing a quarterly inventory and relying on staff to report when equipment inventory is low.

The Executive Director and the Staff RN will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. These records are maintained and stored in the Executive Director's office.

The Executive Director and the Staff RN will be responsible for annual training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at the Center in which all employees have occupational exposure:

Anyone trained to perform first aid
Anyone trained to toilet participants

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session, and it will be reviewed annually. All employees can review this plan at any time during the work shifts by contacting the Executive Director or the Staff RN. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Executive Director and the Staff RN are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Insulin needles are kept locked up with insulin, sharps are disposed into sharps disposal containers.
- Sharps disposal containers are inspected and replaced by the Staff RN whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through:

- Review of OSHA standards, CDC standards, staff input
- We evaluate, i.e., research and read material from above, new procedures and products by licensing regulations and evidence-based literature.
- Both front-line workers and management officials are involved in the process by exchange of information

The Executive Director and Staff RN are responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Staff RN on hire and annually.

The types of PPE available are as follows:

Gloves, eye protection, gowns, contact/droplet isolation masks, N-95 masks

Gloves are located in all bathrooms, the nursing office, and the kitchen. All other PPE is located in the second men's bathroom. All PPE is available to all staff. The Staff RN is responsible for ensuring that PPE is available.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in the regular trash*.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

*The procedure is to discard used PPE in the regular trash, with the exception of suspected norovirus and Clostridium *difficil*e. After use during those procedures, the regular trash should be bagged again.

Housekeeping

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms and appropriately labeled. There is a sharps disposal container in the nurses' office.

Bins and pails (i.e., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Laundry

Laundry soiled with blood will be bagged in a biohazard bag, sealed by tying and discarded in the dumpster. Other laundry need not be professionally laundered. Bedding used by a participant need not be changed daily, but will be laundered before use by another participant.

Any clothing or linen soiled by something other than blood will be bagged and sealed using gloved hands, labeled with the participant's name, stored in a marked bin in the bathroom and sent home with the owning participant at the end of the day. Center owned linens are transported and laundered by Center staff.

Supplies and equipment not disposable, will be disinfected with gloved hands by staff using a bleach/water solution or alcohol.

Labels

Not applicable.

HEPATITIS B VACCINATION

The Staff RN will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available to those at risk of coming into contact with bloodborne pathogens after initial training and within 10 days of assignment of duties. The Center will pay the co-pay of staff with health insurance. The Center will pay via the sliding scale at the health department for staff with no health insurance. Vaccination is encouraged unless: documentation exists that the employee has previously received the series, antibody testing reveals that the employee is immune, or medical evaluation shows that the vaccination is contraindicated.

If an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccine is kept in the employee's file.

POST-EXPOSURE AND FOLLOW-UP

Should an exposure incident occur, notify the Executive Director or Staff RN. Following initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the employee will be sent to Urgent Care for evaluation and testing for HBV and HIV serological status (with the employee's consent).

The following activities will then be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and/or HBV infectivity. Document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Executive Director or Staff RN will ensure that the employee receives a copy of OSHA's bloodborne pathogens standard.

The Executive Director or Staff RN will ensure that the employee's health care provider receives the following:

- A description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure
- Circumstances of exposure
- Relevant employee medical records, including vaccination status

PRODEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Executive Director or Staff RN will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Procedure being performed when the incident occurred
- Employee's training

The Executive Director or Staff RN will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary, the Executive Director, Assistant Director, or Staff RN will ensure that appropriate changes are made. Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Executive Director or Staff RN.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at. minimum, the following elements:

- A copy and explanation of the Occupational Safety & Health Administration (*O S H A*) bloodborne pathogen standard
- An explanation of our Exposure Control Plan *(E C P)* and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials *(O P I M)*, including what constitutes an exposure incident
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of personal protective equipment *(P P E)*
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available in a notebook located in the nurse’s office.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These records are kept for at least three years in the employee's files.

The training records include:

- The dates of training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Executive Director, Assistant Director, or Staff RN.

Medical Records

Any medical records will be kept in the employee file.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets O S H A's Recordkeeping Requirements (29 CFR 1904):

1904.1(a)(1)
If your company (The Adult Care Center) had ten (10) or fewer employees at all times during the last calendar year, you do not need to keep OSHA injury and illness records unless O S H A or the Bureau of Labor Statistics (B L S) informs you in writing that you must keep records under § 1904.41 or § 1904.42. However, as required by § 1904.39, all employers covered by the OSH Act must report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees.

This determination and the recording activities are done by the Executive Director, Assistant Director, or Staff RN.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (such s syringe, suture needle)
- work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

[1]OSHA model template: https;//osha.gov/Publications/osha3186.pdf

Signature:_____ Date:_____

Sharps Injury Log

Employee Name	Date of Injury	Type and brand of device involved (syringe, suture needle, etc.)	Where did this occur	Explanation of how incident occurred (use separate sheet if necessary)

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee signature: _____. Date: _____

Training Information About Hepatitis B Vaccination, to Include: Safety, Benefits, Efficacy, Method of Administration, and Availability (per OSHA)[1]

Safety: The Hepatitis B vaccine is very safe. Some people report having very mild side effects, such as a sore arm from the shot or a fever. On extremely rare occasions, people may experience severe anaphylactic allergic reactions. The vaccine is not recommended for anyone who is allergic to yeast or any other component of the vaccine. The Centers for Disease Control (CDC) and the Federal Drug Administration (FDA) continually monitor the safety of vaccines after they are approved. The vaccine contains no live virus, and is safe to administer during pregnancy or lactation.

Benefits and Efficacy: The most common vaccine is given in a series of three vaccinations; initial, one month later, and six months later than the second dose. A new formulation, Heplisav-B, is approved for two doses one month apart. After three doses, 80-100% of healthy adults develop adequate antibody response. No additional boosters are needed. There is an age-specific decline in immunogenicity. After age 40 years, approximately 90% of recipients respond to three doses, and by 60 years only 75% develop protective antibody titers.

Method of Administration: intramuscular injection.

Availability: The vaccine is readily available at local Urgent Care centers, local health departments and physicians' offices and the Health Department.

[1]CDC.gov

Information needed for training on Information about hepatitis B Vaccination, to include safety, benefits, efficacy, methods of administration, and availability (per OSHA).

What are the hepatitis B vaccines licensed for use in the United States?
Three single-antigen vaccines and three combination vaccines are currently licensed in the United States.

Single-antigen hepatitis B vaccines

1. ENGERIX-B®
2. RECOMBIVAX HB®
3. HEPLISAV-B™

Combination vaccines

- PEDIARIX®: Combined hepatitis B, diphtheria, tetanus, acellular pertussis (DTaP), and inactivated poliovirus (IPV) vaccine. Cannot be administered before age 6 weeks or after age 7 years.
- TWINRIX®: Combined Hepatitis A and hepatitis B vaccine. Recommended for persons aged ≥18 years who are at increased risk for both Hepatitis A virus and HBV infections.

What are the recommended schedules for hepatitis B vaccination?
The vaccination schedule most often used for children and adults is 3 intramuscular injections, the second and third doses administered at 1 and 6 months, respectively, after the first dose. Alternate schedules have been approved for certain vaccines and/or populations. A new formulation, Heplisav-B (HepB-CpG), manufactured by Dynavax, is approved for two doses one month apart.

How long does protection from hepatitis B vaccine last?
Studies indicate that immunologic memory remains intact for at least 30 years among healthy vaccinated individuals who initiated hepatitis B vaccination >6 months of age. The vaccine confers long-term protection against clinical illness and chronic hepatitis B virus infection. Cellular immunity appears to persist even though antibody levels might become low or decline below detectable levels. Among vaccinated cohorts who initiated hepatitis B vaccination at birth, long-term follow-up studies are ongoing to determine the duration of vaccine-induced immunity (19).

Can hepatitis B vaccine be given during pregnancy or lactation?

Yes. Hepatitis B vaccine contains no live virus, so neither pregnancy nor lactation should be considered a contraindication to vaccination of women. On the basis of limited experience, there is no apparent risk of adverse effects to developing fetuses when hepatitis B vaccine is administered to pregnant women. Meanwhile, new HBV infection in a pregnant woman might result in severe disease for the mother and chronic infection for the newborn. Pregnant women who are identified as being at risk for HBV infection during pregnancy should be vaccinated and counseled concerning other methods to prevent HBV infection (https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html).

Immunogenicity and Vaccine Efficacy

After three intramuscular doses of hepatitis B vaccine, more than 90% of healthy adults and more than 95% of infants, children, and adolescents (from birth to 19 years of age) develop adequate antibody responses. However, there is an age-specific decline in immunogenicity. After age 40 years, approximately 90% of recipients respond to a three-dose series, and by 60 years, only 75% of vaccinees develop protective antibody titers. The proportion of recipients who respond to each dose varies by age.

The vaccine is 80% to 100% effective in preventing infection or clinical hepatitis in those who receive the complete vaccine series. Larger vaccine doses (2 to 4 times the normal adult dose), or an increased number of doses, are required to induce protective antibody in most hemodialysis patients and may also be necessary for other immunocompromised persons.

All data from cdc.gov, October 2019

Hepatitis B and Healthcare Personnel

Q&A

IAC answers frequently asked questions about how to protect healthcare personnel

Experts from the Immunization Action Coalition (IAC) answer your questions about hepatitis B (HepB) vaccine. You'll find additional Q&As about hepatitis B vaccine on the "Ask the Experts" section of immunize.org at www.immunize.org/askexperts/experts_hepb.asp

Hepatitis B Vaccination

Which people who work in healthcare settings need hepatitis B vaccine?

The Occupational Safety and Health Administration (OSHA) requires that hepatitis B vaccine be offered to healthcare personnel (HCP) who have a reasonable expectation of being exposed to blood or body fluids on the job. This requirement does not include personnel who would not be expected to have occupational risk (e.g., general office workers).

At what anatomic site should hepatitis B vaccine be administered to adults? What needle size should be used?

For adults, administer hepatitis B vaccine intramuscularly (IM) in the deltoid muscle. A 22- to 25-gauge, 1–1½-inch needle should be used. The gluteus muscle should not be used as a site for administering hepatitis B vaccine. For optimal protection, it is crucial that the vaccine be administered IM, not subcutaneously.

Can Heplisav-B be used for vaccinating healthcare professionals?

Yes. Heplisav-B (Dynavax) was approved by the Food and Drug Administration in November 2017 for persons 18 years of age and older. Heplisav-B contains a novel immunostimulatory adjuvant (CpG 1018) that binds to Toll-like receptor 9 to stimulate a directed immune response to HBsAg. It is provided in a single dose 0.5 mL vial and given as a 2-dose schedule. The doses should be separated by at least 4 weeks.

Can Heplisav-B be used to complete a vaccination series started with Engerix-B or Recombivax HB?

A HepB vaccine series that was begun with Engerix-B (GSK) or Recombivax HB (Merck) may be completed with Heplisav-B. However, data are limited on the safety and immunogenicity effects when Heplisav-B is interchanged with hepatitis B vaccines from other manufacturers. When feasible, the same manufacturer's vaccines should be used to complete the series. However, vaccination should not be deferred when the manufacturer of the previously administered vaccine is unknown or when the vaccine from the same manufacturer is unavailable.

The 2-dose hepatitis B vaccine series only applies when both doses in the series consist of Heplisav-B. Series consisting of a combination of 1 dose of Heplisav-B and a vaccine from a different manufacturer should consist of 3 total vaccine doses and should adhere to the 3-dose schedule minimum intervals of 4 weeks between dose 1 and 2, 8 weeks between dose 2 and 3, and 16 weeks between dose 1 and 3. Doses administered at less than the minimum interval should be repeated. However, a series containing 2 doses of Heplisav-B administered at least 4 weeks apart is valid, even if the patient received a single earlier dose from another manufacturer.

If a person who works in a healthcare setting had one dose only of hepatitis B vaccine 1 year ago, should the series be restarted?

No. The hepatitis B vaccine series should not be restarted when doses are delayed; rather, the series should be continued from where it stopped.

Is it safe for HCP to be vaccinated during pregnancy?

Yes. Both Engerix-B (GSK) and Recombivax HB (Merck) may be administered during pregnancy. Many years of experience with these two vaccines indicate no apparent risk for adverse events to a developing fetus. Current hepatitis B vaccines contain noninfectious hepatitis B surface antigen (HBsAg) and should pose no risk to the fetus. If not vaccinated, a pregnant woman may contract an HBV infection during pregnancy, which might result in severe disease for the newborn. Women who breastfeed their babies and are healthcare professionals can and should be vaccinated against hepatitis B if they haven't been previously vaccinated. Receipt of the vaccine is not a reason to discontinue breast-feeding.

There are no clinical studies of Heplisav-B in pregnant women. Available human data on Heplisav-B administered to pregnant women are insufficient to assess vaccine-associated risks in pregnancy. Until safety data are available for Heplisav-B, providers should continue to vaccinate pregnant women needing hepatitis B vaccination with a vaccine from a different manufacturer.

Is there a recommendation for routine booster doses of hepatitis B vaccine?

No. HCP who have documentation of receiving a complete series of hepatitis B vaccine and who subsequently tested positive for anti-HBs (defined as anti-HBs of ≥10 mIU/mL) are considered to be immune to hepatitis B. Immunocompetent persons who also have followed the protocol, have long-term protection against HBV and do not need further testing or vaccine doses. Some immunodeficient persons, including those on hemodialysis, may need periodic booster doses of hepatitis B vaccine.

We have a new employee with documentation of having received a series of hepatitis B vaccine as an adolescent. He now tests negative for hepatitis B surface antibody (anti-HBs). How should we manage him?

ACIP recommends that healthcare personnel with written documentation of having received a properly spaced series of hepatitis B vaccine in the past (such as in infancy or adolescence) but who now test negative for anti-HBs should receive a single "booster" dose of hepatitis B vaccine and be retested 1–2 months later (see Figure 1). Those who test positive following the "booster" dose are immune and require no further vaccination or testing. Those who test negative should complete a second series of hepatitis B vaccine on the usual schedule and be tested again 1–2 months after the last dose. Heplisav-B may be used to revaccinate new healthcare personnel (including the challenge dose) initially vaccinated with a vaccine from a different

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Immunization action coalition
IAC
immunize.org
Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3109.pdf • Item #P3109 (1/20)

manufacturer in the distant past who have anti-HBs less than 10 mIU/mL upon hire or matriculation. For more information, see www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF, pages 21–22.

Post-vaccination Anti-HBs Testing

Which HCP need serologic testing after receiving a hepatitis B vaccine series?

All HCP, including trainees, who have a high risk of occupational percutaneous or mucosal exposure to blood or body fluids (for example, HCP with direct patient contact, HCP at risk of needlestick or sharps injury, laboratory workers who draw, test or handle blood specimens) should have postvaccination testing for antibody to hepatitis B surface antigen (anti-HBs). Postvaccination testing should be done 1–2 months after the last dose of vaccine. Postvaccination testing for persons at low risk for mucosal or percutaneous exposure to blood or body fluids (for example, public safety workers and HCP without direct patient contact) likely is not cost-effective; however, those who do not undergo post-vaccination testing should be counseled to seek immediate testing if exposed.

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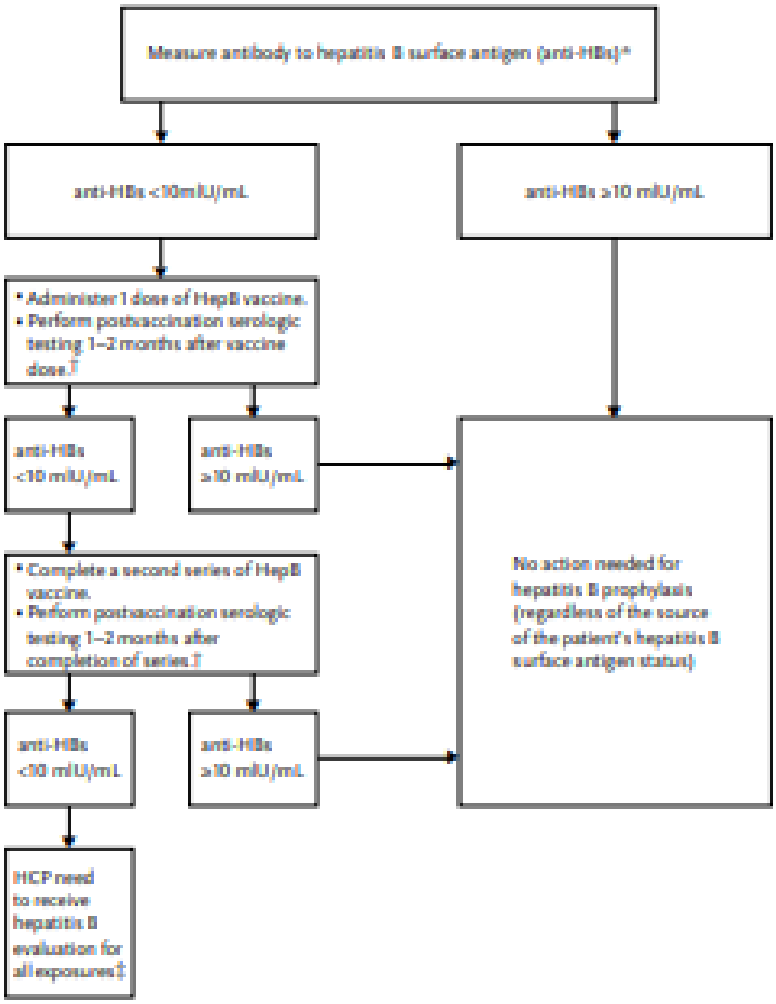
FIGURE 1.

Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing

Healthcare personnel (HCP) with documentation of a complete series of HepB vaccine but no documentation of anti-HBs ≥10 mIU/mL who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. The algorithm at right will assist in the management of these people. It was adapted from CDC. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, *MMWR* 2018; 67(RR-1), available at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf.

NOTE: Also available as stand-alone form at www.immunize.org/catg.d/p3108.pdf.



* Pre-exposure serologic testing may be recommended for all previously vaccinated HCP who were not tested 1 to 2 months after the third dose (such as people vaccinated as children or adolescents). Trainees, HCP in certain occupations, and HCP practicing in certain populations are at greater risk of exposure. Vaccinated HCP in these settings or occupations could benefit from pre-exposure serologic testing.

† Should be performed 1–2 months after the last dose of vaccine using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

‡ A non-responder is defined as a person with anti-HBs <10 mIU/mL after 2 complete series of HepB vaccine. Persons who do not have a protective concentration of anti-HBs after revaccination should be tested for HBsAg. If positive, the person should receive appropriate management. See *MMWR* 2018;67(RR-1) at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf for guidance on management of persons who do not respond to 2 complete series of HepB vaccine.

What should be done if a person's post-vaccination anti-HBs test is negative (less than 10 mIU/mL) 1–2 months after the last dose of vaccine?

Repeat the 2- or 3-dose series (depending on vaccine brand) and test for anti-HBs 1–2 months after the final dose of the repeat series. Heplisav-B may be used for revaccination following an initial hepatitis B vaccine series that consisted of doses of Heplisav-B or doses from a different manufacturer. Heplisav-B may also be used to revaccinate new healthcare personnel (including the challenge dose) initially vaccinated with a vaccine from a different manufacturer in the distant past who have anti-HBs less than 10 mIU/mL upon hire or matriculation.

If the test is still negative after a second vaccine series, the person should be tested for HBsAg and total anti-HBc to determine their HBV infection status. People who test negative for HBsAg and total anti-HBc should be considered vaccine non-responders and susceptible to HBV infection. They should be counseled about precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or likely exposure to HBsAg-positive blood. Those found to be HBsAg negative but total anti-HBc positive were infected in the past and require no vaccination or treatment. If the HBsAg and total anti-HBc tests are positive, the person should receive appropriate counseling for preventing transmission to others as well as referral for ongoing care to a specialist experienced in the medical management of chronic HBV infection. They should not be excluded from work.

How often should I test HCP after they've received the hepatitis B vaccine series to make sure they're protected?

For immunocompetent HCP, periodic testing or periodic boosting is not needed. Post-vaccination testing (anti-HBs) should be done 1–2 months after the last dose of the hepatitis B vaccine series. If adequate anti-HBs (at least 10 mIU/mL) is present, nothing more needs to be done. This information should be made available to the individual and recorded in his or her health record. If postvaccination testing is less than 10 mIU/mL, the vaccine series should be repeated and anti-HBs testing should be completed 1–2 months after the last dose of the second series.

Does CDC now recommend routine pre-exposure anti-HBs testing for all HCP who were previously vaccinated but not tested?

In general, no, but the type of testing (pre-exposure or post-exposure) depends on the healthcare worker's profession and work setting. The risk for hepatitis B virus (HBV) infection for vaccinated HCPs can vary widely by setting and profession. The risk might be low enough in certain settings that assessment of hepatitis B surface antibody (anti-HBs) status and appropriate follow-up can be done at the time of exposure to potentially infectious blood or body fluids. This approach relies on HCP recognizing and reporting blood and body fluid exposures and might be applied on the basis of documented low risk, implementation, and cost considerations. Trainees, some occupations (such as those with frequent exposure to sharp instruments and blood), and HCP practicing in certain populations are at greater risk of exposure to blood or body fluid exposure from an HBsAg-positive patient. Vaccinated HCP in these settings/occupations would benefit from a pre-exposure approach.

At our facility we do routine pre-employment anti-HBs testing regardless of whether the employee has documentation of a hepatitis B vaccination series and consider those with a positive antibody to be immune. Is this the recommended strategy?

No. HCP with written documentation of receipt of a complete, properly spaced series of hepatitis B vaccine AND a positive anti-HBs can be considered immune to HBV and require no further testing or vaccination. Testing unvaccinated or incompletely vaccinated HCP (including those without written documentation of vaccination) is not necessary and is potentially misleading because anti-HBs of 10 mIU/mL or higher as a correlate of vaccine-induced protection has only been determined for persons who have completed a hepatitis B vaccination series. Persons who cannot provide written documentation of a complete hepatitis B vaccination series should complete the series, then be tested for anti-HBs 1 to 2 months after the final dose.

Several physicians in our group have no documentation showing they received hepatitis B vaccine. They are relatively sure, however, that they received the doses many years ago. What do we do now?

Because there is no documentation of vaccination, a vaccination series should be administered and postvaccination testing should be performed 1–2 months after the final dose of vaccine. There is no harm in receiving extra doses of vaccine. Postvaccination testing results should also be documented, including the date testing was performed. All healthcare settings should develop policies or guidelines to assure valid hepatitis B immunization.

I'm a nurse who received a documented series of hepatitis B vaccine more than 10 years ago and had a positive follow-up titer (at least 10 mIU/mL). At present, my titer is negative (<10 mIU/ mL). What should I do now?

Nothing. Data show that vaccine-induced anti-HBs levels might decline over time; however, immune memory (anamnestic anti-HBs response) remains intact following immunization. People with adequate anti-HBs concentrations that have declined to less than 10 mIU/mL are still protected against HBV infection. For HCP with normal immune status who have demonstrated adequate anti-HBs (≥10 mIU/mL) following full vaccination, booster doses of vaccine or periodic anti-HBs testing are not recommended.

Non-responders or HCP with Chronic HBV Infection

If an employee does not respond to hepatitis B vaccination (employee has had two full series of hepatitis B vaccine), does s/he need to be removed from activities that expose her/him to bloodborne pathogens?

No. There are no regulations that require removal from job situations where exposure to bloodborne pathogens could occur; this is an individual policy decision within an organization. OSHA regulations require that employees, in jobs where there is a reasonable risk of exposure to blood, be offered hepatitis B vaccine. In addition, the regulation states that adequate personal protective equipment be provided and that standard precautions be followed. Check your state OSHA regulations regarding additional requirements. If there are no state OSHA regulations, federal OSHA regulations should be followed. Adequate documentation should be placed in the employee record regarding non-response to vaccination.

HCP who do not respond after 2 complete series of vaccine should be tested for HBsAg and total anti-HBc to determine if they have chronic HBV infection. If the HBsAg and total

CONTINUED ON THE NEXT PAGE ▶

anti-HBc tests are positive, HCP should receive appropriate counseling for preventing transmission to others as well as referral for ongoing care to a specialist experienced in the medical management of chronic HBV infection. People who are HBsAg-positive and who perform exposure-prone procedures should seek counsel from a review panel comprised of experts with a balanced perspective (e.g., infectious disease specialists and their personal physician(s)) regarding the procedures that they can perform safely. They should not be excluded from work.

Nonresponders who test negative for HBsAg should be considered susceptible to HBV infection. They should be counseled about precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known exposure to blood that is HBsAg-positive or if the HBsAg status of the source is unknown (see Table 1 below).

Can a person with chronic HBV infection work in a healthcare setting?

Yes. HCP should not be discriminated against because of their hepatitis B status. All HCP should practice standard precautions, which are designed to prevent HBV transmission, both from patients to HCP and from HCP to patient. There is, however, one caveat concerning HBV-infected HCP. Those who have HBV levels 1000 IU/mL or 5000 genomic equivalents/mL or higher should not perform exposure-prone procedures (e.g., gynecologic, cardiothoracic surgery) unless they have sought counsel from an expert review panel

CONTINUED ON THE NEXT PAGE ▶

TABLE 1. Post-exposure management of healthcare personnel after occupational percutaneous and mucosal exposure to blood and body fluids, by healthcare personnel HepB vaccination and response status

Healthcare personnel status	Postexposure testing		Postexposure prophylaxis		Postvaccination serologic testing†
	Source patient (HBsAg)	HCP testing (anti-HBs)	HBIG*	Vaccination	
Documented responder§ after complete series	No action needed				
Documented nonresponder¶ after 2 complete series	Positive/ unknown	Not indicated	HBIG x2 separated by 1 month	—	No
	Negative	No action needed			
Response unknown after complete series	Positive/ unknown	<10mIU/mL**	HBIG x1	Initiate revaccination	Yes
	Negative	<10mIU/mL	None		
	Any result	≥10mIU/mL	No action needed		
Unvaccinated/incompletely vaccinated or vaccine refusers	Positive/ unknown	—**	HBIG x1	Complete vaccination	Yes
	Negative	—	None	Complete vaccination	Yes

* HBIG should be administered intramuscularly as soon as possible after exposure when indicated. The effectiveness of HBIG when administered >7 days after percutaneous, mucosal, or nonintact skin exposures is unknown. HBIG dosage is 0.06 mL/kg.

† Should be performed 1–2 months after the last dose of the HepB vaccine series (and 6 months after administration of HBIG to avoid detection of passively administered anti-HBs) using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL).

§ A responder is defined as a person with anti-HBs ≥10 mIU/mL after 1 or more complete series of HepB vaccine.

¶ A nonresponder is defined as a person with anti-HBs <10 mIU/mL after 3 complete series of HepB vaccine.

** HCP who have anti-HBs <10mIU/mL, or who are unvaccinated or incompletely vaccinated, and sustain an exposure to a source patient who is HBsAg-positive or has a known HBsAg status, should undergo baseline testing for HBV infection as soon as possible after exposure, and follow-up testing approximately 6 months later. Initial baseline tests consist of total anti-HBc testing at approximately 6-months consists of HBsAg and total anti-HBc.

ABBREVIATIONS
HCP = healthcare personnel
HBsAg = hepatitis B surface antigen
anti-HBs = antibody to hepatitis B surface antigen
HBIG = hepatitis B immune globulin

Adapted from CDC. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2018; 67(RR-1); available at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf.

and been advised under what circumstances, if any, they may continue to perform these procedures. For more information on this issue, see Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students, *MMWR*, 2012; 61(RR03):1–12. This document is available at www.cdc.gov/mmwr/pdf/rr/rr6103.pdf.

Post-exposure Management

How should a fully vaccinated employee with an unknown anti-HBs response be managed if they have a percutaneous or mucosal exposure to blood or body fluids from an HBsAg-positive or HBsAg-unknown source?

Management of the exposed HCP depends on both the anti-HBs status of the HCP and the HBsAg status of the source patient. The HCP should be tested for anti-HBs and the source patient (if known) should be tested for HBsAg as soon as possible after the exposure. Testing the source patient and the HCP should occur simultaneously; testing the source patient should not be delayed while waiting for the HCP anti-HBs test results, and likewise, testing the HCP should not be delayed while waiting for the source patient's HBsAg results. See Table 1 for management recommendations based on the results of testing.

If an employee receives both HBIG and hepatitis B vaccine after a needlestick from a patient who is HBsAg positive, how long should one wait to check the employee's response to the vaccine?

Anti-HBs testing for HCP who receive both hepatitis B immune globulin (HBIG) and hepatitis B vaccine can be conducted as soon as 6 months after receipt of the HBIG.

For more information on vaccination recommendations for healthcare personnel, see the following:

1 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, *MMWR*, 2013; 62(10):1–19, www.cdc.gov/mmwr/pdf/rr/rr6210.pdf

2 CDC. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, *MMWR* 2018; 67(RR-1), available at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf.

3 Immunization Action Coalition. "Healthcare Personnel Vaccination Recommendations," www.immunize.org/catg.d/p2017.pdf

4 Immunization Action Coalition. "Pre-exposure Management for Healthcare Personnel (HCP) with a Documented Hepatitis B Vaccine Series Who Have Not Had Post Vaccination Serologic Testing," www.immunize.org/catg.d/p2108.pdf

Understanding Infection Transmission[1]

How Infections Spread

Bacteria and viruses are a found in air, soil, water, and in and on our bodies. Some are helpful, others are harmful. Many bacteria/viruses live in and on our bodies without causing harm and some even help us to stay healthy. Only a small portion of bacteria/viruses are known to cause infection.

How Infections Occur

An infection occurs when bacteria/viruses enter the body, increase in number, and cause a reaction of the body.

Three things are necessary for an infection to occur:

- **Source:** Places where infectious agents live (i.e., sinks, surfaces, human skin)
- **Susceptible Person:** Someone who could be sickened by the bacteria/virus
- **Transmission:** The way bacteria/viruses are moved to the susceptible person

A source is an infectious agent and refers to a virus, bacteria, or other microbe. Sources include people, wet/damp surfaces, indwelling medical devices, dust and decaying debris.

A susceptible person is someone who is not vaccinated or otherwise immune, or a person with a weakened immune system. For an infection to occur, the bacteria/virus must enter a susceptible person's body and invade tissues, multiply, and cause a reaction. Patients who have underlying medical conditions such as diabetes, cancer, and organ transplantation are at increased risk for infection due to reduced immune system function. Certain medications such as antibiotics, steroids, and some cancer treatments also reduce the immune response. Catheters and surgery increase the risk of infection by allowing bacteria/viruses to gain entry into the body.

Transmission refers to the way the source is moved to the susceptible person. The source of infection depends on people and the environment. There are four general ways that infectious sources are transferred: through contact (i.e., touching), sprays and splashes, inhalation, and sharps injuries.

Contact transmission moves the infective agent by touch. For example, if your hands become contaminated and you touch a susceptible person without performing proper hand hygiene, the susceptible person may become ill.

Sprays and splashes can occur when an infected person coughs or sneezes, creating droplets which carry the infectious agent short distances. Body fluids may also transmit bacteria/viruses.

Airborne transmission occurs when the infectious agent is aerosolized into tiny particles that can survive on air currents over distance to reach a susceptible person.

Injuries from a contaminated sharp object can transmit blood-borne pathogens.

In addition, disease transmission may also involve vectors such as ticks or mosquitoes.

Consequently, breaking transmission is key to reducing transmission of infections.

How to Break Transmission

Universal Precautions.

Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

Universal precautions are intended to prevent parenteral (outside the gastrointestinal tract), mucous membrane, and nonintact skin exposures of health-care workers to bloodborne pathogens. In addition, immunization with HBV vaccine is recommended as an important adjunct to universal precautions for health-care workers who have exposures to blood.

Body fluids to which Universal Precautions apply.

Universal precautions apply to blood and to other body fluids containing visible blood. Occupational transmission of HIV and HBV to health-care workers by blood is documented. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.

Universal precautions also apply to semen and vaginal secretions. Although both of these fluids have been implicated in the sexual transmission of HIV and HBV, they have not been implicated in occupational transmission from patient to health-care worker.

Universal precautions also apply to tissues and to the following fluids: Cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The risk of transmission of HIV and HBV from these fluids is unknown.

Body fluids to which Universal Precautions do not apply.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.

Avoiding contact

Take care to prevent injuries when using needles, and other sharp instruments or devices. Take care when disposing of used needles. Used needles are to be disposed of in the disposal container in the nurse's office. Do not recap used needles by hand, and do not remove used needles from disposable syringes by hand. Do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, and other sharp

items in puncture-resistant containers for disposal. Locate the puncture-resistant containers as close to the use area as is practical.

Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the type of exposure anticipated (i.e., gloves, gowns, masks, face shields,eye-protection if necessary).

Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

Standard Precautions

Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all participants, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene, use of gloves, gown, mask, eye protection or face shield (depending on the anticipated exposure) and safe injection practices.

Consequently, we will perform hand hygiene and wear disposable gloves while handling food, providing perineal care, after using the toilet, performing a finger stick for blood glucose, providing wound care/contact with broken skin, and injecting insulin. There are disposable masks and gowns available if needed.

Staff will follow the policy for respiratory hygiene and cough etiquette.

Contact precautions

In the event of a suspected norovirus or Clostridium difficile infection, the procedures include detailed instructions to isolate the participant and decontaminate affected areas. In the event of a suspected shingles infection, the policy includes detailed instructions on wrapping exposed open blisters.

Droplet precautions

In the event of a suspected influenza or pertussis infection, the procedures include detailed instructions to isolate the participant and decontaminate affected areas. COVID-19 is believed to be transmitted by droplet, and those procedures are addressed in COVID-19 Policies and Procedures.

Airborne Precautions

In the event of a suspected measles, chickenpox or tuberculosis infection, the procedures include detailed instructions to isolate the participant and decontaminate affected areas.

Approved: _____. Date:_____

[1]CDC: https://www.cdc.gov/infection control/index.html (multiple tabs)

Policy for Reporting Outbreaks

The Virginia Department of Health (VDH) and the Adult Care Center licensing inspector require suspected or confirmed cases of any outbreak to be reported.

What diseases should be reported?

An unusual level of activity of any illness that might be spread from one person to another or that might be caused by a common exposure should be reported. The diseases that most commonly cause outbreaks in group settings are respiratory illnesses, such as influenza, gastrointestinal illnesses that cause vomiting or diarrhea, and rash illnesses, such as chickenpox or scabies. Other conditions, such as acute environmental exposures (e.g., carbon monoxide poisoning, pesticide intoxication) might also cause outbreaks. The local health department should be notified when an outbreak is suspected, even if no specific disease has yet been diagnosed.

What is an outbreak?

An outbreak is the occurrence of more cases of disease than expected. There is no strict definition of an outbreak or specific number of cases that need to occur to be considered an outbreak. If an outbreak is suspected, it should be reported.

How does a facility/program director know if an outbreak is occurring?

If people who work in a facility or program sense that more people are sick with similar symptoms than is usually seen, then an outbreak should be reported to the local health department

Disease caused by an agent that may have been used as a weapon
Outbreaks[1], all (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, waterborne, and any other outbreak)
Unusual occurrence of disease of public health concern

Nursing staff or a director must inform the Winchester-Frederick County Health Department at 722-3470.

The procedures for surveillance and containment are listed by the pathogen suspected. The list includes chicken pox, measles, tuberculosis, influenza, Bordetella (whooping cough), norovirus, and *Clostridioides difficile.* Any diagnoses will be reported to the Health Department by the health care provider as appropriate.

Sources: VDH Virginia Reportable Disease List, November 2018 & https://www.vdh.virginia.gov/epidemiology/epidemiology-fact-sheets/outbreak-reporting/

Winchester-Frederick County Health Department
10 Baker St.
Winchester, VA 22601
(540) 722-3470
Closes 4:30 PM

Janice Knight, MS, Licensing Inspector
VDSS, DOLP, Region 3
Valley Licensing Office
1550 Commerce Road
Staunton, Virginia 24401
Tel: (540) 430-9258
janice.knight@dss.virginia.gov
www.dss.virginia.gov

Frederick Winchester Medical Health Dept
107 N. Kent St., #201
Winchester, VA 22601
(540) 722-3480
Closed 4:30 PM
Meredith Davis, MPH, District Epidemiologist with the VDH

CDC (Center for Disease Control)
www.cdc.gov
800-232-4636
Use the online form or call the number above M-F, from 8:00 am ET to 8:00 pm ET. This is an integrated CDC hotline service. Callers to this number are given several options.

Signature: _____. Date: _____

Policy for Reviewing Infection Surveillance Data and Infection Prevention Activities

Each quarter the Staff Registered Nurse or a director will review the list (List of Infectious Diseases Diagnosed Among Participants) of infectious diseases diagnosed. Any suspected trends will be reported to the Winchester-Frederick County health department at 722-3470.

When any illness appears to be increasing in frequency, staff will decontaminate surfaces at the direction of nursing staff or director. This decontamination will be documented in the List of Infectious Diseases Diagnosed Among Participants.

Approved: _____ Date: _____

Per Infection Control Checklist

List of Infectious Diseases Diagnosed Among Participants

Date	Diagnosis	Participant	RN signature, notes, disinfecting done

Policy for Use of Disposable Gloves[1]

Gloves shall be worn to perform the following tasks:

1. Serving food or beverages
2. Feeding assistance
3. Providing perineal care
4. Touching broken skin
5. Wound care
6. Fingerstick
7. Insulin administration
8. Touching surfaces which may be contaminated
9. Handling clothing soiled with urine, feces, or other body fluids
10. Cleansing urine, feces or other body fluids from surfaces

Gloves do not replace hand hygiene. Any task that requires gloving should be preceded by hand hygiene. Perform hand hygiene after removal of gloves. Change gloves between providing care to different participants.

Remove gloves in such a way as to avoid contaminating the hands:

1. Grasp the outside of one glove at the wrist. Do not touch your bare skin.
2. Peel the glove away from your body, pulling it inside out.
3. Hold the glove you just removed in your gloved hand.
4. Peel off the second glove by putting your fingers inside the glove at the top of your wrist.
5. Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.
6. Dispose of the gloves in the trash. Do not reuse the gloves.

Signature: _____ Date:_____

[1]CDC: https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

Procedure for Disinfecting/Sanitizing Surfaces

I Purpose and background information

A 10% Clorox solution will disinfect hard surfaces, killing all bacteria, viruses (including norovirus) and *Clostridium difficile* spores. The solution must be prepared daily, and a generic brand not substituted unless Clorox is not available. The solution must be rinsed off the surface. Upholstered furniture must be professionally steam-cleaned.

A 200 parts per million (ppm) Clorox bleach solution prepared with room temperature water is used to sanitize tabletops, and must be prepared daily. A generic brand cannot be substituted unless Clorox is not available. Surfaces (table tops, door knobs, activity materials, etc.) are disinfected multiple times a day. Disinfecting during the community-spread of COVID-19 is addressed in COVID-19 Policies and Procedures.

II Definitions

All terms are defined in the procedure.

III References

CDC: https://www.cdc.gov/norovirus/about/prevention.html

CDC: https://www.cdc.gov/cdiff/prevention.html

Clorox: https://www.clorox.com/how-to/disinfecting-sanitizing/disinfecting-with bleach/sanitizing-food-contact-surfaces-and equipment

IV Procedure

A. To prepare a 10% Clorox solution:

1. Add 2 cups cold tap water to the container. Add ¼ cup of Clorox bleach to the water, and stir gently to thoroughly mix. Do not splash onto skin or into eyes.
2. If solution splashes onto skin, rinse immediately with cold water.

3. If solution splashes into an eye, immediately flush with running cold water, and ask a staff member to call 911.

4. Apply gloves, squeeze out excess, solution and wipe all hard surfaces. Start with the 'cleanest' surfaces (i.e., tables, chairs, doorknobs, door code entry, etc.) and proceed to the 'dirtiest' surfaces (i.e., toilets, flushing handles, stall door handles, sink, faucets, soap dispensers, etc.). Repeat the soaking/squeezing sequence every two minutes.

5. Allow the disinfecting solution to sit on surfaces for 10 minutes. Do not allow staff or participants to touch the wet surfaces. Wipe dry.

6. Change gloves and collect at least 2 cups of fresh tap water in a suitable basin. Soak a clean paper towel or clean gauze in the water, squeeze almost dry, and rinse disinfected surfaces, rinsing towel/gauze often in the rinse water. Change the rinse water and towel when half-way through the procedure. Allow surfaces to dry before use.

7. Tables, kitchen surfaces, and carts are to be cleaned after each use/ serving of meals/snacks and when visibly soiled. Bathroom surfaces (counter tops, sinks, toilets) are to be disinfected twice (morning and afternoon) daily and when visibly soiled.

B. To prepare a 200 ppm Clorox solution:

1. Add ½ teaspoon of Clorox bleach to two cups of room temperature water. Mix well.

2. Spray table surface with the mixture until the surface glistens, and let sit for two minutes.

3. Wipe dry with a clean cloth/paper towel.

V Document Control

The procedure may be approved by the Director or the Staff Registered Nurse (RN).

Revisions may be made by the Director, the RN, or a designee selected by the Director or Staff RN. Notes may be made on the procedure, but must be dated and initialed.

Approved:_____ Date: _____

Policy for Respiratory Hygiene and Cough Etiquette[1]

All staff will cover the mouth and nose with a tissue when coughing or sneezing. If a tissue is not available, sneeze/cough into the crook of the arm. Use the nearest waste receptacle to dispose of the tissue after use. Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

Signature: _____. Date: _____

[1]CDC: https://www.cdc.gov/oralhealth/infectioncontrol/faqs/respiratory-hygiene.html

Shingles Policy[1]

Shingles is a viral infection that causes a painful rash. Although shingles can occur anywhere on the body, it most often appears as a single stripe of blisters that wraps around either the left or the right side of the torso. Shingles is caused by the varicella-zoster virus (the same virus that causes chickenpox). After recovery from chickenpox, the virus lies inactive in nerve tissue near the spinal cord and brain. Years later, the virus may reactivate as shingles. Symptoms include: Pain, burning, numbness or tingling; sensitivity to touch; a red rash that begins a few days after onset of pain; fluid-filled blisters that break open and crust over; and itching. Some also experience fever, headache, sensitivity to light, and fatigue. Pain is usually the first symptom, and some experience shingles pain without developing the rash.[1]

Shingles cannot be transmitted from one person to another. However, while the blisters are present and opening, the person may transmit chicken pox to someone who has never had the disease or been vaccinated against it. A vaccine, Shingrix, is effective to prevent shingles for at least four years.[1]

If shingles is suspected while a participant is present, apply gloves and cover any visible open blisters with sterile gauze. The participant should be isolated from others and sent home immediately.

If a participant is diagnosed with shingles, he/she should remain at home for 24 hours after diagnosis before attending the Center. The participant may then return, but the blisters must be covered with sterile gauze until scabbing is complete.

[1]Mayoclinic.org

Signature: _____. Date: _____

Procedure for Performing Hand Hygiene

I Purpose and Background Information

Practicing correct hand hygiene reduces transmission of infective organisms. Standards and Regulations for Licensed Adult Day Care Centers dictate the method of hand hygiene.

Hands must be washed:

1. Prior to preparing or serving food
2. Prior to administering medication
3. Prior to assisting a participant with meals/snacks/beverages
4. Upon leaving the bathroom
5. After using the toilet
6. Prior to perform wound care, finger sticks, or any contact with broken skin
7. After blowing your nose
8. At additional times, as dictated by the Executive Director or nurse

II Definitions

All terms are defined in the text.

III References

1. CDC: https://www.cdc.gov/handhygiene/index.html
2. Perry, A.G. and Potter, P. A. Clinical Nursing Skills and Techniques. Elsevier Mosby, St. Louis, MO. 6th edition. 2006, p. 192-196.

IV Procedure

A. Use soap and water:

1. Push sleeves and watch (if worn) above wrists. Turn on water, and regulate flow of water so that the temperature is warm. Wet hands and wrists thoroughly under

running water. Keep hands and forearms lower than elbows during washing. Avoid touching the sink.

2. Apply a small amount of soap and rub hands together to produce plenty of lather.
3. Perform hand hygiene for at least 20 seconds, interlacing fingers and rubbing palms and back of hands with circular motion at least 5 times each. Keep fingertips down to facilitate removal of microorganisms.
4. Clean underneath fingernails with the fingernails of the other hand and additional soap, or gently cleanse with an orangewood stick.
5. Rinse hand and wrists thoroughly, keeping hands down and elbows up. If the hands touch the sink during hand hygiene, repeat the procedure.
6. Dry hands thoroughly with a clean paper towel, and discard towel.
7. Turn off the faucet with a clean paper towel.
8. Apply lotion to hands to minimize skin dryness.
9. Using alcohol-based hand sanitizer (ABHS) does not substitute for washing with soap and water at the Center.

B. Using ABHS to cleanse participants' hands prior to meals/snacks:
    1. Dispense approximately ½ teaspoonful of ABHS onto the participant's hand, allowing the sanitizer to fall into the hand (avoiding contaminating the tip of the dispenser). Supervise to ensure that the sanitizer is not consumed/rubbed into the eye, etc.
    2. Encourage the participant to rub the sanitizer over the hands until dry. Rub the sanitizer over the hands if the participant is unable to do so.
    3. Note: This is not the full protocol recommended by the Centers for Disease

Control for correct hand hygiene using ABHS, but an abbreviated version for participant use at the Center before meals.

C. Using ABHS to cleanse participant's hands after toileting when he/she is unable to stand at the sink:

1. Dispense approximate ½ teaspoonful of ABHS onto participant's hand.
2. Rub the sanitizer over the hands, including under rings, if possible.
3. Rub until dry, approximately 20 seconds.

V. Document Control

The procedure may be approved by the Director the Staff Registered Nurse (RN). Revisions may be made by the Director or the Staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Approved:_____ Date: _____

Procedure to Follow in the Event of a Suspected Case of Measles, Chickenpox or Tuberculosis

I Purpose and Background Information

Measles is an acute viral respiratory illness. Although the risk to the participant population should be small, the United States has had an increased rate of measles in 2019. The disease begins with high fever, cough, reddened eyes, and the appearance of Koplik spots (cluster of white spots inside the mouth). Three to five days later, a rash appears. The rash starts as small red flat spots at the hairline, and spreads downward. Small raised red bumps may appear on top of the flat red spots. Measles is extremely contagious, and prompt action would be imperative.

Airborne precautions should be implemented. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. The measles virus can remain infectious in the air for up to two hours after an infected person leaves an area. Infected persons are considered to be contagious from four days before until four days after the rash appears. Sometimes immunocompromised patients do not develop the rash.

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). It can cause an itchy, blister-like rash. The rash first appears on the chest, back, and face, and then spreads over the entire body. The classic symptom of chickenpox is a rash that turns into itchy, fluid-filled blisters that eventually turn into scabs. The rash may first show up on the chest, back, and face, and then spread over the entire body, including inside the mouth, eyelids, or genital area. It usually takes about one week for all of the

blisters to become scabs. Other typical symptoms that may begin to appear 1-2 days before rash include fever, tiredness, loss of appetite, and headache. Some people who have been vaccinated against chickenpox can still get the disease. However, the symptoms are usually milder, with fewer or no blisters (or just red spots), mild or no fever, and shorter duration of illness. Some vaccinated people who get chickenpox may have disease similar to unvaccinated people. The varicella-zoster virus also causes shingles. Chickenpox can be spread from people with shingles to others who have never had chickenpox or received the chickenpox vaccine through exposure to blister contents.

Tuberculosis (TB) is generally a respiratory infection, caused by *Mycobacterium tuberculosis*. The bacteria usually affect the lungs (pulmonary TB), but TB bacteria can grow in any part of the body such as the kidney, spine, and brain. It is an airborne disease spread through coughing, speaking, and singing.

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB disease in the lungs may cause symptoms such as a bad cough that lasts 3 weeks or longer, pain in the chest, or coughing up blood. Other symptoms include weakness or fatigue, weight loss, lack of appetite, chills, fever, and sweating at night. Symptoms of TB disease in other parts of the body depend on the area affected.

II Definitions

All terms are defined in the text.

III References

CDC: https://www.cdc.gov/measeles/index.html
CDC: https:///www.cdc.gov/chickenpox/index.html
CDC https://www.cdc.gov/TB/index.html

IV Procedure

A. If symptoms of measles, chickenpox, or TB are noted, immediately remove the participant and one staff member to the nearest unused room and close the door. The attending staff member should wash her/his hands before entering the room. Notify family and ask them to pick up their loved one immediately.

B. B. Staff will pass universal fit disposable N-95 respirator masks to the confined staff
C. member and the participant. Refer to Procedure for Fitting a N-95 Respiratory Mask for fitting and disposal instructions. N-95 respirator masks are located in the second men's bathroom. Contact isolation masks are not a substitute for N-95 respirator masks.

D. No one except emergency personnel should enter the room. When the family arrives, the participant should be transported quickly through the building by wheelchair, to minimize exposure to others.

E. Request that the family inform the Center of any diagnosis made.

F. The occupied room will remain closed until the next business morning. Post a notice on the door instructing the cleaning crew to leave the door closed, and seal

with yellow CAUTION tape. CAUTION tape is located in the second men's bathroom. No disinfecting protocol is necessary.

V Document Control

The procedure may be approved by the Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director or staff RN. Notes may be made on the procedure by the Executive Director or staff RN, but must be dated and initialed.

Signature:_____ Date: _____

Procedure for Putting on a N-95 Respirator Mask

I Purpose and background information

A N-95 respirator mask is required for airborne isolation. In the unlikely event that a participant shows symptoms of measles, tuberculosis or chicken pox, a disposable N-95 respirator mask must be worn by attendant staff and the participant (if possible). The mask must be correctly fitted as best as possible to work properly (see below and attached instructions).

II Definitions

All terms are defined in the text.

III References

1. OSHA respiratory protection standard 29 CFR 1910.134
2. CDC: https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf

IV Procedure

A. Wash hands.

B. Position the mask in your hand, with the nose piece near the tips of your fingers, allowing the elastic bands to fall below the mask.

C. Hold respirator up to your chin, with nosepiece up. Do not allow any facial hair or jewelry to interfere with contact between skin and mask.

D. The top strap goes over and rests at the top back of the head. The bottom strap is positioned around the neck and below the ears. The two straps should not cross.

E. Place your fingertips from both hands at the top of the metal nose clip. Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

F. Place both hands over the respirator and take a quick breath in to check whether the respirator seals tightly to the face.

G. Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.

H. If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.

I. If you cannot achieve a proper seal due to air leakage, ask for help.

J. To remove the respirator, pull the bottom strap over the back of your head, followed by the top strap, **without touching the respirator.** The exterior of the respirator is assumed to be contaminated.

K. Discard respirator into the trash and wash your hands.

V Appendix

Appendix A follows this procedure, and illustrates the procedure..

VI Document Control

The procedure may be approved by the Executive Director or Staff Registered Nurse (RN). Revisions may be made by the Executive Director or Staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Signature:_____ Date:_____

How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.[1]

Putting On The Respirator

Position the respirator in your hands with the nose piece at your fingertips.

Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.

The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.

Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal[2]

Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.

Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.

If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.

If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator

DO NOT TOUCH the front of the respirator! It may be contaminated!

Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.

Discard in waste container. WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

1 Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/

2 According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to http://www.cdc.gov/niosh/npptl/topics/respirators/

CS 207843
DHHS (NIOSH) Publication No. 2010-133

Procedure to Follow in the Event of a Suspected Case of Influenza or Pertussis (Whooping Cough)

I Purpose and Background Information

Influenza ('flu') symptoms usually appear very suddenly, often within 30 minutes. Symptoms include fever (although not everyone will present with fever), cough, sore throat, runny nose, body aches, headache, tiredness. Other symptoms may include vomiting and diarrhea.

Pertussis (whooping cough) is a highly contagious respiratory disease. It is caused by the bacterium Bordetella pertussis. Symptoms include uncontrollable, violent coughing which often makes it hard to breathe. After coughing, the recovery deep breaths often produce a "whooping" sound.

Influenza and pertussis both require droplet isolation precautions, which include contact isolation masks.

II Definitions

All terms are defined in the procedure.

III References

1. CDC: https://www.cdc.gov/flu/index/htm
2. CDC: https://www.cdc.gov/pertussis/index/htm

IV Procedure

A. If symptoms of influenza or pertussis are suspected, immediately remove the participant to the nearest unused room and close the door. One staff member will remain with the participant. Notify family, and ask them to pick up the

participant immediately.

B. Staff will pass contact isolation masks to the confined staff member and the participant. No one except emergency personnel should enter the room. Masks are located in the men's second bathroom.

C. When the caregiver arrives, the participant should be quickly escorted through the building by wheelchair to minimize exposure to others.

D. Request that the family inform the Center of any diagnosis. The participant can return when the healthcare provider gives permission to do so.

E. Decontaminate the room as described in the Procedure for Disinfecting Surfaces *(pages 23-24).*

V Document Control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director, or Staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Approved: _____. Date: _____

Procedure to Break Transmission of Suspected Norovirus Infection

I. Purpose and Background Information

The purpose of this procedure is to establish a protocol for the containment of suspected norovirus. Based on information published by the Centers for Disease Control (CDC), noroviruses cause acute gastroenteritis in persons of all ages. The illness typically begins after an incubation period of 12-48 hours and is characterized by acute onset, non-bloody diarrhea, vomiting, nausea, and abdominal cramps. Some persons might experience only vomiting or diarrhea. Low-grade fever and body aches also might be associated with infection, and thus the term "stomach flu" often is used to describe the illness, although there is no biologic association with influenza.

Although symptoms might be severe, they typically resolve without treatment after 1-3 days in otherwise healthy persons. The time after illness at which an infected person is no longer contagious also is unknown. In addition, those with preexisting antibodies were not protected from infection unless repeated exposure to the same strain occurred within a short period. Because the virus can be transmitted by food, water, and contaminated environmental surfaces as well as directly from person to person, and because there is no long-lasting immunity to norovirus, outbreaks can occur in a variety of institutional settings (e.g., nursing homes, hospitals, and schools) and affect people of all ages.

Norovirus is extremely contagious, with an estimated infectious dose as low as 18 viral particles, suggesting that approximately 5 billion infectious doses might be contained in each gram of feces during peak shedding. Humans are the only known reservoir for human norovirus infections. Transmission occurs by three routes; person-to-person, foodborne, and waterborne. Person-to-person transmission might occur directly through

the fecal-oral route, by ingestion of aerosolized vomitus, or by indirect exposure via contaminated surfaces. Overall, studies suggest that proper hand washing with soap and running water for at least 20 seconds is the most effective way to reduce norovirus contamination on the hands. As an additional preventive strategy, no bare-hand contact with ready-to-eat foods (foods edible without washing, cooking, or additional preparation to achieve food safety) is recommended. Considering the highly infectious nature of norovirus, exclusion and isolation of infected persons are often the most practical means of interrupting transmission of virus and limiting contamination of the environment. Chlorine bleach solution (10% Clorox) should be applied to hard, nonporous, environmental surfaces at a concentration of approximately 5,000 ppm. Bleach solutions should be freshly prepared.

II. Definitions

All terms are defined in the text.

III. References

CDC: https://www.cdc.gov/infectioncontrol/guidelines/norovirus/index.html

IV. Procedure

In the event that a participant becomes ill with symptoms consistent with norovirus infection (i.e., repeated episodes of vomiting and/or diarrhea in a short amount of time):

A. If possible, remove the participant to one of the private bathrooms, using a wheelchair

   if necessary. Only the attendant staff member should remain with the participant, and

should then apply a disposable gown, mask, and gloves. When family/caretaker arrives, the ill participant should be promptly transferred to the car via wheelchair by non-attendant staff. After the participant has left the building, the attendant staff will decontaminate the bathroom. No restrictions for the attending staff after providing care.

1. Non-attendant staff should prepare the bleach solution (i.e., add ¼ cup of Clorox to 2 cups water, mixing gently) and deliver it and a roll of paper towels to the attending staff without entering the room. Attendant staff should prop open the door for ventilation, apply clean gloves, soak towel with solution, squeeze dry, and wipe all surfaces liberally with the bleach solution (including doorknobs, toilet flusher, soap dispenser, spigots, etc.) and allow the solution to sit for 10 minutes.
2. Rinse surfaces by dipping a clean paper towel into water, using fresh water half-way through the procedure. Lastly, mop the floor with the bleach solution, and allow it to dry.
3. When decontamination is complete, attendant staff should remove gown, mask, and gloves. Bag all trash twice. The wheelchair and any other equipment which came into contact with the ill participant or attendant staff (including the bathroom of origin, if applicable) should be decontaminated as described above.

B. If it is not possible to remove the participant to a private bathroom, use one designated stall and one sink, minimizing contamination of surfaces. No other

participant should be allowed to use the designated stall and sink.

C. A participant diagnosed with norovirus must remain at home until the health care provider has given permission for her/him to return.

V. Document Control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director, or the Staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Signature:_____ Date: _____

Procedure to Follow in the Event of Suspected *Clostridium difficile (C. diff*)

I Purpose and Background Information

C.diff bacteria causes life-threatening diarrhea. It is usually a side-effect of taking antibiotics. These infections mostly occur in people 65 and older who take antibiotics and receive medical care, people staying in hospitals and nursing homes for a long period of time, and people with weakened immune systems or previous infection with *C. diff*. Symptoms might start within a few days or several weeks after administration of antibiotics. Symptoms include diarrhea, fever, stomach tenderness, loss of appetite, and nausea. The diarrhea has a distinctive, unpleasant, sweet smell.

The infection is very easily spread. The bacteria are readily killed, but reproduce by forming spores. These spores are very difficult to destroy, and can easily spread (i.e., soles of shoes, objects in a room, etc.). A 10% fresh Clorox bleach solution will kill *C.diff* spores (see Procedure for Disinfecting Surfaces)

C. diff is a major health threat. A 2015 CDC study found that it caused almost half a million infections among patients in the United States in a single year. An estimated 15,000 deaths are directly attributable to *C. diff* infections, making it a substantial cause of infectious disease death in the United States. The bacteria are found in normal soil, and most healthy adults on exposure would not contract the disease. However, an immunosuppressed person would more likely contract the disease from the same exposure.

Strict adherence to contact isolation is key to avoiding transmission. Careful hand-washing with soap and water is also required.

II Definitions

Definitions are defined in the text.

III References

1. CDC: cdc.gov/hai/organisms/cdiff/cdiff_infect.html
2. CDC: cdc.gov/cdiff/index.html
3. CDC: cdc.gov/cdiff/clinician/index.html

IV Procedure

In the event that a participant is suspected to have a *C. diff* infection:

A. If possible, remove the participant to one of the private bathrooms, using a wheelchair if necessary. Only the attendant staff member should remain with the participant, and should then apply a disposable gown, mask, and gloves. While providing care, hands must be thoroughly washed with soap and water before and after applying gloves. Alcohol-based hand sanitizer will not kill *C. diff* spores. If the participant must move in and out of the bathroom, choose a nearby room without other participants present. The room must be decontaminated as thoroughly as possible after the participant leaves.

B. When family/caretaker arrives, the participant should be promptly transferred to the car via wheelchair by non-attendant staff. After the participant has left the building, the attendant staff should decontaminate the bathroom.

   1. Non-attendant staff should prepare the 10% bleach solution (i.e., add ¼ cup of Clorox to 2 cups cold water, mixing gently) and deliver it and a roll of paper towels to the attending staff without entering the room. Attendant staff should prop open the door for ventilation and wipe all surfaces liberally with the bleach

solution (including doorknobs, toilet flusher, soap dispenser, spigots, etc.) and allow the solution to sit for 10 minutes. After this time, wipe surfaces dry with a clean paper towel. Rinse the surfaces with a wet paper towel, then allow the surfaces dry. Lastly, mop the floor with the bleach solution, and allow it to dry. Any bathroom used by the participant must be decontaminated.

2. When decontamination is complete, attendant staff should remove gown, mask, and gloves. Soles of shoes should be cleaned with soap and water.

   The wheelchair and any other equipment which came into contact with the participant or attendant staff (including the bathroom of origin, if applicable) should be decontaminated as described above.

C. If it is not possible to remove the participant to a private bathroom, use one stall and one sink. Any other staff and participants present should wash their hands with soap and water for 20 seconds, dry, and use a clean towel to turn off the water and open/close the door. The bathroom should not be used again until it can be decontaminated as described above, using fewest possible staff.

D. The participant must be seen by a health care provider before returning to the Center. If diagnosed with *C. diff,* the participant may not return until the health care provider gives permission in writing.

V Document Control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director or the staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Signature:_____ Date: _____

Procedure to Follow in the Event of a Needlestick/Sharps Injury

I Purpose and Background

If you stick yourself with a needle or have a sharps injury or are exposed to the blood or other body fluid of a another during the course of your work you are at risk of bloodborne infections such as HIV/AIDS, hepatitis B and hepatitis C. Prompt action reduces the risk of infection. A health care provider will decide on the appropriate post-exposure preventative care.

II Definitions

All terms are defined in the text.

III References

http://www.cdc.gov/niosh/topics/bbp

IV Procedure

A. Immediately wash the broken skin with soap and water.

B. Contact your supervisor, follow the Exposure Control Plan (pages 7-13).

C. Seek medical attention immediately.

V Document Control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director or the staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Signature:_____ Date: _____

Procedure for Monitoring for and Reporting Evidence of Bed Bug Infestation

I Purpose

To provide policies and procedures for the identification and reporting of any evidence of the presence of bed bugs at the Center.

II Definitions

All definitions are provided in the text.

III References

Fairfax Health District Procedural Memorandum. (March 6th, 2014). *Bed Bugs and Adult Day Health Care*.

Centers for Disease Control. (January 10, 2013). *Bed Bug FAQS*. http://www.cdc.gov/parasites/bedbugs/faqs.html

Miller, D.M. *How to Identify a Bed Bug Infestation*. (Date unknown). Virginia Department of Agriculture and Consumer Services. Located on March 29, 2014 at http://www.vdacs.virginia.gov/pesticides/pdffiles/bb-identify1.pdf

IV Associated Documents

Bed Bug Inspection Log

V Procedure

A. Background information

The bed bug is a parasitic reddish-brown, oval flattened insect about one quarter inch long. Bed bugs feed on the blood of warm-blooded hosts. They occur world wide, without regard to affluence. In the past two decades, there has been an increase in the number of reported infestation world-wide. Adults are easily visible to the naked eye. They are often described as looking like an apple seed.

The attached article, *How to Identify a Bed Bug Infestation*, provides an overview of identification of bed bugs.

B. Preventative measures

1. Winchester City contracts with a local pest management business for monthly pest control. Sticky traps are an effective and inexpensive way to catch the introduction of the pests soon after introduction.

2. Carpeted surfaces should be vacuumed daily and the bag discarded daily.

3. When purchasing new furniture, avoid upholstered pieces and choose leather or vinyl. If upholstered is used, attempt to prevent access by ensuring the furniture stands on metal legs and the fabric is several inches above the floor.

4. Educate all staff on:

   a. General information on bed bugs
   b. How to inspect for and detect bed bugs
   c. How to report the detection of bed bugs
   d. How to prevent spread of infestation

C. How to inspect for bed bugs

1. Bed bugs can be found anywhere and everywhere. Generally, bed bugs seek out dark and hidden places like cracks, crevices and holes. They prefer textured surfaces like wood, fabric, and paper. They are less often found on smooth surfaces like metal, glass, and plastic.

2. Inspect the following for the presence of bed bugs (including fecal spots and molted skins):

   a. Mattress, box springs, and bed frame. Look closely between all crevices. Remove any mattress covers, inspect slats, joints, and behind the headboard.
   b. Wall, especially in cracks, behind baseboards, picture frames, wall hangings, and electrical outlets.
   c. Floors, particularly in joints where floor and wall meet, under rugs, and under edges of wall-to-wall carpet.
   d. Furniture, removing cushions. Check cracks and crevices in all surfaces. Inspect contents of drawers, especially cloth.
   e. Lamps, clocks, electronic equipment, bedding, purses, backpacks, and other belongings.

D. If a family reports the presence of bed bugs in the home, isolate personal belonging in plastic bags, and store separately from other items. Notify a director immediately. Nursing staff or CNAs should examine the participant's skin and clothing during toileting, and report any suspected bites to nursing staff or a director.

E. If bedbugs (dead, alive, or traces of) are detected at the Center, notify a director **immediately**. Our Health will coordinate extermination.

F. To prevent spread of the infestation if bed bugs are found at the Center:

1. All staff should leave all personal belongings (purse, backpack, etc.) at home or in their cars. Avoid wearing slacks with long legs, long skirts, or other apparel that could touch the floor.

2. Staff should keep alcohol wipes in their cars, and wipe off shoes before entering the car. Shake out clothing/coat. Wash clothes in the hottest water possible at home, and dry on the hottest dryer setting.

3. Shake out participant outerwear before entering the Center, if possible. Place coats in plastic bags for the day. Inspect participants and clothing on arrival and during toileting.

4. Ask participants to leave purses at home.

5. If a live bed bug is found on a participant, isolate the participant, call the family and request immediate pickup. Describe what was found (if possible, using gloves, place insect into a tightly sealed double bagged plastic bag).

6. If a dead bug is found on a participant, the participant may stay at the Center, but contact the family to let them know that they may want a home inspection conducted.

VI Document Control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director or staff RN. Notes may be made on the procedure by the Executive Director or staff RN, but must be dated and initialed.

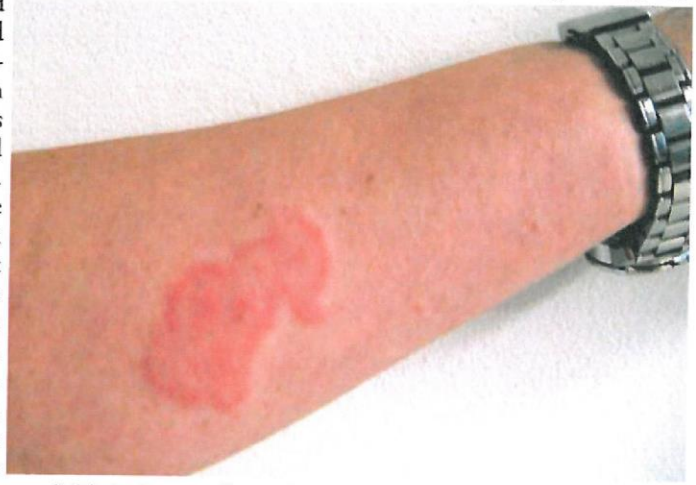
Signature:_____ Date:_____

How to Identify a Bed Bug Infestation

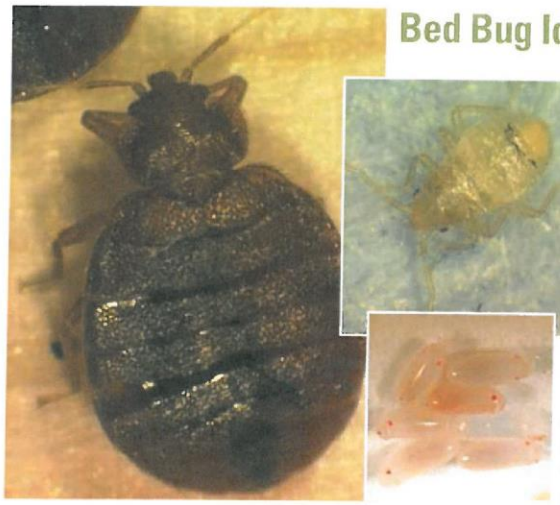
Dini M. Miller, Ph.D., Department of Entomology, Virginia Tech

Introduction

You cannot just "get" bed bugs. They have to be brought into your home. So what is your first clue that you have brought bed bugs home in your luggage after a trip, or on a piece of used furniture that you bought at a garage sale? Most people become suspicious of a bed bug infestation when they find unexplained bites on their bodies. Most commonly a person will go to bed feeling fine but wake up in the morning with itching bites. While bites might suggest bed bugs, they are not a good method for diagnosing a bed bug infestation. This is because bite reactions are so variable from person to person. For instance, a person who has been bitten while traveling may not react for several days, and only notice the bites after they have returned home. These bites do not mean the home is infested. Alternatively, a person may not react to bed bug bites at all. This can allow an infestation to get started in their home and remain unnoticed until the bed bug population increases so much that bed bugs start to be seen. Because bites are an unreliable indicator of an infestation (they may not be bed bug bites at all), it is very important to be familiar with the other signs that bed bugs leave behind to detect a real infestation (particularly a small one). By looking for specific bed bug evidence, the infestation can be identified early before the population becomes difficult to control.



Bed Bug Identification



It is very important to know what bed bugs look like. The adults can easily be seen with the naked eye. Adult bed bugs are reddish brown in color, wingless, and are about the size of an apple seed. Immature bed bugs (there are 5 immature or nymphal instar stages) can also be seen with the naked eye but they are smaller than adults, and translucent whitish-yellow in color. The most difficult life stage to see is the first instar nymph. This is the youngest life stage that hatches out of the egg. These nymphs are so small that they are difficult to see unless they are moving or have recently fed (bright red when full of blood). Bed bug eggs are also tiny, about the size of the head of a pin. The eggs are a pearl-white color and have obvious eyespots if they are older than 5 days.

Bed bugs can look somewhat different depending on their feeding status. If an adult bed bug has not fed recently, it is approximately 3/16" long and oval in shape. In fact, an unfed bed bug can look like a flat disc. However, once it takes a blood meal the body blows up like a balloon. The bed bug elongates so that it looks more like a torpedo than a disc. The color also will be a bright red if the bed bug has fed within the last couple of hours. The bed bug will darken and flatten again over the next couple of days as it digests the blood meal.

Bed bug nymphs also change in their appearance after a blood meal. A hungry bed bug nymph is almost completely pale white or yellowish. However, once it is fed it plumps up, becomes brilliant red, and looks like a plump raspberry seed. Nymphs are the easiest to see when they have recently eaten.

Identifying Molted Skins

Immature bed bugs have to take a blood meal in order to grow, and molt to the next life stage. The molting process is where the bed bug has to shed its "skin." Because all insects (like the bed bug) have their skeleton on the outside of their body (exoskeleton), they have to shed it in order to grow larger in size. Because each bed bug has five immature stages before it becomes an adult, it will have to molt (shed) five times. After adulthood, the bed bug no longer grows or sheds its skin. In a large infestation there will be many thousands of these molted skins lying around where they bed bugs have left them behind. In a new infestation, say in a hotel room, bed bug evidence may be very hard to find. Yet, because the largest percentage of any bed bug population is always in an immature stage, there is always potential to find these cast skins.

The molted skins of the bed bug look very similar to the bed bug itself. They are the same shape and generally translucent in color. However, you will notice that they look like an empty bed bug shell. They will be different sizes depending on the life stage of the bed bug that molted. In small infestations, molted skins can be found almost anywhere. In large infestations, most are found in areas where bed bugs aggregate together in groups.

Where to look for molted bed bug skins:

- **Along mattress seams**
- **Behind head boards**
- **In ceiling/wall junctions**
- **Along baseboards**
- **Stuck to personal belongings**

Identifying Fecal Spots

Bed bugs feed every 5-7 days if a host is present. On the days they are not feeding, they are spend their time digesting their previous meal. Blood contains a lot of water so the bed bugs must condense their meal right away and excrete some of the excess liquid as waste. This digested blood is then deposited wherever the bed bugs happen to go

after feeding. The excreted waste comes out in a semi-liquid from and can be easily seen on the surfaces of mattresses, bed frames and other locations where the bed bugs travel or aggregate. These fecal spots are black in color (not red because the blood has already been digested) and are often seen in groups of 10 or more. However, if the infestation is low, and the bed bug was just passing through the area, there may be only one of two spots in a particular location. Fecal spots can be found anywhere in a large infestation, but when the infestation is small, there are some places where fecal spots are more likely to be found. See below.

Where to look for Fecal Spots:

- **Along the mattress seams and on the tag**
- **On the wood frame of the box springs**
- **Behind the head board**
- **Along the tops of baseboards or the edge of carpeting**
- **Ceiling/wall junctions and behind pictures on the wall**
- **At electrical outlets**
- **In curtain seams where they gather at the rod**

Notice that the bed bugfecal spotting can look similar to German cockroach feces that you might find in an apartment with a heavy cockroach infestation. One way to tell these two types of fecal spots apart is to first look for additional bed bug evidence in the area. Do you see shed skins or hatched eggs? If not, touch the fecal spots (yes, touch them). Bed bug fecal spots have a smooth feel because they consist of a dried liquid food (blood). German cockroach feces tend to feel very granular because they contain solid wastes.

Identifying Bed Bug Aggregations

Looking for bed bug aggregations is similar to looking for fecal spots in that bed bugs often leave numerous fecal spots where they aggregate together after feeding. However, these aggregations also contain a variety of other bed bug evidence:

- **Live bed bugs (multiple life stages)**
- **Fecal spots**
- **Cast skins (from nymphs that have molted)**
- **Live and hatched eggs**

Although the photograph above makes a bed bug aggregation look obvious, these aggregations are not so easily identified if you do not look closely. For example, take a look at the photograph taken of an apartment ceiling on the next page. At first glance, this lookes like mold or mildew

problem, indicative of a moisture issue coming from the apartment upstairs. However, if you look more closely you can see that the "mold" is actually numerous aggregations of bed bugs on the ceiling. The black material is the fecal spotting described previously.

Where to look for bed bug aggregations:

- **Along mattress seams, in the tufts and under the mattress tags**
- **Behind the headboard**
- **Inside the holes for set-in screws**
- **Along wood creases in the box springs or in bed frames**
- **Where the box springs fabric is stapled to the wood frame**
- **Behind loose wallpaper**
- **Behind chipped paint**
- **Under the base of the air conditioner**
- **Beneath the wood framing that holds the bar in the closet**
- **Along the interior frame of closet doors**
- **Behind baseboards**
- **Inside the baseboard heaters**
- **Inside curtain rods, and on the curtains near the top where they are pleated**
- **In personal belongings, including books, stuffed animals, picture frames and hundreds of other locations**

Summary

The first clue suggesting that you may have a bed bug infestation is often the presence of itching bites. However, bites reactions are quite variable and may not be due to bed bugs at all. Be aware of the other signs that bed bugs leave behind: fecal spots, molted skins, and aggregations.

VirginiaTech Invent the Future | Virginia Cooperative Extension A partnership of Virginia Tech and Virginia State University www.ext.vt.edu | VSU Virginia State | Virginia Department of Agriculture and Consumer Services

Training Log

I have been trained in the Procedure for Monitoring for and Reporting Evidence of Bed Bug Infestation.

NAME	TRAINER	DATE

Bed Bug Inspection Log

DATE	RESULTS

Procedure to Apply and Remove Personal Protective Equipment (PPE)

I Purpose and background

The type of PPE used will vary on the level of precaution needed.

II Definitions

All terms are defined in the text.

III References

https://cdc.gov.hai/pdfs/ppe/ppe-sequence

IV Procedure

A. To apply PPE:

1. Put on the gown so that it is open in the back. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist.

2. Secure contact/droplet mask ties or elastic bands at the middle of the head and neck. Secure N-95 respirator mask per procedure directions.

3. Apply googles or face shield if desired.

4. Apply gloves, extending the glove to cover the wrist of the gown.

B. To remove PPE (before leaving the room):

1. Remove gloves first (assume the outside of the glove is contaminated):

    a. Use a gloved hand to grasp the palm of the other hand and peel off the first glove, then hold the removed glove in the gloved hand.

    b. Slide the fingers of the ungloved hand under the remaining glove at the wrist, and peel off the second glove over the first glove.

    c. Discard.

2. Remove goggles/face shield (if used) and set aside. Perform hand hygiene, as the outside surface is assumed to be contaminated.
3. The gown front and sleeves are considered to be contaminated.

a. Unfasten ties, taking care that sleeves don't contact your body when reaching for the ties.

b. Pull gown away from the neck and shoulders, touching only the inside of the gown.

c. Turn gown inside out, and roll into a bundle. Discard.

4. Remove mask (assume the front is contaminated):

   a. Contact/droplet mask: Grasp bottom ties or elastics and then the ones at the top, and remove without touching the front. If your hands touch the front of the mask, immediately perform hand hygiene. Discard.

   b. N-95 mask: follow the directions in the N-95 procedure.

5. Perform hand hygiene.

6. Cleanse goggle surface with EPA-approved disinfecting wipe (if available, substitute generic if necessary) or Clorox disinfecting solution (4 t. Clorox bleach to 1 quart of water). If Clorox is not available, a generic can be substituted if necessary. Rinse and allow to dry. Avoid cleansing the elastic band, if present. Goggles with an elastic band cannot be shared but must be dedicated to one staff member after first use. Goggles with rigid ear pieces may be shared after decontaminating the entire surface.

   Cleanse face shield with the Clorox disinfecting solution described above, rinse with water and allow to dry. Face shields cannot be shared but must dedicated to one staff member after first use.

C. Due the presence of COVID-19 in the community, a mask may be reused until it is visibly damaged or becomes wet. Masks will not be shared with another individual.

V. Document control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director or the staff RN. Notes may be made on the procedure by the Executive Director or staff RN, but must be dated and initialed.

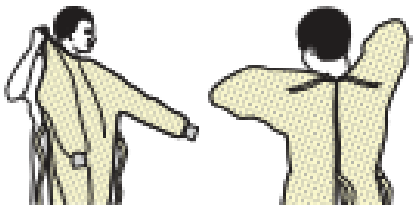
Signature: _____ Date:_____

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

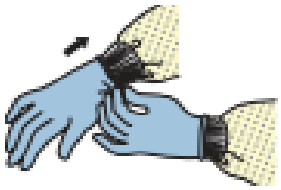
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

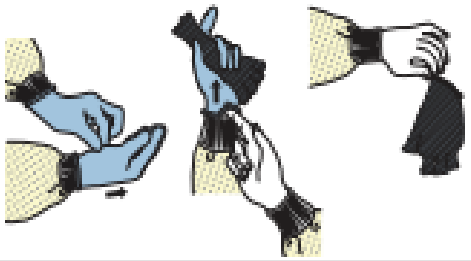
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

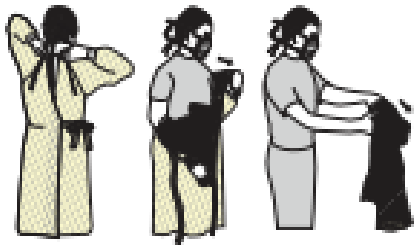


2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

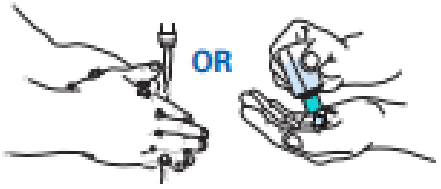
- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

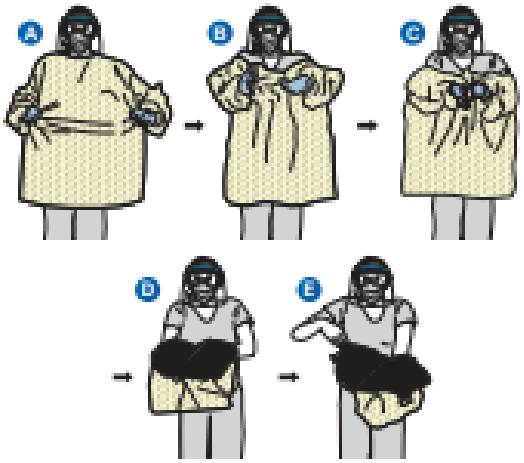
CDC

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



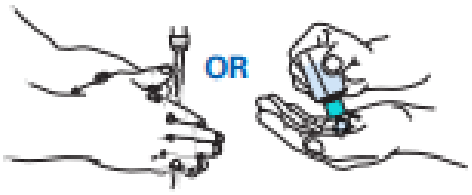
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

Procedure for Administration of Insulin from an Insulin Pen

I Background

Only single use devices may be used and cannot be shared by participants. All insulin devices and equipment will be labeled with the participant's name, including glucometer and its case. Insulin (native or administered) is required for life. The medication must be accurately measured and delivered. Incorrect administration may be a life-threatening event. The nurse or medication aide should be familiar with acceptable administration sites, the type of insulin to be administered, the participant's current blood glucose level, the timing of the next meal, and symptoms of elevated and low blood glucose. Review the medication administration record (MAR) and insulin source before preparing all materials.

This procedure is not a comprehensive review of medication administration, and insulin pen instructions vary by manufacture. This procedure is based on the use of the Novolog FlexPen, as it is the most commonly prescribed pen at the Center.

Insulin is only to administered by a registered nurse or a medication aide.

II Definitions

All terms are defined in the text.

III References

A. Perry A. and Potter P. (2006). *Clinical Nursing Skills & Techniques* (6th ed.). (pp. 716-723). St. Louis, MO: Elsevier Mosby.

B. Novolog FlexPen at https://www.novomedlink.com/content/dam/novonordisk/novomedlink/resouces/generaldocuments/Norolog%FlexPen%20Ifu%20PDF_LOCKED.pdf

IV Blood Glucose Monitoring Protocol - Routine Procedure

A. Preparation

1. Bring the participant to a private area, preferably the nurse's office on a surface that can be easily decontaminated (page 23-24). Collect items needed to perform procedure, including gloves, alcohol wipes, blood glucose meter, single-use, auto-disabling retractable lancet, blood glucose meter testing strip, gauze, band aids, and sharps container. All of this is stored in the nurse's office.

2. Perform the procedure on a solid surface that can be disinfected or place a disposable cover on the surface to provide a barrier in the event of blood contamination.

3. Perform hand hygiene by washing hands with soap and water or using an alcohol -based hand sanitizer (pages 27-29).

4. Put on gloves and perform fingerstick using a single-use, auto-disabling lancet. Immediately discard the used lance in the approved sharps container. Insert test strip into blood glucose meter.

5. Dial up 2 units of insulin, remove both caps and raise the tip vertically. Dispense insulin and discard to prime the system. At least one drop of insulin should dispense from the needle.

B. Finger stick and insulin administration

1. Perform finger stick per physician's order.

2. Consult medical administration record (MAR) to determine dose to administer.

3. Cleanse injection site with sterile alcohol pad, allow to dry.

4. Dial in correct number of units for administration.

5. Remove tip, hold pen at a 90-degree angle to the skin.

6. Insert needle, depress plunger, and wait 6 seconds before withdrawing the needle.

7. Observe site for bleeding, treat as needed.

8. When wearing gloves, before touching clean surfaces, change gloves that have touched objects or surfaces potentially contaminated with blood.

9. While gloved, complete the testing procedure by removing the test strip from the blood glucose meter and discarding it in a regular trash receptacle or sharps container.

10. Remove gloves and place them in trash receptacle.

11. Perform hand hygiene by washing hands with soap and water or using an alcohol-based hand sanitizer (pages 27-29).

12.

C. Post administration

1. It is preferable each individual requiring blood glucose monitoring be assigned their own meter. If the meter is shared, it MUST be cleaned and disinfected between participants according to the manufacturer's recommendations and stored appropriately (i.e., in a storage case, labeled with participant's name if dedicated for individual use).

D. If another type of pen is brought in by the family, follow the manufacturer's instructions for use.

V. Non-Routine Procedures

1. If at any time during the procedure, hands or any other body surface become contaminated with blood or body fluids, remove gloves and wash affected area(s) immediately and thoroughly with soap and water.

2. If the procedure surface becomes contaminated, absorb blood/body fluids with a paper towel and disinfect the surface with an EPA-registered disinfectant or diluted bleach solution (pages 23-24). Always put on gloves before cleaning and disinfecting surfaces. Perform hand hygiene after glove removal (pages27-29).

VI. Document Control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director or the staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Signature:_____ Date: _____

Procedure for Disinfecting Blood Pressure Cuffs and Stethoscopes

I Purpose and Background Information

The Centers for Disease Control (CDC) recommend disinfecting blood pressure cuffs and stethoscope heads after each use to prevent disease transmission. The Environmental Protection Agency (EPA) accepts Clorox Disinfecting Wipes as a method of low-level decontamination. Other brands are not accepted.

Decontaminating blood pressure cuffs and stethoscope heads is not considered necessary in the home environment but is recommended for group settings where one cuff and stethoscope are used for multiple individuals.

II Definitions

All terms are defined in the text.

III References

A. CDC: https://www.cdc.gov/infectioncontrol/guidelines/disinfection/healthcare-equipment.html

B. EPA: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

C. Clorox: https://www.clorox.com/products

IV Procedure

A. After each use, spread out the blood pressure cuff and wipe the inside with one Clorox Disinfecting wipe (if Clorox brand is unavailable, a generic brand may be substituted). Allow four minutes to dry. No rinsing is necessary.

B. After each use, wipe the head of the stethoscope (where the instrument touched the participant's skin) with the same wipe. Allow four minutes to dry. No rinsing is necessary.

V Document Control

The procedure may be approved by the Executive Director or the Staff Registered Nurse (RN). Revisions may be made by the Executive Director or the staff RN. Notes may be made on the procedure by the Executive Director or Staff RN, but must be dated and initialed.

Signature:_____ Date: _____

Policy for Prompt Reporting of Signs/Symptoms of Potentially Transmissible Illness to a Supervisor

Any employee who notices signs or symptoms of a potentially transmissible illness (i.e., coughing, coughing up blood, flushed appearance, unusually warm skin, recurrent sneezing, nasal drainage, diarrhea, vomiting, or rash) will report the findings to the Director, Assistant Director, or Staff Registered Nurse. If none of the above are present, report to a Certified Nurse Assistant.

Approved:_____ Date:_____

Inventory of Infection Control Supplies

The following supplies will be maintained with at least the minimum quantity needed:

Supply	Minimum Quantity
Clorox bleach	1 quart
N-95 masks	2
Contact isolation masks	36
Alcohol-based hand sanitizer	500 mL
Gloves, non-sterile, vinyl, non-powdered	500 gloves
Sterile 4”x4” gauze	12
Sharps container, FDA approved	1, at least one quart volume, less than ¾ full
Contact isolation gowns	6
Soap (handwashing)	1 quart
Yellow CAUTION tape	50 feet
Paper towels	4 rolls
Protective eye wear	One per staff member

No longer being asked as of 2/21/23, however temperatures are still taken each morning, hands sanitized and families asked if participants are exhibiting any COVID-19 symptoms as a whole instead of individual questions.

I understand that per the Virginia Department of Health, those 65 years of age and older and those with underlying chronic medical conditions, such as heart or lung diseases, are at a high risk for severe illness from COVID.

I understand that the following questions will be asked daily of the participant (or caregiver, if the participant is not able to answer):

In the past 24 hours, have you had any of the following:

1. A new fever (100.0 or higher), or a sense of having a fever?
2. New shortness of breath that you cannot attribute to another health condition?
3. A new cough that you cannot attribute to another health condition?
4. New muscle aches that you cannot attribute to another health condition or to a specific activity (such as exercise)?
5. New sore throat that you cannot attribute to another health condition?
6. Chills?
7. Repeated shaking with chills?
8. Headache?
9. New loss of taste or smell?
10. Pain or pressure in the chest?
11. New confusion or difficulty awakening?
12. Blue-tinged lips or face?
13. Gastrointestinal distress?
14. Recent increase in lethargy?
15. Dizziness or increase in falls?
16. Contact with someone who has suspected or confirmed COVID-19 infection within the last 14 days?
17. Runny nose or congestion?

If the answer is YES to ***any*** of these questions, the participant must leave.

Knowing the above, I choose the services of the Adult Care Center.

Printed name of participant/representative:_____

Signature of participant/representative:_____ Date:_____

Use of No-Touch Temporal Thermometer

The No touch forehead thermometer is quick and easy to use—simply position the thermometer between the eyebrows and EITHER hold on the forehead or up to 2 inches away from the forehead. Press the temperature button and within 2 seconds, the large screen will display the temperature.

Signature_____ Date_____

Tuberculosis Assessment Policy

Tuberculosis (TB) assessments for staff or prospective staff may be conducted by a Registered Nurse.

The assessment form will be that recommended by the Virginia Department of Health: Virginia Department of Health Division of TB Control TB Risk Assessment Form (TB 512).

If the result of the assessment is anything other than 'issued screening letter', the staff member/potential staff member will be referred for medical evaluation.

[1]Virginia Department of Health: "The TB risk assessment is a series of questions designed to determine an individual's risk for either acquiring the TB bacteria in the body or of becoming ill with the disease, if infected. Questions may include information about current health status and recent illnesses, travel history, exposure to known individuals with TB disease, and selected medical diagnoses. While these questions may be asked by a licensed health care provider (MD, PA, NP, RN, LPN), consistent with Virginia professional practice acts, only physicians, physician's assistants, nurse practitioners *and registered nurses* can assess risk for TB infection and/or disease based on the answers.". Found at vdh.gov/content/uploads/sites/112/2016/11/Tuberculosis-Screening-and-Testing-for-Occupatoinal-Purposes_8_2017_Final.pdf. April 6, 2020.

Signature: _____ Date:_____

Policy for COVID-19 Guidance – *All staff, participants and volunteers must be vaccinated*

1. The Center has flexible policies for sick leave and absenteeism that encourage people to avoid coming in while sick.

2. All staff and participants/families are familiar with the signs and symptoms of COVID-19, especially fever, cough, and shortness of breath. No one with any of the signs or symptoms should enter the building.

~~3. Each day, each participant and staff will be screened for signs and symptoms of COVID-19 before entering the main rooms. Documentation will be maintained. Persons exhibiting any symptoms will not be admitted.~~

~~4. Visitors are by appointment and screened upon entry. Volunteers will be screened upon entry.~~

5. Those over 65 years of age or older and those with underlying chronic medical conditions, such as heart or lung disease, will be informed that they are at high risk for severe disease from COVID-19.

6. Social distancing of 6 feet guidelines will be followed. ~~All who enter the Adult Care Center will wear face coverings.~~

   a. ~~Cloth face coverings are **not** considered personal protective equipment and should not be used by healthcare personnel as an alternative to facemasks when those supplies are indicated and still available.~~

   b. ~~Face coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.~~

   c. Separate spaces will be maintained that allow for small groups only.

      c. Individual activities will be encouraged, and social distancing of 6 feet or more between persons to the best extent possible.

   e. Mixing of groups or larger group activities will not be allowed. There will be a schedule in place for use of common areas. Interactions will be minimized, and social distancing maintained to the best extent possible.

7. Ill persons will be moved to the room opposite the front desk or into the nurse's office if all scheduled participants for the day are not present, until families arrive to take them home.

8. Staff will monitor participants for any indications of fever or respiratory illness. If an ill participant is identified, he/she will be moved as described in item 7 above. The next of

kin or contact will be called to ensure the ill participant is released to them as soon as possible, preferably within 30 minutes.

9. Proper hand and respiratory hygiene practices will be taught and encouraged.

    a. Regular and routine handwashing with soap and water or hand sanitizer will be provided upon entry, before meals and snacks, after blowing the nose, coughing or sneezing, after toileting and at other scheduled times during the day.

    b. Coughing into the crook of the elbow will be encouraged, followed by handwashing/hand sanitizer.

    c. Tissues and hand sanitizer will be provided to the extent available. Staff and participants will be reminded to avoid touching their eyes, nose, and mouth.

10. Supplies for good hygiene will be provided, including handwashing stations with soap and water, paper towels, and lined trash cans.

11. Surfaces will be routinely cleaned and disinfected, especially those that are touched. These surfaces are located throughout the building, and include kitchen, bathrooms, and common areas.

12. All staff and participants/families know and agree to follow expected communication protocols to inform the Executive Director about any health concerns in the Center. The director, in turn, will communicate appropriately with local health and licensing officials.

    a. The health department will be notified if individuals with known or suspected COVID-19 are identified, if severe respiratory infection is identified, or if clusters (2 or more) of staff and/or participants are identified with respiratory infection.

    b. Staff and participants/families must be notified if a case occurs at the Center.

13. If COVID-19 occurs in the Center, the practices outlined in 1-12 will be followed.

Signature: *Katie Devolites* Date: *January 27, 2022*
Updated: 3/13/23

Procedure for COVID-19 Assessment Preparation/Clean-up

The 'sunroom' is to be kept locked; therefore, hand sanitizer and sanitizing materials can be kept in the cabinet. Gloves need not be worn, but the thermometer cannot touch the participant. Do not touch the participant during the assessment period.

1. Cleanse your hands with sanitizer. Measure temperature: if temperature is under 100.0, proceed with assessment.

2. Sanitize the table and the pen after each assessment.

3. After the family leaves the room, sanitize the inside door handle if a family member/participant touched it.

4. If anyone coughs or sneezes without containment during the assessment, sanitize all surfaces and spray the room with Lysol (if available; if not, a generic brand will be used) disinfecting spray. Leave the door open for a few minutes, standing in the doorway.

5. If a participant fails the assessment, he/she should leave the building immediately, and the room will be disinfected as described in #4 above.

6. Before the participant leaves the assessment room to join the group, hand sanitizer is put on the participants hands and rubbed in thoroughly.

Signature:_____ Date:_____

COVID-19 Policy for Admitting New Participants

After a prospective participant has been seen by a health care provider and the Physician's Report Form has been completed, the family should call the Center and schedule the assessment. The prospective participant will attend as usual.

During the five days preceding the assessment, the family should screen the prospective participant for symptoms of COVID-19 with the same criteria used here for daily participant screening. On the day of the assessment, staff will measure the temperature of the participant and screen for symptoms. The participant may then join the group for the duration of the assessment.

Signature: Katie Devolites Date: 1/27/2022

Daily Staff / Volunteer Checklist – *NOT IN USE AT THIS TIME (3/13/23)*

Record temperature, then note Y/N as appropriate to remaining questions. Place initials beside name.

Any staff with temperature over 100.0, or **any** other symptom listed below must leave the Center.

Any staff with a temperature of 99.0-99.9 will have temperature monitored hourly.

Date	Temp	Cough	SOB/diff breathing	Muscle pain	Sore throat	Chills	Repeated shaking with chills	Headache	New loss of taste/ smell	New confusion/ difficulty awakening	Blue-tinged lips or face	Pain/ pressure in chest	GI* discomfort	Increased lethargy	Dizziness, increased falls	Contact	Runny nose or congestion	**Initials**
Carol																		
Dawn																		
Diane																		
Katie																		
Katie K																		
Lily																		
Linda																		
Marilyn																		
Martina																		
Sarah																		
Rosalie																		
Whitney																		

*Gastrointestinal

Date, initials	Temp	Cough	SOB/diff breathing	Muscle pain	Sore throat	Chills	Repeated shaking with chills	Headache	New loss of taste/ smell	New confusion/ difficulty awakening	Blue-tinged lips or face	Pain/ pressure in chest	GI* discomfort	Increased lethargy	Dizziness, increased falls	Contact	Runny nose or congestion	**Initials**
Carol																		
Dawn																		
Diane																		
Katie																		
Katie K																		
Lily																		
Linda																		
Marilyn																		
Martina																		
Sarah																		
Rosalie																		
Whitney																		

Daily Participant Checklist - *NOT IN USE AT THIS TIME (3/13/23)*

Record temperature, then note Y/N as appropriate to remaining questions.

Any participant with temperature over 100.0 or **any** other symptom listed below must leave the Center..

Any participant with a temperature of 99.0-99.9 will have temperature monitored hourly.

Date & Care-giver Initials	Participant	Temp	Cough	SOB/ diff breathing	Muscle pain	Sore throat	Chills	Repeated shaking with chills	Headache	New loss of taste/ smell	New confusion/ difficulty awakening	Blue-tinged lips or face	Pain/ pressure in chest	GI* dis-comfort	Increased lethargy	Dizziness, increased falls	Contact	Runny nose, congestion	Staff Initial

*Gastrointestinal

Returning from Isolation

https://www.vdh.virginia.gov/coronavirus/protect-yourself/infected/

What to do, regardless of your vaccination status:	**If you have symptoms when you tested positive:** **Days 0-5:** Stay home for at least 5 days. Day 0 is the day symptoms start. Day 1 is the first full day after symptoms develop. Wear a well-fitting mask when you are around others at home. If you have not been able to test, continue to follow the steps for isolation. **Day 6:** If you are fever-free for 24 hours without fever-reducing medication and other symptoms have improved, you can leave your home.* *If you still have a fever or your symptoms have not gotten better, continue to stay home. Loss of taste and smell might persist for weeks or months and should not delay the end of isolation.* **Days 0-10:** Wear a well-fitting mask when you are around others at home and in public. Do not visit people who are immunocompromised, at high-risk for severe disease, or live in high-risk settings. • If you can't wear a mask around others, isolate (stay home) for the full 10 days. • Do not travel for a full 10 days after your first full day of symptoms. • Do not go to places where you can't wear a mask, like restaurants or the gym. • Do not eat around others at home or at work until 10 days after your first day of symptoms.
	If you have no symptoms when you tested positive: **Days 0-5:** Stay home for at least 5 days. Day 0 is the day you were tested for COVID-19. Day 1 is the first full day after the day you tested positive. Wear a well-fitting mask when you are around others at home. **Day 6:** You can leave your home if you continue to have no symptoms.* **Days 6-10:** Continue to wear a mask when you are around others at home and in public. Do not visit people who are immunocompromised, at high-risk for severe disease, or live in high-risk settings. • If you can't wear a mask around others, isolate (stay home) for the full 10 days. • Do not travel for a full 10 days after your first full day of symptoms. • Do not go to places where you can't wear a mask, like restaurants or the gym. • Do not eat around others at home or at work until 10 days after your first day of symptoms.
	If you had no symptoms when you tested positive but you start to get symptoms: Your 5-day isolation (stay at home) period starts over. Day 0 is your first day of symptoms. Follow the recommendations for people who had symptoms above.

*People who are severely ill from COVID-19 (including those who are hospitalized) and those with weakened immune systems might need to isolate for longer. They may also require a viral test to help determine when they can be around others. These individuals are recommended to isolate for at least 10 days and up to 20 days. They should talk to their healthcare provider about when they can end isolation.

Employee Infection Control Training Checklist
Upon Hiring and Annually

	Date Completed	Trainer Initials
Review Exposure Control Plan (OSHA standards)	_____	_____
Needlestick	_____	_____
*Hepatitis B	_____	_____
*Review CDC standards		
Policy disposable gloves	_____	_____
Policy respiratory hygiene	_____	_____
Policy for shingles	_____	_____
Hand Hygiene	_____	_____
Demonstrate competency	_____	_____
Measles etc. procedure and fitting		
N-95 mask	_____	_____
Influenza etc. procedure	_____	_____
Norovirus etc. procedure	_____	_____
C. diff procedure	_____	_____
Procedure to apply/remove PPE	_____	_____
Influenza etc. procedure	_____	_____
Pertussis etc. procedure	_____.	_____
Chicken pox procedure	_____	_____
Procedure cleaning BP cuffs	_____	_____
*Review procedure for disinfecting/		
sanitizing surfaces	_____	_____
Demonstrate competency	_____	_____
*Review procedure for insulin		
Administration	_____	_____
Demonstrate competency	_____	_____
Policy for prompt reporting of suspected		
Illness	_____	_____
Handwashing	_____	_____
COVID-19 daily assessment	_____	_____
Use of no-touch temporal thermometer	_____	_____

Demonstration of competency in medication administration, to include right patient, right medication, right dose, right time, right route, and right documentation. _____ _____

Review infection control policy in full _____ _____

RN duties: check inventory of PPE, order as needed; quarterly check of list of infectious diseases; RN train staff re Hepatitis B, hepatitis vaccinations, addressing safety, benefits, efficacy, methods of administration and availability; document injuries of staff per OSHA guidelines.

*These policies and procedures have to be reviewed annually.

I have been trained in the above policies and procedures.

Employee name:_____. Signature:_____. Date:_____

Trainer name:_____ Signature_____

Trainer name:_____ Signature:_____