Comagine Health

Blueprint for Success Series: Part 3

Building Blocks 6-7

The **Comagine Health Blueprint for Success Series** for assisted living facilities (ALFs) includes step-by-step instructions, templates and tools for creating and revising a best practice Infection Prevention and Control Program (IPCP). At the end of the series, a toolkit will be compiled containing all building blocks overviews, the forms and tools associated with each of the 10 building blocks, as well as templates and examples for reference.

Blueprint Curriculum

Building Block No. 1 – Oversight for IPC Program

Building Block No. 2 – Designated Infection Prevention Specialist

Building Block No. 3 – Annual IPCP Assessment Process

Building Block No. 4 – Infection Control Policies and Procedures

Building Block No. 5 – Health Care Environmental IPCP

Building Block No. 6 – IPCP: Education for Residents and Staff

Building Block No. 7 – IPCP: Health for Residents and Staff

Building Block No. 8 – IPCP Emergency Preparedness

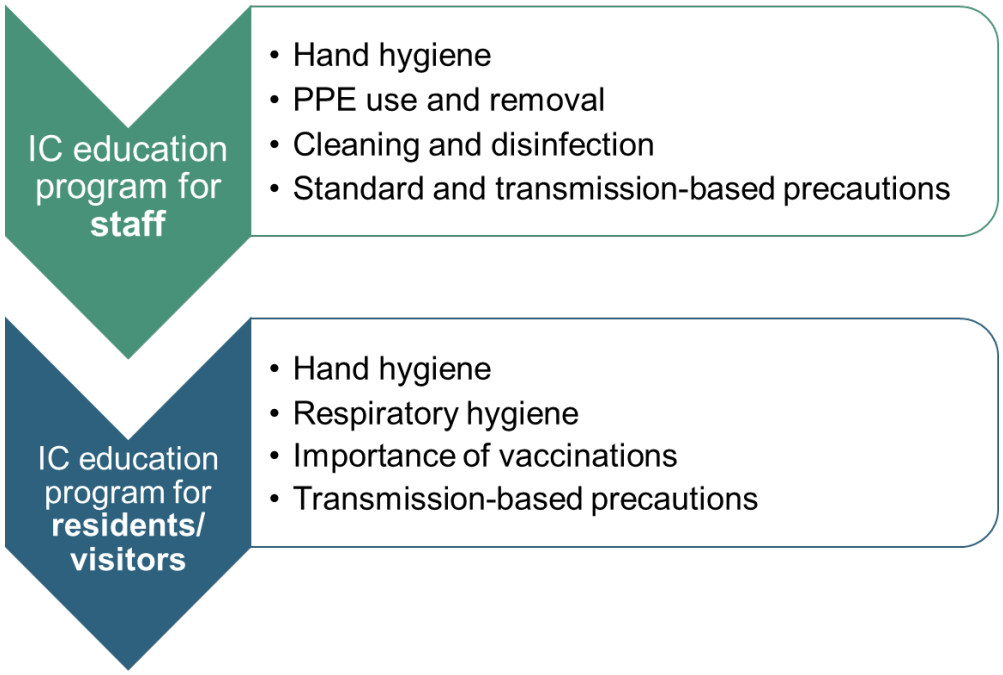
Building Block No. 9 – Health Care Surveillance Program

Building Block No. 10 – Quality Assurance/Performance Improvement

Goals of the Infection Prevention and Control Program

Building Block No. 6

IPCP: Education for Residents and Staff



WHAT?

One of the most important roles of an infection prevention specialist is educating staff on basic infection prevention and control principles. It is recommended that the educational needs of staff, residents and families are assessed regularly to develop educational objectives and strategies to meet those needs.

WHY?

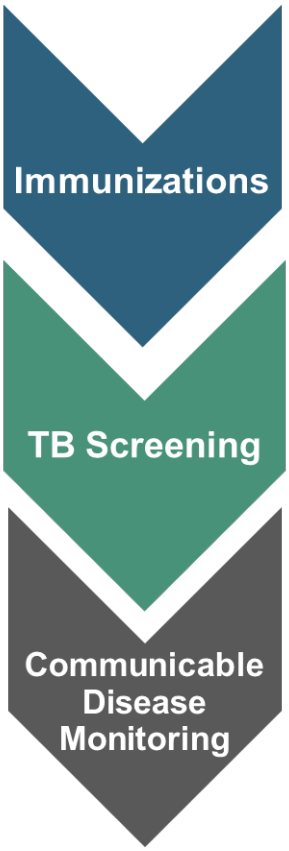
It has long been recognized that educational programs are a mainstay of improving infection prevention practices.

HOW?

By performing an educational needs assessment, developing educational objectives and developing educational content based on the most current recommendations and guidelines. Provide education upon hire, annually and just-in-time using a variety of delivery methods and skill enhancement.

Building Block No. 7

IPCP: Health for Residents and Staff



WHAT?

Facilities must have staff and resident health programs in place that include immunization programs, TB screening and communicable disease monitoring.

WHY?

Healthy staff promotes healthy residents. Staff should be free of transmissible conditions that could impact residents' health. Early identification of common communicable conditions in residents can prevent transmission to staff and other residents.

HOW?

Improve immunization programs by using education, addressing vaccine myths and providing convenience. TB screening programs must be implemented using CDC guidelines and following state regulations. Monitor communicable diseases in staff by performing screening and implementing sick policies and work restrictions. Monitor communicable diseases in residents with intake interviews, interfacility communication, case definitions, and implementing visitor screening and sick policies.

Part 3 Attachments

- *Attachment 1:* SAMPLE: Hand Hygiene Competency Validation: Soap and Water/Alcohol-Based Hand Rub (ABHR)
- *Attachment 2:* SAMPLE: Personal Protective Equipment (PPE) Competency Validation: Donning/Doffing
- *Attachment 3:* SAMPLE: ALF Policy and Procedures Template – Example Personnel Health

Hand Hygiene Competency Validation:
Soap and Water / Alcohol-Based Hand Rub (ABHR)

Type of validation: Return demonstration	☐ Orientation ☐ Annual ☐ Other
Employee name:	
Job title:	

Hand Hygiene with Soap and Water	Met	Not Met
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR	**Met**	**Not Met**
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations	**Met**	**Not Met**
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		

COMMENTS:_____

Employee Name (Print): _____

Employee Name (Signature): _____ Date:_____

Evaluator Name (Print): _____

Evaluator (Signature): _____ Date:_____

Evaluator (Initials): _____

Personal Protective Equipment (PPE) Competency Validation: Donning / Doffing

Type of validation: Return demonstration	☐ Orientation ☐ Annual ☐ Other
Employee Name:	
Job Title:	

Donning PPE	Met	Not Met
1. **Perform Hand Hygiene**		
2. **Don Gown:** Fully covering torso from neck to knees, arms to end of wrists		
3. Tie/fasten in back of neck and waist		
4. **Don Mask/Respirator:** Secure ties/elastic bands at middle of head and neck		
5. Fit flexible band to nose bridge		
6. Fit snug to face and below chin (Seal-check respirator if applicable)		
7. **Don Goggles or Face Shield:** Place over face and eyes; adjust to fit		
8. **Don Gloves:** Extend to cover wrist of gown		
Doffing PPE	**Met**	**Not Met**
9. **Remove Gloves:** Grasp outside of glove with opposite gloved hand; peel off		
11. Slide fingers of ungloved hand under remaining glove at wrist		
12. Peel glove off over first glove		
13. Discard gloves in waste container		
14. **Remove Goggles or Face Shield:** Handle by head band or ear pieces		
15. Discard in designated receptacle if re-processed or in waste container		
16. **Remove Gown:** Unfasten ties/fastener		
17. Pull away from neck and shoulders, touching inside of gown only		
18. Turn gown inside out		

19. Fold or roll into bundle and discard		
20. **Remove Mask/Respirator (respirator removed after exit room/closed door):** Grasp bottom ties or elastics, then top ties or elastics and remove		
21. Discard in waste container		
22. **Perform Hand Hygiene**		
Doffing PPE (Alternative)	**Met**	**Not Met**
23. **Remove Gown and Gloves:** Grasp the gown in the front and pull away from body, breaking ties, and touching outside of the gown only with gloved hands		
24. Peel off gloves only touching the inside of the gloves and gown with bare hands.		
25. Discard in waste container		
26. **Remove Goggles or Face Shield:** Handle by head band or ear pieces		
27. Discard in designated receptacle if re-processed or in waste container		
28. **Remove Mask/Respirator (respirator removed after exit room/closed door):** Grasp bottom ties or elastics, then top ties or elastics and remove		
29. Discard in waste container		
30. **Perform Hand Hygiene**		

Comments: _____

_____

_____

Employee Name (Print): _____

Employee Name (Signature) _____ Date:_____

Evaluator Name (Print): _____

Evaluator (Signature): _____ Date: _____

Evaluator (Initials): _____

ALF Policy and Procedures Template – Example Personnel Health

TITLE: PERSONNEL HEALTH GUIDELINES

PURPOSE:

To prevent the spread of infection, whether from staff to resident, resident to staff, staff to staff, or resident to resident.

POLICY:

Infection Prevention/Employee Health or designee, has the authority to request laboratory tests or medical evaluations, make judgment on fitness to work and to follow-up on sick or injured employees.

In all resident-care activities, staff can decrease the risk of acquiring or transmitting infection by careful handwashing, use of alcohol-based hand rub, respiratory hygiene/cough etiquette, the proper use of standard precautions, and following transmission-based precautions.

PROCEDURE:

The following examples will serve as guidelines for the most common infections transmitted to and from personnel.

Conjunctivitis (Infectious)

- Staff with keratoconjunctivitis or purulent conjunctivitis are excluded from resident care and resident care areas for the duration of symptoms. If symptoms persist longer than five to seven days, refer staff to their ophthalmologist for evaluation of continued infectiousness.

COVID-19

- Refer to the CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 for the most current recommendations.

Coxsackie Virus (Hand, Foot, Mouth Disease)

- Post-exposure – staff will be excluded from work for seven days after the date of last exposure.
- Active infection – staff will be excluded from work until lesions heal and skin no longer peels.

Cytomegalovirus

- Standard precautions must be followed at all times.
- No additional precautions needed for pregnant staff.
- Active infection – do not exclude staff from work.

Diphtheria

- Staff must be removed from duty until antimicrobial therapy is completed and two cultures obtained ≥ 24 hours apart are negative.

Enteroviral Infection

- Staff will be excluded from care of immunocompromised residents and their environments until symptoms resolve.

Gastroenteritis

- Acute stage (diarrhea with other symptoms) – Staff will be excluded from resident contact, contact with the resident's environment, or food handling until symptoms resolve.
- Convalescent state, *Salmonella* spp. – Staff will be excluded from care of high-risk residents until symptoms resolve; consult with local health authority regarding need for negative stool cultures.

Hepatitis A

- Staff must be removed from duty for a minimum of seven days after the onset of jaundice.
- Staff exposures will be evaluated.
- Exposed staff are to follow reporting procedure to report a work-related injury/illness.

Hepatitis B

- Standard precautions must be followed at all times.
- Staff with acute or chronic Hepatitis B do not perform exposure-prone procedures and will not have work restrictions.

Hepatitis C

- Standard precautions must be followed at all times.
- Staff with acute or chronic Hepatitis C do not perform exposure-prone procedures and will not have work restrictions.

Herpes Simplex I

- Generally considered to be lesions above the waist such as cold sores, fever blisters and other oral lesions.
- Staff with herpetic lesions on their lips may be allowed to work as long as the health care worker washes hands frequently.
- The staff may be asked not to work in areas where residents are immunologically compromised or in a critical setting.

Herpes Simplex II

- Generally considered to be lesions below the waist (genital).
- Staff with genital herpes simplex will not have work restrictions.

Herpetic Whitlow

- Staff providing resident care and/or working in resident care areas are relieved from work, until lesions heal.

Herpes Zoster "Shingles"

- Localized, in healthy person – cover lesions and exclude from care of high-risk residents until all lesions are dry and crusted.
- Generalized or localized in immunosuppressed person – exclude from resident contact until all lesions are dry and crusted.
- Post-exposure (susceptible staff) – exclude from resident contact from 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if Varicella occurs, until all lesions are dry and crusted.

Human Immunodeficiency Virus (HIV)

- Standard precautions must be followed at all times.
- Staff with HIV do not perform exposure-prone procedures and will not have work restrictions.

Influenza

- Staff with influenza are excluded from work for seven days from symptom onset or until the resolution of all non-cough symptoms, whichever is longer. Staff may only return to work until at least 24 hours after they no longer have a fever without the use of fever-reducing medicines such as acetaminophen.

Latex Sensitivity

- It is the staff's responsibility to inform his or her supervisor of potential or actual latex sensitivity.
- Staff should take due care in the course of performing job duties not to expose themselves to known sources of allergy or irritation.
- Staff with latex sensitivity should seek the advice and treatment of a physician who specializes in allergy or immunology.

- Staff with sensitivity to gloves, lotions or hygiene products are referred to Employee Health for further assessment.

Measles (Active)

- Staff with active measles will be excluded from work until seven days after the rash appears.
- Post exposure - Susceptible personnel remain off duty from the fifth day after first exposure through the 21st day after the last exposure and/or four days after the rash appears.

Meningococcal Infections

- Staff will be excluded from work until 24 hours after start of effective therapy.
- Post-exposure – administer antimicrobial prophylaxis as soon as exposure, ideally < 24 hours after identification of index resident, refer to CDC recommendations.

Mononucleosis (Infectious)

- Staff diagnosed as having infectious mononucleosis must have a release from their private physician before returning to work.
- Standard precautions must be followed at all times.

Mumps

- Staff diagnosed with mumps are to be excluded from work until nine days after onset of parotitis.
- Post exposure - Susceptible personnel remain off duty from the 12th day after 1st exposure through the 26th day after last exposure or until nine days after the onset of parotitis.

Pediculosis (Lice)

- Staff will be excluded from resident contact until treated and observed to be free of adult and immature lice.

Pertussis

- Active infection - staff are excluded from work from beginning of catarrhal stage through third week after onset of paroxysms or until five days after start of effective antimicrobial therapy
- Post-exposure (asymptomatic personnel) – no work restriction, offer prophylaxis.
- Post-exposure (symptomatic personnel) – staff will be excluded from work until five days after start of effective antimicrobial therapy.

Pharyngitis

- The employee may return to work on direction of physician.
- See also *Streptococcal* infection, group A (strep throat) and viral respiratory infections, acute febrile.

Rash

- Undiagnosed rashes should not be ignored
- It is the staff's responsibility to have any undiagnosed rash evaluated. Consultation with a physician may be necessary to determine the working status of the employee.
- If the rash appears like an infectious process could be present, the staff will be excluded from work and allowed to return with a physician's release
- See also, coxsackie virus, herpes zoster, latex sensitivity, measles, rubella, scabies and varicella.

Rubella

- Active infection – Staff will be excluded from work until five days after rash appears.
- Post-exposure (susceptible personnel) – Staff will be excluded from work from 7th day after 1st exposure through 21st day after last exposure.

Scabies

- Staff will be excluded from resident contact until treated and cleared by physician.

Staphylococcus aureus Infection

- Active, draining skin lesions – Staff will be excluded from contact with residents and resident's environment or food handling until lesions have resolved.
- Carrier state – No restriction unless staff are epidemiologically linked to transmission of organism.

Streptococcal infection, group A (strep throat, wound, impetigo, pneumonia, invasive disease)

- Staff will be excluded from resident care, contact with resident's environment or food handling until 24 hours after adequate treatment started.

Tuberculosis

- Active disease – Staff will be excluded from work until proved noninfectious.
- PPD converter – no restrictions.

Varicella (Chicken Pox)

- Active disease – Staff will be excluded from work until all lesions are dry and crusted.
- Post-exposure (susceptible personnel – negative varicella antibody titer) – Staff will be excluded from work from 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if varicella occurs, until lesions are dry and crusted.

Viral Respiratory Infections, acute febrile

- Staff will be excluded from work until acute symptoms resolve.

The employee is responsible to volunteer information about current contagious illness to Infection Prevention/Employee Health or designee.

ATTACHMENTS: None

REFERENCES: References used to develop and revise this policy include:

Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services, 2019.
https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html (accessed 11/15/22)

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