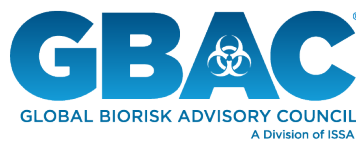




ACCREDITATION HANDBOOK

GBAC STAR™ Facility Accreditation Program
for Cleaning, Disinfection, and Infectious Disease Prevention



Global Biorisk Advisory Council, a Division of ISSA
3300 Dundee Rd., Northbrook, IL 60062-0400 USA
Phone 847-982-0800 | Toll free (US) 800-225-4772 www.gbac.org



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The GBAC STAR™ Accreditation Program is based on a quality management system approach, which enables an organization to effectively identify, assess, control, and evaluate their program associated with cleaning, disinfection, and infection disease prevention. As such, this document is intended to define requirements and provide guidance for implementation appropriate to the nature and scale of any organization.

The complexity of the application process depends upon the size and scope of the organization.

The GBAC STAR™ Program Implementation Guide will enable facilities to:

- *Establish and maintain a cleaning, disinfection, and infectious disease prevention program to control and/or minimize risk associated with infectious agents such as SARS-CoV-2, Influenza, Methicillin-Resistant S. aureus (MRSA), M. tuberculosis (TB), for employees, customers, clients, visitors, the community, and the environment;*
- *Provide assurance and establish confidence that proper cleaning, disinfection, and infectious disease prevention work practices are in place and implemented;*
- *Seek and achieve GBAC STAR™ accreditation status by implementing the requirements outlined in the GBAC STAR™ Program on Cleaning, Disinfection, and Infectious Disease Prevention for Facilities;*
- *Establish a framework that can be used as the basis for communication and raising awareness of best practices as they relate to cleaning, disinfection, and infectious disease prevention in facilities.*

This Implementation Guidance document is structured in a manner where specific requirements pertaining to each individual clause are stated in a frame-box with the guidance and interpretation beneath. Guidance has been provided as an aid in interpreting these requirements.

NOTE: This guidance document does not create additional requirements to those specified in the GBAC STAR™ Program, nor does it prescribe mandatory approaches to the implementation of the GBAC STAR Program. Where considered appropriate, more detailed implementation guidance is provided.

For GBAC STAR™ application process ideas to assist in developing a successful application, refer to the GBAC Recommendations for Application Process tool found on the GBAC STAR™ Resource webpage.



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Implementation Steps for GBAC STAR™

1. SCOPE

The GBAC STAR™ Accreditation Program on Cleaning, Disinfection and Infectious Disease Prevention for Facilities (GBAC STAR™ Program) establishes requirements to assist facilities in their cleaning, disinfection, and infectious disease prevention work practices to control risks associated with infectious agents such as SARS-CoV-2, Influenza, MRSA, and TB.

This GBAC STAR™ Program is performance based and sets out requirements for and places responsibility for facilities to demonstrate that appropriate cleaning, disinfection, and infectious disease prevention work practices, protocols, procedures, and systems have been established and implemented.

The GBAC STAR™ Program is designed such that any size facility or organization can use it and it is considered scalable.

Implementation Guidance:

The GBAC STAR™ Program is based on quality management system principles. As a performance-based accreditation program, its purpose is to help facilities establish a comprehensive system that covers the cleaning, disinfection, and infectious disease prevention needs of the facility. It should be viewed in addition to other relevant industry programs that a facility may have in place such as - but not limited to - ISO 9001, ISO 45001, or ISO 35001.



2. FACILITY LEADERSHIP AND COMMITMENT

2.1. Organizational roles, responsibilities, and authorities

*Senior management shall take ultimate responsibility for the organization's **GBAC STAR™ Program** implementation and maintenance.*

All levels of management shall ensure that roles, responsibilities, and authorities related to cleaning, disinfection and infectious disease prevention are defined, documented and communicated to those who manage, perform and verify such work.

*All levels of management shall demonstrate its commitment by ensuring availability of resources to establish, implement, maintain, and improve the **GBAC STAR™ Program** requirements associated with cleaning, disinfection, and infectious disease prevention.*

Implementation Guidance:

Senior Management includes Officers (e.g., President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, e.g., and Directors of the organization. Overall responsibility for management rests with Senior Management, but tasks may be delegated through the organization - provided they are passed to individuals with adequate training and resources to perform the activities competently and safely.

In large organizations there may be several management layers. For that reason, it is important to define roles and responsibilities clearly and assure that there is clear communication within the organization in terms of roles, responsibilities, and actions that need to be taken and who has the required authority.

Establishing a GBAC STAR™ committee (for implementation and ongoing maintenance) should be considered where appropriate, based on the scope and scale of the organization, and should include a cross-section of company stakeholders (including at least one front-line worker) appropriate to the nature and scale of activities undertaken.

NOTE: This implementation guide has identified roles that need to be covered in the organization and only uses titles to illustrate these roles; these titles may not be the same as the titles used in a specific organization and/or facility.



2.2. Facility Commitment Statement

The organization shall develop, sign, and communicate the facility's commitment to the GBAC STAR™ Program elements. The document shall include provisions for minimizing and controlling risks associated with infectious disease outbreaks and potential exposures in relation to customers, clients, employees, the community and the environment.

Facilities shall provide assurance and establish confidence that proper cleaning, disinfection, and infectious disease prevention work practices and controls are in place, properly maintained, and continuously improved. The GBAC STAR™ Program Commitment statement shall be signed by senior management.

Implementation Guidance:

This commitment statement should be an integral part of the facility in establishing an overall sense of direction and setting the principles for cleaning, disinfection, and infectious disease prevention within the facility. The commitment statement should set organizational objectives for cleaning, disinfection, and infectious disease prevention to demonstrate that both the facility and top management are committed to implementing and monitoring an effective GBAC STAR™ Program. The commitment statement should complement other organization commitment statements, such as their HSE (Health, Safety, & Environmental) policies.

The GBAC STAR™ Program commitment statement shall be appropriate to the nature and scale of the facility and associated activities and commit to:

- protecting staff, clients, customers, contractors, visitors, community, and environment;
- training and awareness programs for employees; and
- awareness campaigns for customers, clients, and community.

2.3. Sustainability and Continuous Improvement

The facility shall build into their program elements of continuous improvement. The program should be implemented such that it is sustainable.

The facility shall establish, document, implement, communicate, maintain, and continually improve their GBAC STAR™ Program, including the processes needed and their interactions, in accordance with the requirements of this document.

Implementation Guidance:



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The GBAC STAR™ Program is built on the concept of continual improvement through a cycle of planning, implementing, reviewing, and improving the processes and actions that an organization undertakes to meet its goals. This is known as the Plan-Do-Check-Act (PDCA) principle: The quality management PDCA model is an iterative process used by organizations to achieve continual improvement of processes and products.

Plan: Establish objectives, programs, and processes necessary to deliver results in accordance with the organization’s goals and objectives associated with cleaning, disinfection, and infection control performance;

Do: Implement the processes as planned;

Check: Monitor and measure activities and processes with regard to cleaning, disinfection, and infection control policies, and report the results; and

Act: Take actions to continually improve cleaning, disinfection, and infection control performance to achieve the intended outcomes.

3. PLANNING

3.1. Conformity and Compliance

*The organization shall ensure that all relevant requirements are identified and fulfilled within their **GBAC STAR™ Program**.*

The organization shall identify all legal requirements associated with cleaning, disinfection, and infectious disease prevention and verify they have complied with these - including but not limited to - national / federal, regional / state, provincial, city, and local regulatory requirements to which the organization is subject to.

Implementation Guidance:

The organization should adopt measures to identify legal and other requirements they are subject to in relation to cleaning, disinfecting, and infectious disease prevention. This includes regulations or requirements such as worker protection and rights, environmental impact, and general health & safety (e.g., fire, electrical) which may be impacted by cleaning, disinfection, or infectious disease prevention.



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The list of requirements is commonly referred to as a compliance register. Legal requirements can take many forms, such as but not limited to:

- federal, state, and local legislation, including statutes, regulations, and/or codes of practice;
- regulatory guidelines issued by regulators;
- permits, licenses, or other forms of authorization; and
- judgments of courts or administrative tribunals.

Examples of other possible requirements include:

- contractual conditions; agreements with employees; agreements with interested parties; agreements with health authorities;
- non-regulatory guidelines;
- internal standard operating procedures;
- voluntary principles, best practices or codes of practice, charters; and
- public commitments of the organization or its parent organization and corporate / company requirements.

3.2. Goals, Objectives and Targets

The organization shall establish, implement, and maintain documented objectives and targets for their cleaning, disinfection, and infectious disease prevention program.

Implementation Guidance:

If the facility is cleaned and disinfected by a 3rd party Building Service Contractor (BSC), the organization must discuss with the BSC how the BSC will conform to the requirements of this program.

Setting goals and objectives is an integral part of the planning for the organization's GBAC STAR™ Program. An organization's goals and objectives should include its commitments to continuously improve the organization's performance regarding cleaning, disinfection, and infectious disease prevention practices.

Goals and objectives related to the GBAC STAR™ Program should be defined, documented, and communicated to all relevant parties. As part of this process, a gap analysis is recommended to



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identify any gaps, areas for improvement, or deficiencies, and objectives prioritized based on the outcome of the GBAC STAR™ Program gap analysis, risk assessments, and customer feedback/requirements. The objectives should lead to agreed-upon milestones to ensure measurable progress. These documented goals – along with measurable results – should be communicated to stakeholders as an assessment of the progress of the implemented GBAC STAR™ Program.

The process of setting and reviewing objectives and implementing plans to achieve them provides a mechanism for the organization to continually improve its GBAC STAR™ Program and to improve its performance within the program.

When setting objectives, the organization needs to take account of legal and other requirements (i.e., compliance register), as well as input from employees, customers, clients, and key stakeholders.

The organization also should consider incorporation of a number of factors such as:

- policy and objectives relevant to the organization’s business as a whole;
- evaluations of the effectiveness of the GBAC STAR™ program (e.g., from internal audits);
- when available and to the extent metrics are available, benchmarks and/or metrics regarding the same activities being done at other organizations;
- outcomes of accident and incident reports and non-conforming events;
- technological options, financial, operational, and business requirements;
- information from employee consultations, reviews, and improvement activities in the workplace (these activities can be either proactive or reactive in nature);
- analysis of performance against previously established objectives;
- prior GBAC STAR™ internal/external program reviews and audits; and
- the need for and availability of resources.

Objectives should be developed which are consistent with “SMART” methodology as applicable:

- Specific: Clear, precise, well-defined, and understandable;
- Measurable: Provide clear criteria which can be used to confirm if the objective has been accomplished;
- Achievable: The tools needed to complete the objectives are within the abilities of those assigned to complete the task;
- Realistic: Capable of being completed within the resources of the organization; and
- Timely: Should have clear timelines and milestones.

It also is advisable that the organization records the background and reasons for setting the objectives in order to facilitate their future review. Objectives are sometimes given associated “targets”.



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Examples of types of objectives can include those that:

- increase or reduce something that specifies a numerical figure (e.g., increase to 50 % the number of workers who have completed the GBAC training or that have achieved GBAC certifications);
- introduce or increase the use of technologies such as electrostatic sprayers, automation or robotics into their cleaning, sanitization, and infectious disease prevention programs and processes;
- improve customer/client confidence scores;

Depending on the complexity of the program, the organization should assign responsibility, authority, and completion dates for individual tasks to ensure that the goals and objectives can be accomplished within the overall timeframe. The objectives should be communicated (e.g., via training and / or meetings) to all relevant personnel. Regular reviews of the status of goals and objectives should be conducted, and the program modified where necessary.

3.3. Program Controls and Monitoring

*Management shall establish program controls and put in place documented procedures for monitoring the effectiveness of the controls being applied to ensure that the elements of the **GBAC STAR™ Program** are being met.*

Implementation Guidance:

Controls and program elements identified during a gap assessment must be verified in an ongoing basis. Controls can be monitored by:

- utilization of regular audits and inspection to collect data and ensure controls are in place and properly maintained (integrated audits and inspections);
- utilization of corrective action reporting processes where problems have been identified;
- investigation of incidents and accidents,
- utilization of technologies such as, but not limited to, radio-frequency identification (RFID) to:
 - monitor use of equipment,
 - verify that cleaning and disinfection activities are completed, and
 - verify that individuals performing tasks are trained where and when appropriate.



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4. IMPLEMENTATION AND OPERATIONS

4.1. Risk Assessment and Risk Mitigation Strategies

Facilities shall ensure that suitable methodologies for assessing and prioritizing risks are identified, implemented, maintained, and documented and are based on relevant hazards.

The identification and implementation of control measures shall be based on the results of the risk assessment. Control measures shall be designed to eliminate or mitigate risks to an acceptable level.

Implementation Guidance:

Each area within a facility that requires cleaning, disinfecting, and infectious disease prevention strategies might require a separate risk assessment based on the uniqueness of the activity. For example, the process for cleaning and disinfecting a guest room in a hotel (where a limited number of people would access) would be different than the process and activities involved in cleaning and disinfecting the main hotel lobby (where an unlimited number of people could access).

Where applicable, facilities should have established standard operating procedures (SOPs) and processes for activities that are routine, such as the cleaning and disinfecting of a hotel guest room upon checkout. See section 4.2, Standard Operating Procedures, below.

NOTE: GBAC has developed, with key partners, guidance documents for several businesses and activities. Please review the GBAC STAR™ business templates on the GBAC STAR™ Resource webpage. GBAC STAR™ business templates can be used to assist you in developing your own SOPs.

It is recognized that you cannot have prewritten plans for all situations. GBAC trained professionals are taught to follow the GBAC Response Protocol, which starts with a site risk assessment (see *GBAC TIPS Sheet 2* on the GBAC STAR™ Resource webpage).

The information in the GBAC Response Protocol provides information and guidance that can assist facilities both as they are developing their routine SOPs and response philosophy.

There are more formal risk assessment programs, processes, and training available in the marketplace (see an example of a formal Risk Assessment Tool Template on the GBAC STAR™ Resource webpage).



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Risk mitigation strategies should consider the "hierarchy of control" as follows:

- Elimination of hazard always should be considered first. For example, removing of sharp objects, unplugging of electrical equipment. If the hazard cannot be eliminated completely, the next control measure(s) may be applied to prevent or minimize exposure to the hazard;
- Use of engineering controls for isolation of the hazard from the employee / staff. For example, installing automatic air and water cleaning and/or disinfection measures (e.g., air filters, UVC)
- Administrative controls include SOPs, training, supervision, and time limitations on the execution of the task for all staff who work in certain areas; and
- Reliance on personal protective equipment (PPE). PPE should be used when the risk cannot be adequately controlled by a combination of the above methods. PPE should not be used as a substitute for engineering controls.

Specific control measures should be regularly tested and maintained to ensure continuous performance. In addition, the entire risk management process should be regularly monitored and reviewed to ensure that it continues to achieve the goals of reducing risks to acceptable levels. Documentation should include the monitoring and review of procedures of the entire risk management system, including the names of those responsible for these tasks.

4.2. Standard Operating Procedures (SOP)

The facility shall establish internal standard operating procedures (SOPs) for cleaning, disinfection and infectious disease prevention work practices.

Implementation Guidance:

Standard Operating Procedures (SOP) should be established and developed specific to activities and processes within the facility, especially for routine activities associated with cleaning, disinfection, and infectious disease prevention programs.

Consideration into the uniqueness of the facility such as, its complexity, surface types, size, and scale must be taken into account. These considerations must also take into account the amount of human traffic. For example, a large warehouse would have less traffic than a convention center or sports arena. SOPs are not limited to actual cleaning and disinfection activities. They include, for example, access to areas and human traffic management.

With regard to cleaning, disinfection, and infectious disease prevention programs a facilities response(s) or programs should be scalable (see an example of a Scalable Response Protocol on the



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GBAC STAR™ Resource webpage). It should be noted that a facilities work practices change based on the situation or current conditions that we are faced with. An example would be, but not limited to, frequencies of cleaning and disinfection activities, the need to practice social distancing, or the wearing of face masks based on the risk.

NOTE: GBAC has developed, with key partners, guidance documents for several business types and activities. Please review the GBAC STAR™ business templates found on the GBAC STAR™ Resource webpage that can be used to assist you in conducting your facilities risk assessments and developing your own SOPs.

4.3. Tools and Equipment

The facility shall select and provide cleaning and disinfection tools and equipment based on the facility needs and ongoing risk assessment program.

Implementation Guidance:

The organization evaluates existing technologies and considers implementation of those that can automate or increased efficacy and efficiency when increasing cleaning, disinfection, and infectious disease prevention strategies and processes. Technologies to consider, but are not limited to electrostatic sprayers, automation, robotics, validation meters, microfiber, touchless or powered versions of common tools, and single-use / disposable items for reduced cross-contamination.

Technology, tools, and solutions are changing constantly. Review and consideration of different tools and equipment shall be completed periodically. This assists the facility to review effectiveness, efficiency, and safety of the tools and equipment to be used. The responsibility may reside with one individual or delegated to a GBAC STAR™ Committee if the institution has one. Input from staff, clients, and customers should be encouraged and obtained.

The facility shall maintain a list of supplies, tools and equipment.

4.4. Cleaning and Disinfection Chemicals

Cleaning and disinfection chemicals are selected based on the facility needs and ongoing risk assessment program.

Implementation Guidance:



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Cleaning and disinfectant chemicals shall be appropriate for the area and objects being treated, the environment surrounding the area, and the infectious agent in question. Consideration for safety (risk assessment) and environmental impact shall be taken into consideration as applicable and appropriate.

Facilities and service providers must ensure that the cleaning and disinfectant product is approved by their local government for the infectious agent in question. In the United States this is the Environmental Protection Agency (EPA). As an example, for SARS-CoV-2/COVID19, the disinfectant must be on the EPA N list.

The facility shall maintain a list of cleaning and disinfection solutions and make all relevant safety data sheets available.

4.5. Inventory Control and Management

The facility shall identify supplies, tools, and equipment associated with cleaning, disinfection, and infectious disease prevention activities and ensure that monitoring and control measures shall be applied to ensure supplies, tools, and equipment are available and maintained and contingency plans are in place.

Implementation Guidance:

Identification of individual(s) responsible for inventory management of supplies and equipment should be part of the GBAC STAR™ program. Additional elements may include:

- a description of the equipment management process and maintenance schedule;
- supplies, tools, and equipment inventory need to be described as part of the program.
- An institution can build into their audit and inspection program a review of supply levels and equipment maintenance status. This allows for a check and balance.
- Contingency planning should be part of a facilities inventory control program. It is important to ensure that the facility does not run out of PPE, cleaners, disinfectant, tools, and equipment. Having adequate supplies is critical not only for routine activities, but also for situation where there is the need to increase cleaning disinfection cycles and emergency operations.
- Having a contingency plan, where the facility knows what alternatives will be purchased in the event their primary selected materials are not available, is highly recommended.



4.6. Personal Protective Equipment (PPE)

The facility shall ensure that suitable selection, provision, use and maintenance of PPE, is specified based on the risk assessments.

The facility shall make PPE available and provide appropriate training for the use of PPE to relevant personnel.

Implementation Guidance:

An effective PPE program, fully understood and adhered to by the employer and employees, protects staff, clients and customers from the hazards to which they could potentially be exposed to. The organization should select PPE based on the risk assessment and the risk mitigation approach. In the case several residual risk hazards are present, selection of the PPE should be prioritized for the most hazardous agent, and combination effects should be taken into account. (e.g., the spraying of a specific disinfectant may require a chemical cartridge respirator).

NOTE:

- Personal protective equipment should be used in conjunction with reasonable and appropriate administrative and engineering controls.
- PPE is not a replacement for administrative and engineering controls.
- PPE should be used in accordance manufacturers' specifications.
- PPE should be made available by the organization at no cost to the employee.

As an example, see the GBAC TIPS Sheet 1, *GBAC recommendations for Personal Protective Equipment for the Cleaning and Disinfection in Response to SARS-CoV-2/COVID-19* on the GBAC STAR™ Resource webpage.

Measures in place should include;

- utilizing information gathered during the site risk assessment and employee feedback in selecting PPE;
- ensuring all personnel who need to use PPE (including cleaning staff, clients, customers, visitors, and contractors) are identified and supplied with appropriate PPE;
- ensure PPE that is provided correctly fits and does not itself create a hazard (e.g., impaired dexterity, visibility or breathing);
- ensure that the use of PPE is written into the facility cleaning and disinfection SOPs;
- ensure that employees receive PPE training in accordance with regulatory requirements and company policies.



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- Ensure training is provided. See training recommendations in this section below.

Other things to consider:

- verification of the PPE against specific agent being worked with;
- investigation of other non-biological hazards, including any disinfectants and/or equipment being used, that may be present and consideration of their possible effect on personal protective equipment considered;
- supply of PPE to be available at all times;
- ensuring that staff follow all established PPE procedures; and
- evaluation of allergic issues or medical conditions that may affect the use of PPE.

Training shall be in accordance with regulatory requirements and company policies. Training and competency on the use of PPE shall be documented. Items to include in the PPE training should include but not be limited to:

- when to use PPE;
- what PPE is necessary;
- what are the limitations of their PPE;
- Extremely important, how to properly don (put on) and doff (take off) PPE in a manner to prevent self and environmental contamination;
- how to properly dispose of disposable PPE must be part of the plan and important for infection/contamination control;
- how to properly clean, decontaminate, and maintain reusable PPE after and between uses.
- if employees are required to wear respirators, a specific fit testing and respirator training shall be in place according with regulations.

4.7. Waste Management

The facility shall establish and maintain an appropriate waste management policy for waste that may be contaminated with infectious materials.

Implementation Guidance:

To ensure that waste is properly managed and disposed of in a safe, efficient and cost-effective manner and to ensure appropriate handling and treatment of potentially infectious waste, the facility needs to identify:



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- roles and responsibilities;
- composition of different waste streams;
 - wastes associated with the cleaning and disinfection process;
 - trash that may contain contaminated materials;
- if applicable, an appropriate decontamination process; and
- local and environmental waste management policies.

5. PERSONNEL TRAINING AND COMPETENCY

The facility shall ensure that personnel that have responsibilities to clean, sanitize, and disinfect are trained and competent to do so. Competence levels shall be judged on appropriate education, training, certifications and experience.

Training records shall be maintained, and the organization shall verify that staff members have attained required certifications and needed levels of competency.

Implementation Guidance:

Training, certifications, and competencies requirements apply to:

- in-house service providers (ISP)
- contracted Building Service Contractors (BSC)
- combination of ISP and BSC or facility management firms

The facility should have a documented proficiency program for all cleaning, disinfection, and infectious disease prevention work. Facilities should have effective procedures for ensuring the competence of personnel to carry out their designated functions through:

- assessing the ability of people to perform their work competently, safely, and securely;
- defining how they would assess competency and authorization level to perform their work;
- detailing how their training programs are organized, monitored, and evaluated;
- defining the different types of training they require for different types of work based on the job description.

In addition, the facility should put monitoring systems in place to ensure personnel are competent to perform their tasks safely and securely. Supervision is appropriate for all new or inexperienced workers, or workers who have not demonstrated full competence in their working environment. All personnel should be re-assessed periodically for competence on a timetable determined by the



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facility. Competence is defined in relation to appropriate education, training and / or experience, together with a demonstrable ability to perform the task in a safe and proficient manner.

NOTE:

- A good check and balance are the results from a facility's internal audit program. When you identify a deficiency within the audit, is it due to employees not understanding what is required to be done?
- Refer to the list of all GBAC and ISSA *Training and Certifications for Individuals Who Provide Cleaning and Disinfection Services* found on the GBAC STAR™ Resource webpage.

6. EMERGENCY PREPAREDNESS AND RESPONSE

The facility shall establish, implement and maintain a process(es) needed for and to respond to potential emergency situations and incidents involving potentially infectious materials.

Implementation Guidance:

To ensure the safety of staff, clients, customers, and visitors, the surrounding community, and the environment, the facility shall actively assess potential incident and emergency response needs, develop procedures and processes to cope with them, and continually aim to improve the effectiveness of responses.

For many facilities and organizations this is done within a business continuity plan (BCP) or crisis management plan (CMP). The organization should identify potential accident, incident, and emergency scenarios in order to develop and validate planned responses. Examples should include:

- blood and body fluid spills;
- rodent infestation;
- mass casualties;
- suicides; and
- homicides.

In these situations, a facility may have contracted specialty response GBAC Certified Companies and Operators that provide these specialty services.



7. FACILITY INFECTION DISEASE PREVENTION PRACTICES

The facility shall implement infection control programs, procedures, and technologies which protect employees, clients, and customers.

Implementation Guidance:

In order to minimize or eliminate the risk of spread and contamination of infectious diseases, the facility needs to address their in-house requirements (staff) as well as the needs of customers, clients, and visitors. These requirements need to include engineering and administrative controls, as well as PPE.

Examples of *engineering controls* include, but are not limited to:

- handwash facilities;
- hand sanitization stations;
- disinfectant wipe stations;
- automated cleaning and disinfection technologies (e.g. automated/robotic floor cleaning and disinfection equipment);
- touchless facilities/technologies, for example handsfree:
 - entry/exit
 - service acquisition;
 - waste disposal; and
 - hand sanitizer stations.
- surfaces, objects, and equipment designed for easy cleaning and long term antibacterial and antiviral properties;
- HVAC systems (e.g., UVC, air filters);
- physical barriers to prevent person-to-person contact, hands free waste disposal, etc.

Examples for *administrative controls* include, but are not limited to:

- worker health program for staff (e.g. vaccination programs, fit for duty programs, temperature monitoring and testing);
- instructions and information on practices and procedures for customers, clients, and visitors;
- temperature monitoring for customers, clients, and visitors (e.g., handheld thermometer or a self-service, non-contact body temperature screening system);
- social distancing programs (e.g. spacing of seating in a meeting, seating in theaters, line management, etc.);
- labeling and signage; and
- policies, rules, supervision/observation, schedules, and training.



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The facility should regularly assess practices and controls for appropriateness within their GBAC STAR™ Program as part of its internal audit program and program continual improvement goals.

8. WORKER HEALTH PROGRAM

The facility shall ensure that risks to worker physical and psychological health are managed effectively, including consideration for preventive and protective measures. All cleaning personnel whose health could be directly impacted by exposure to infectious materials shall be included in the worker health program.

Implementation Guidance:

A comprehensive worker health program looks not only at the direct safety risk associated with the work itself but also the social and mental health determining factors including worker interaction, workload, stress, and others. Worker health programs include, for example, vaccination, fit for duty (e.g. respiratory protection program), and occupational health services.

9. AUDITS AND INSPECTIONS

*The facility shall conduct internal audits and inspections at planned intervals to provide information on whether the **GBAC STAR™ Program** conforms to the organization's own requirements for its **GBAC STAR™ Program** and the requirements of this document and is effectively implemented and maintained.*

Implementation Guidance:

Audits and inspections are important and useful tools and should be performed by competent individuals. Audits and inspections are conducted to ensure that a facility's GBAC STAR™ Program elements are being implemented and maintained. Regularly scheduled audits are important and an integral part of a facilities cleaning, disinfection, and infectious disease prevention program. Random, unannounced inspections and audits can help ensure compliance at all times. Just-in-time audits and inspections should be avoided.

Audits can be tiered for greatest effectiveness - meaning self-audits can be performed by individuals who are those performing the work and internal audits can be performed by managements and peers within the facility.



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Most effective audits are structured not only to ensure that the facility's GBAC STAR™ program is being implemented, but can be used to collect GBAC STAR™ program measures and metrics, as a GAP analysis tool, or a training and knowledge assessment tool.

Records of findings of audits and inspections shall be maintained, including corrective action(s) taken to close out any non-conformities or improvement opportunities.

Facilities should:

- Ensure that the Audit and Inspection Program fits the facility and the program of work.
- Have a process! The audit and inspection process should identify:
 - frequencies;
 - purpose;
 - roles and responsibilities;
 - documentation requirements;
 - how non-conforming items are documented and followed up on; and
 - how the Quality Management PDCA (Plan, Do, Check, Act) cycle is completed, making sure that the plan or process has a way to close the loop! Don't just check the audit checklist box.

Well-designed, integrated Audit and Inspection Programs can provide:

- validation and/or verification of your program elements;
- training;
- knowledge assessment;
- cultural / behavior assessments;
- measures / metrics; and
- risk assessment basics.

10. CONTROL OF SUPPLIERS

*The facility shall determine and apply processes for the acquisition of products and services from suppliers to ensure conformance to specified requirements depending on their potential impact on the **GBAC STAR™ Program**.*

The facility shall establish criteria for selection, evaluation, and re-evaluation of suppliers and products. Records of the results of evaluations and any necessary actions arising from the evaluation shall be maintained.



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Implementation Guidance:

The facility shall ensure suppliers and service providers are evaluated and selected based on their ability to provide products / services that meet the requirements of the facilities cleaning, disinfection, and infectious disease prevention program.

An inventory control program should be established that should include a contingency plan for times when chosen supplies are not readily available.

Supplies such as cleaners, disinfectants, tools, and equipment should be periodically reviewed to ensure they continue to meet the goals and objectives of the facilities GBAC STAR™ program. This review should be documented.

Contracted Services

A facility that utilizes contracted services for their cleaning, disinfection, and infectious disease prevention program is responsible to ensure that the contracted service meets the requirements of the facilities GBAC STAR™ program. Requirements such as -but not limited to- include:

- GBAC training, competencies, and certifications were applicable. These requirements can be written into the contracts and/or requests for proposals (RFPs).
- Use of cleaners, disinfectants, tools and equipment. The facility should review and approve of all cleaners, disinfectants, tools, and equipment used by the contractor in the facility.

Changes to the facilities program must be communicated to the contracted service providers.

The facility should consider having a change management policy and communication plan.

If the facility has a facility GBAC STAR™ committee, it is prudent to have a representative from the contracted service provider be a member of the committee.



11. DOCUMENTATION MANAGEMENT

*The facilities **GBAC STAR™ Program** shall include documented information required by this document, including but not limited to policies, plans, procedures, protocols, and records; and any other documented information determined by the organization as being necessary for the effectiveness of the **GBAC STAR™ Program**.*

*Documented information required by the **GBAC STAR™ Program** shall be controlled to ensure:*

- *it is available and suitable for use, where and when it is needed;*
- *it is adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity);*
- *it reflects the most current policies, plans, procedures, protocols, records, and other information associated with the **GBAC STAR™ Program**.*

Implementation Guidance:

The facility should establish a document control program that will demonstrate its cleaning, disinfection, and infectious disease prevention program supports the requirements of the GBAC STAR™ Program. Documents should be identified and controlled based upon the nature of the work and need for record keeping.

The list of controlled documents is neither exhaustive nor comprehensive but includes some of the main areas that should be formal and subject to document control.

Controlled documents may include:

- standard operating procedures (SOPs);
 - risk assessments;
 - incident site risk assessments;
 - equipment inventory and maintenance records;
 - audit and inspection checklists;
- NOTE:** These may include self-inspection checklists, internal inspections by management, 3rd party inspections, etc.;
- audit and inspection reports with non-conformity follow-up reports;
 - employee training and certification records;
 - contracted service provider training and certification records;
 - communication and awareness campaigns;
 - minutes from the facilities GBAC STAR™ committee;
 - minutes from management review;
 - emergency response and incident response reports and drill reports.



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For the process of document control and record retention, the facility should consider periodic review of documentation and information needs, considering legal and other requirements related to the following:

- a list of the facility's documentation that will be part of the documents tracked;
- a defined process for version control and documentation of the latest revision date or the next revision due date. This is important for SOPs and audit and inspection checklists;
- assigning responsibility for documentation needs;
- deciding in what medium the information will be recorded and stored;
- deciding if information needs to be secured and how it will be secured;
- assuring that information is accessible only to people who need it; and
- current documentation is sufficiently comprehensive to ensure that their cleaning, disinfection, and infectious disease prevention program can be adequately understood and effectively and efficiently implemented.

Contributors

A special thank you to the GBAC Scientific Advisory Board Members who helped develop the *GBAC STAR™ Program* concept and *GBAC STAR™ Accreditation Handbook*:

- Jeff Jones, CFO, CBFRS
- Gavin Macgregor-Skinner BVSc, MSc, MPH, MRCVS,
- Paul J. Meechan, Ph.D., MPH, RBP, CBSP, SM(NRCM)
- Patricia Olinger, JM, RBP, CFO, CBFRS
- Stefan Wagener, Ph.D., SM (NRCM), CBSP, RBP
- Clay Wardlaw, CFO, CBFRS.

All are Certified Forensic Operators® and Certified Bio-Forensic Restoration Specialists®