

Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2019

California Department of Public Health (CDPH)

INTRODUCTION

Enhanced Standard Precautions for Skilled Nursing Facilities, 2019, updates and clarifies recommendations to prevent the spread of multi-drug resistant organisms (MDRO) in skilled nursing facilities (SNF). The recommendations may be adapted to other long-term care facilities (LTCF) with residents at risk for colonization and transmission of MDROs. This guidance is advisory only and supersedes AFL 10-27 *CDPH Joint Infection Prevention and Control Guidelines, Enhanced Standard Precautions (ESP), California Long-Term Care Facilities, 2010*.

California regulations require SNF to “adopt, observe and implement written infection control policies and procedures” (22 CCR § 72321). In addition, the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Medicare and Medicaid-certified nursing facilities require that written standards, policies, and procedures include “standard and transmission-based precautions to be followed to prevent spread of infections.” CMS Conditions of Participation also require that “isolation should be the least restrictive possible for the resident under the circumstances.”

Standard precautions include use of gowns, gloves, masks, face/eye shields when contact with any blood or moist body fluids is likely. Transmission-Based precautions, for example Contact precautions, are typically used for residents with specific MDRO (for example, *Clostridioides difficile*) for which measures in addition to Standard precautions are required to prevent transmission. Contact precautions include placement of residents in single bed rooms and health care personnel (HCP) use of gloves and gowns *upon room entry* and for *all* care interactions. The patient is allowed to leave their room only when medically necessary. Enhanced Standard precautions provides SNF a framework for reducing MDRO transmission through HCP use of gowns and gloves while caring for patients at high risk for MDRO transmission *at the point of care* during specific activities with greatest risk for MDRO contamination of HCP hands, clothes and the environment. Enhanced Standard precautions allows high-risk SNF residents to participate in activities outside of the room under specified conditions.

Why did Enhanced Standard Precautions need to be updated?

Since the 2010 version of this guidance document, the prevalence of emerging MDRO (for example, carbapenem-resistant Enterobacteriaceae (CRE), MDR *Acinetobacter* and *Pseudomonas aeruginosa*) has been increasing in California. Studies have also demonstrated that a high proportion of California SNF residents are colonized with MDRO, but most MDRO colonization is not identified routinely or known to the SNF. In SNFs, identifying residents with MDRO is hampered by the absence of active surveillance testing, limited use of laboratory diagnostics, and incomplete or absent communication about MDRO history at care transitions. SNFs must therefore implement measures to prevent MDRO transmission from residents who might harbor an unidentified MDRO. SNFs must also balance infection control measures with the frequent need for more than one occupant in a room, resident participation in physical and occupational therapy and social activities, the potential for adverse consequences of isolation and confinement in a facility that is considered the resident’s “home,” and the changing status of resident needs for infection control precautions during the course of a prolonged stay.

Studies have also shown the risk of MDRO colonization and transmission is associated with readily identifiable clinical and functional resident characteristics (Table 1). Transmission can be reduced by infection control measures that do not require performing active surveillance testing and are less restrictive than Contact precautions. In response to an increased understanding of the epidemiology and transmission of MDRO in SNFs, CDPH updated Enhanced Standard Precautions to provide SNFs a more practical, resident-centered and activity-based approach for preventing MDRO transmission. **The use of gowns and gloves by HCP during specific care activities is based on periodic assessments of a resident's risk for being colonized and transmitting MDRO, whether or not the resident is known to be MDRO colonized or infected.** See Table 2 *Definitions of Standard, Enhanced Standard, and Transmission-Based precautions*. Transmission-based precautions may still be required in SNFs for highly resistant or unusual MDRO or ongoing transmission during an outbreak.

How should SNFs use this guidance?

SNFs should use *Enhanced Standard Precautions for Skilled Nursing Facilities, 2019*, in addition to [Core Infection Prevention and Control for Safe Health Care Delivery in All Settings](https://www.cdc.gov/hicpac/pdf/core-practices.pdf) (<https://www.cdc.gov/hicpac/pdf/core-practices.pdf>) recommended by the Centers for Disease Control and Prevention (CDC). *Enhanced Standard Precautions for Skilled Nursing Facilities, 2019* provides a framework for a SNF to develop an effective facility-specific MDRO prevention and control program. Table 3 provides implementation examples and the Glossary defines important terms used in this document.

The key messages of *Enhanced Standard Precautions for Skilled Nursing Facilities, 2019* are:

- Whether or not a person is known to be infected or colonized with an MDRO, all moist body fluids (for example, blood, secretions, and excretions) may contain transmissible infectious agents. Avoiding contamination of HCP with residents' body fluids reduces the risk of transmission to other residents.
- MDROs contaminate the skin and immediate environment of residents who are dependent upon assistance for activities of daily living, ventilator dependent, have indwelling medical devices, wounds, and frequent soiling. The use of gown and gloves for specific care activities for such residents reduces contamination of HCP and subsequent transmission to other residents.
- Clinical and functional characteristics of SNF residents can identify those at high risk for MDRO colonization and transmission (Table 1). These characteristics are included in the [resident risk assessment \(RAI\) required by CMS as of 10/1/2018](#).
- SNF HCP should conduct the risk assessment for all residents prior to or upon admission and periodically thereafter to determine the need for HCP use of gowns and gloves during specific care activities for high-risk residents. A checklist (Appendix A) can assist with risk assessments.
- High-risk SNF residents who can be maintained in a clean, hygienic condition may participate in activities outside their rooms.
- SNF residents known to be MDRO colonized but who are not at high risk for transmission can be managed with Standard precautions in the absence of an outbreak and may be cohorted with residents who are known to harbor the same organism or resistance mechanism.

RECOMMENDED INFECTION PREVENTION AND CONTROL PRACTICES

For all residents, regardless of transmission risk or MDRO status:

Always follow [standard precautions](https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)(<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>), including hand hygiene; use of gowns, gloves, masks, or eye shields when contact with moist body fluids is likely; injection safety practices; respiratory hygiene/cough etiquette; and [environmental infection control](#) in all care settings for all residents (see glossary.)

- Perform hand hygiene in accordance with CDC or [World Health Organization guidance](http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=AOC743979EABD54480BE7BFE98851247?sequence=1) (http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=AOC743979EABD54480BE7BFE98851247?sequence=1.) Hand hygiene before and after touching any resident is critical under all circumstances. Hand hygiene should be performed with a waterless alcohol-based hand rub or by washing hands with soap and water when hands are visibly soiled or if there is concern for an infection (*C. difficile*, norovirus) that is resistant to the alcohol in waterless hand rubs. Educate and instruct residents, HCP, visitors and volunteers regarding hand hygiene procedures.
- Use gloves, gowns and masks based on the nature of the resident interaction and potential for exposure to blood, body fluids and/or infectious material.

Implement Transmission-Based precautions as necessary during an outbreak or for specific indications. For example, Droplet precautions are indicated for residents with suspected or confirmed influenza infection, and Contact precautions should be used for residents with diarrhea associated with acute *C. difficile* infection, infection or colonization with an unusual emerging MDRO, or ongoing transmission during an outbreak. See pages 69-71 of the [CDC Isolation Guidelines](https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf) (<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>).

Determine the need for Enhanced Standard precautions by HCP while caring for residents at high risk for MDRO transmission:

CDPH recommends the use of Enhanced Standard precautions, primarily the use of gowns and gloves for specific care activities, based on the resident’s characteristics that are associated with a high risk of MDRO colonization and transmission:

Table 1. Characteristics of Residents at High Risk for MDRO Colonization and Transmission

Functional Disability: Totally dependent on others for assistance with activities of daily living
Incontinence: Habitual soiling with stool or wetting with urine
Presence of indwelling devices: urinary catheter, feeding tube, tracheostomy tube, vascular catheters
Ventilator-dependence
Wounds or presence of pressure ulcer (unhealed)

Implement Enhanced Standard precautions for high risk residents:

- Place the high-risk resident in a single bed room. When a single bed room is not available, cohort the resident with a compatible roommate, such as a resident with the same MDRO or resistance mechanism when known.
- Wear gowns and gloves while performing the following tasks associated with the greatest risk for MDRO contamination of HCP hands, clothes and the environment:
 - Morning and evening care
 - Device care, for example, urinary catheter, feeding tube, tracheostomy, vascular catheter
 - Any care activity where close contact with the resident is expected to occur such as bathing, peri-care, assisting with toileting, changing incontinence briefs, respiratory care
 - Changing bed linens
 - Any care activity involving contact with environmental surfaces likely contaminated by the resident
 - In multi-bed rooms, consider each bed space as a separate room and change gowns and gloves and perform hand hygiene when moving from contact with one resident to contact with another resident
- Gowns and gloves should always be removed in the room when the care activity is complete. Gowns and gloves should not be worn outside of the room when resident care is not being performed. Dedicate daily care equipment such as blood pressure cuffs, pulse oximeters, thermometers, and stethoscopes for use by only a single resident. Disinfect shared equipment after use and before removal from the room.
- Determine when the use of gowns and gloves for daily care may be discontinued based upon periodic (for example, weekly, or when a resident has a change in condition) reassessment of clinical and functional status and the resident's transmission risk.
- See Table 3 for examples.

Considerations for accepting new or returning residents:

There are no state or federal requirements for one or more negative tests for any MDRO, including *C. difficile*, prior to accepting new or returning residents. There is no reason to deny admission based on a positive MDRO test as long as the facility can provide appropriate supportive and restorative care. SNF should:

- Document the decision for Enhanced Standard or Transmission-Based precautions, and room placement or roommate selection.
- Ensure that the appropriate instructions are provided to all HCP who will be providing care.
- Communicate and educate all HCP about the reason for choosing a single bed room or roommate selection.

Table 2: Definitions of Standard Precautions, Enhanced Standard Precautions, and Transmission-Based Precautions

PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
<p>STANDARD</p> <p>Focus: Unsuspected infectious agents in blood and body fluids (BBF)</p>	<ul style="list-style-type: none"> All BBF except sweat may contain infectious agents Used for all resident care, based on anticipated BBF exposure Prevents the transmission of unsuspected infectious agents from patient to HCP and patient to patient via HCP Room placement, hand hygiene, personal protective equipment (PPE), safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning are additional components that prevent transmission of unsuspected infectious agents 	<ul style="list-style-type: none"> Each HCP assesses each planned resident care activity for risk of BBF exposure Perform hand hygiene and don PPE within the room, before beginning activity <ul style="list-style-type: none"> Gloves to protect hands Gown to protect body, clothes Mask/goggles/shield to protect face, eyes Remove, discard PPE, and perform hand hygiene in room when activity is complete
<p>ENHANCED STANDARD</p> <p>Focus: Unidentified MDRO in residents with high-risk characteristics</p>	<ul style="list-style-type: none"> Some SNF residents have high-risk characteristics for MDRO colonization and transmission whether or not MDRO status is known (Table 1, Appendix A) Expanded use of gloves and gowns in SNFs based on resident risk, likelihood of MDRO colonization, and transmission during specific care activities with greatest risk for MDRO contamination of HCP hands, clothes and the environment Meets need to provide a safe, clean, comfortable and <u>homelike</u> environment High-risk residents who can be maintained in hygienic condition may leave room to participate in activities 	<ul style="list-style-type: none"> Resident assessment for MDRO colonization and transmission risk performed upon admission and when change in condition (Table 1, Appendix A) Perform hand hygiene and don PPE within room, before beginning activity <ul style="list-style-type: none"> Gloves to protect hands Gown to protect body, clothes Mask/goggles/shield to protect face, eyes Remove, discard PPE, and perform hand hygiene in room when activity complete
<p>TRANSMISSION-BASED</p> <p>Focus: Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission</p>	<ul style="list-style-type: none"> Additional precautions are needed for certain infectious agents known to be transmitted by specific routes Contact for infection or colonization with pathogens that contaminate patient skin or environment, especially when there is ongoing transmission in a facility (<i>C. difficile</i>): gloves, gown Droplet: for respiratory infections (influenza): mask, goggles, face shield Airborne for infection by pathogens transmitted by the airborne route (measles, <i>M. tuberculosis</i>): Airborne Infection Isolation Room (AIIR), respirators (N95, PAPR) 	<ul style="list-style-type: none"> Place resident in single bed room or cohort with residents with same agent; confine to room Individual HCP uses PPE based on specific precautions in place (sign at room entry) Perform hand hygiene and don PPE before or <i>upon entry</i> into the patient’s room Remove, discard PPE, and perform hand hygiene at exit from room

Table 3. Guide for Using Enhanced Standard Precautions to Care for High-Risk SNF Residents

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
Room Placement	<ul style="list-style-type: none"> • To the extent possible, place residents who might need Enhanced Standard precautions or Transmission-based precautions into a single bed room while awaiting clinical assessment • If available, place a high-risk resident in a single bed room • If limited availability, prioritize single bed rooms for residents known to have highly resistant or unusual MDRO • When a single bed room is not available, cohort the resident with a compatible roommate • In multi-bed rooms, treat each bed space as a different room; HCP must change gown and gloves and perform hand hygiene between caring for residents in the same room 	<ul style="list-style-type: none"> • Availability of single bed rooms in SNF is often limited • Use of single bed rooms is not the most important intervention for the control of MDRO transmission in SNF • Room placement and cohorting decisions should be based upon MDRO transmission risk factors and MDRO status (if known) of each resident 	<ul style="list-style-type: none"> • Examples of highly resistant and unusual MDRO to prioritize for single bed rooms include carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE), <i>Candida auris</i> • Examples of compatible roommates include residents with the same known MDRO or resistance mechanism, for example, MRSA, VRE, ESBL, multidrug-resistant <i>Acinetobacter</i> or <i>Pseudomonas</i>, KPC or NDM-producing CP-CRE
Use of Gloves and Gowns	<ul style="list-style-type: none"> • Ensure that hand hygiene supplies and gloves and gowns are available and adequately stocked for each resident bed space or room and all patient care areas • Perform hand hygiene and put on gloves and gowns before: <ul style="list-style-type: none"> ○ Performing morning and evening care ○ Performing device care ○ Performing any care activity where close contact with the resident is expected to occur ○ Contact with environmental surfaces likely contaminated by the resident’s secretions or excretions 	<ul style="list-style-type: none"> • Hand hygiene, gowns and gloves prevent the transfer of infectious agents from the resident’s skin, clothing, bedding and environmental surfaces to the HCP skin and clothing 	<ul style="list-style-type: none"> • Examples of when to wear gloves and gowns: <ul style="list-style-type: none"> ○ Bathing the resident ○ Performing peri-care, including changing incontinence briefs ○ Emptying urinary catheter drainage/leg bag ○ Accessing or caring for central venous catheters ○ Assisting with ADL ○ Cleaning environmental surfaces ○ Assisting the resident to the commode or restroom ○ Transferring the resident to a wheelchair or gurney

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
Use of Gloves and Gowns, continued	<ul style="list-style-type: none"> • Perform hand hygiene after removal of gowns and gloves • Follow proper methods for putting on and removing gloves and gowns (https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf) 		<ul style="list-style-type: none"> ○ Changing dressings ○ Providing wound care ○ Providing respiratory therapy treatments ○ Providing ventilator care ○ Providing trach care ○ Administering tube feedings
Use of Gloves without Gowns	<ul style="list-style-type: none"> • In some situations, gloves may be used without gowns (see examples) • When physical contact with the resident and environment is unlikely, perform hand hygiene and put on gloves without gown at or upon resident room entry • Perform hand hygiene after glove removal 	<ul style="list-style-type: none"> • Contamination of HCP skin and clothing is unlikely when contact with the resident and any environmental surfaces in close proximity to the resident can reliably be avoided 	<ul style="list-style-type: none"> • Examples of when it may be acceptable to wear gloves without gowns: <ul style="list-style-type: none"> ○ Passing meal trays ○ Passing books, magazines, or newspapers ○ Turning off alarms • Making a social visit where physical contact with the resident and environment is limited, for example, standing and talking
Resident Hygiene	<ul style="list-style-type: none"> • Residents should perform hand hygiene: <ul style="list-style-type: none"> ○ Before meals ○ Before and after therapy and social activities, e.g., visiting common areas ○ After toileting ○ Frequently throughout the day ○ Before leaving the room • Educate resident's family members and visitors on the rationale for resident hygiene, and encourage them to assist the resident • Residents should have contained urine/fecal excretions and wound drainage when visiting common areas 	<ul style="list-style-type: none"> • Resident hygiene, including hand hygiene, can reduce the risk of infectious agent transmission • A resident's ability to minimize hand contamination and self-perform hand hygiene when needed reduces the risk of transmission • MDROs are recovered frequently from the skin; therefore, regular bathing reduces the skin reservoir 	<ul style="list-style-type: none"> • Examples of residents who should not visit common areas include: <ul style="list-style-type: none"> ○ Residents requiring Contact Precautions for diarrhea from <i>C. difficile</i> infection ○ Residents whose urine/fecal excretions or wound drainage cannot be contained • Consistent implementation of protocols for bathing residents and standardization of products used for bathing

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
Resident Hygiene, continued	<ul style="list-style-type: none"> • Residents should wear clean clothing, changed daily, immediately after soiling, or just before leaving room to visit common areas; surfaces touched by the resident in common areas should be cleaned and disinfected after departure • Residents who require Transmission-Based precautions should not visit common areas • Residents should bathe regularly or should be bathed regularly by HCP when unable to perform task independently; educate HCP and residents on bathing techniques, especially in the area of devices and wounds 	<ul style="list-style-type: none"> • Daily bathing with an antiseptic-containing cloth, such as chlorhexidine-containing wipes, has been associated with a reduction in bloodstream infections and transmission of MDROs in some settings • Regular bathing preserves skin health and is important for prevention of wounds and skin infections 	
Medical and Patient Care Equipment, High Touch Surfaces	<ul style="list-style-type: none"> • Dedicate daily care equipment, as much as possible, to each high-risk resident • Consider using single-resident use, disposable, non-critical devices • Clean and disinfect non-dedicated equipment after use, before using on another resident, and before removal from the resident’s room • Limit supplies in resident’s room to essential items; do not remove unused supplies or place them back with community supplies • Wipe down equipment such as shower chairs, Geri chairs, wheel chairs or gurneys with a disinfectant after resident use • Regularly clean and disinfect high touch surfaces with an Environmental Protection Agency (EPA) approved healthcare grade disinfectant 	<ul style="list-style-type: none"> • Medical equipment, especially items in close proximity to the resident, may be contaminated and serve as a reservoir for MDRO transmission • Environmental surfaces, especially high touch surfaces may be contaminated and transfer infectious agents to HCP skin and clothing 	<ul style="list-style-type: none"> • Examples of dedicated or single-resident use, disposable daily care equipment: <ul style="list-style-type: none"> ○ Commodes ○ Thermometers ○ Blood pressure cuffs ○ Pulse oximeter probes ○ Stethoscopes • Examples of non-dedicated equipment that must be cleaned and disinfected between uses: <ul style="list-style-type: none"> ○ Bladder scanner ○ Weigh scales ○ Glucometer ○ Resident lifts

Component	Recommended Care Practices	Rationale	Examples, but not limited to:
Intra-facility Transport (transport to an area within the same facility)	<ul style="list-style-type: none"> • Wear gloves and gowns to prepare the resident for transport • Contain urine and fecal excretions and wound drainage • Assist the resident with hand hygiene and place a clean outer garment on the resident prior to transport • Use clean linen that has not been stored in the resident room • Wear gloves and gowns while assisting the resident to a clean wheelchair or gurney • Remove gloves and gowns and perform hand hygiene prior to transport • Transporting HCP should have clean gloves available if needed (for example, to wear while managing excretions that breach containment measures) during transport 	<ul style="list-style-type: none"> • Contain potential sources of MDRO, for example, feces, urine, wound drainage, to reduce the risk of contamination of HCP and the environment while transporting residents 	<ul style="list-style-type: none"> • Transport to another area within the facility (for example, rehab, radiology, a room in another unit, hallway, or building, common areas)
Interfacility Transfer (transport to a different facility)	<ul style="list-style-type: none"> • Follow the same infection control measures as for intrafacility transport, and: <ul style="list-style-type: none"> ○ Communicate transmission risk factors and known MDRO status to receiving facility and transport service ○ Complete an interfacility infection control transfer form (Appendix B) ○ Include transmission risk factors and known MDRO status when calling in a report ○ Contact the receiving facility's infection preventionist by phone before transferring residents with known highly resistant MDRO 	<ul style="list-style-type: none"> • Contain potential sources of MDRO, for example, feces, urine, wound drainage, to reduce the risk of contamination of HCP and the environment while transporting residents • Communication before transfer helps ensure appropriate prevention measures can be promptly implemented upon the resident's arrival at another facility 	<ul style="list-style-type: none"> • Types of transfers include: <ul style="list-style-type: none"> ○ Ambulance/Medi-Van transport ○ Transport to another facility for admission or for a day visit such as a dialysis center, a physician's office or clinic • Transport for a day visit does not require an interfacility infection control transfer form; a phone communication will suffice • Examples of highly resistant and unusual MDRO to communicate by phone to a receiving facility include CP-CRE and <i>Candida auris</i>

GLOSSARY

Cohorting: The practice of grouping patients infected or colonized with the same infectious agent (for example, influenza, CRE) together in multi-bed rooms or areas of the facility to confine their care to one area and prevent contact with susceptible patients. It is important to treat each bed space in a cohort separately, performing hand hygiene and changing PPE between contacts with individuals in the cohort.

Colonization: Carriage of an organism on skin, in stool, on mucosal surfaces without having any sign of disease. In most cases, colonizing organisms cannot be eradicated by treatment with antimicrobial agents.

Healthcare personnel (HCP), also referred to as healthcare workers (HCWs): All paid and unpaid persons who work in a healthcare setting; for example, any person who has professional or technical training in a healthcare-related field and provides patient care in a health care setting or any person who provides services that support the delivery of health care such as dietary, housekeeping, engineering, and maintenance personnel.

High risk residents: For the purpose of this document, residents who have an increased risk of colonization and transmission of MDROs based on readily identifiable clinical and functional characteristics. Risk factors include dependence on others for assistance with activities of daily living, presence of wounds or pressure ulcers, presence of indwelling devices, ventilator dependence (Table 1, Appendix).

High touch surfaces: Surfaces in a resident room that have frequent hand contact, such as ***doorknobs***, bedrails, light switches, wall areas around the toilet in the patient's room, and the edges of privacy curtains. These surfaces should be cleaned/disinfected more frequently than surfaces with infrequent hand contact (floors, ceilings).

Infection: Symptomatic disease caused by a microorganism that requires treatment with an active antimicrobial agent for cure.

Injection Safety Practices: Included in Standard Precautions. A set of recommended practices that protect patients from harm associated with injection of medications that includes:

- Aseptic technique to avoid contamination of sterile injection equipment
- Not administering medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed
- Use of fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use
- Use of single-dose vials for parenteral medications whenever possible
- Not administering medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use
- Not using bags or bottles of intravenous solution as a common source of supply for multiple patients

Multi-Drug Resistant Organisms (MDRO): Microorganisms or germs, such as bacteria or fungi, that are resistant to the killing activity of more than one class of antimicrobial agents used for treatment of infections caused by those organisms. Examples of MDRO include: methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin resistant enterococcus (VRE), carbapenem-resistant Enterobacteriaceae (CRE), *Candida auris*. MDRO are *clinically* important because the infections associated with them are more difficult to treat resulting in increased morbidity and mortality than infections caused by susceptible organisms. MDRO are *epidemiologically* important because these resistant organisms can be transmitted from patient to patient in the absence of effective infection control precautions.

Point of Care: The point of care is defined by WHO as “the place where three elements come together: the resident zone, the healthcare zone, and care or treatment involving contact with the resident.” The patient zone contains the patient and his/her immediate surroundings and includes the intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patient such as the bed rails, bedside table, bed linen, infusion tubing and other medical equipment. The healthcare zone is everything outside of the resident zone, including other patients.

Respiratory hygiene/ cough etiquette: Included in Standard precautions. A combination of measures to minimize the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings. Respiratory hygiene/cough etiquette includes:

- Covering the mouth and nose during coughing and sneezing
- Using tissues to contain respiratory secretions with prompt disposal into a no-touch receptacle
- Turning the head away from others and maintaining spatial separation, ideally 6 feet or more, when coughing
- Performing hand hygiene after contact with respiratory secretions or items contaminated with respiratory secretions
- Offering a facemask to persons who are coughing to decrease contamination of the surrounding environment

Standard precautions: include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These practices include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; room placement; safe injection practices, respiratory hygiene/cough etiquette; environmental cleaning and disinfection; and safe management of textiles and laundry.

Transmission: Passage of an infectious agent that is in a person’s blood or body fluids to another person either directly or, more commonly indirectly via HCP hands or via medical equipment that has not been cleaned and disinfected adequately between patients.

COMPANION GUIDANCE AND RESOURCES

General Infection Control

- [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the Healthcare Infection Control Practices Advisory Committee](https://www.cdc.gov/hicpac/pdf/core-practices.pdf) (https://www.cdc.gov/hicpac/pdf/core-practices.pdf)

Hand Hygiene

- [Hand Hygiene in Healthcare Settings](https://www.cdc.gov/handhygiene/index.html) (https://www.cdc.gov/handhygiene/index.html)
- [Guideline for Hand Hygiene in Health-Care Settings](https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf) (https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf)
- [WHO Guidelines on Hand Hygiene and Health Care --Tools and resources](http://www.who.int/gpsc/5may/tools/9789241597906/en/) (http://www.who.int/gpsc/5may/tools/9789241597906/en/)
- [Hand Hygiene in Outpatient and Home-based and Long-term Care Facilities](http://apps.who.int/iris/bitstream/handle/10665/78060/9789241503372_eng.pdf;jsessionid=405B42D9844E60A524F54F7808C3A4C0?sequence=1) (http://apps.who.int/iris/bitstream/handle/10665/78060/9789241503372_eng.pdf;jsessionid=405B42D9844E60A524F54F7808C3A4C0?sequence=1)

Standard and Transmission-based Precautions

- [Standard Precautions for All Patient Care](https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html) (https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)
- [2007 Guideline for Isolation Precautions: Prevention Transmission of Infectious Agents in Healthcare Settings](https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf) (https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf)

Environmental Cleaning and Disinfection

- [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf) (https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf)
- [Guidelines for Environmental Infection Control in Health-Care Facilities](https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf) (https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf)

Management of MDRO

- [Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006](https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf) (https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf)
- [Facility Guidance for Control of Carbapenem-resistant *Enterobacteriaceae* \(CRE\)](https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf) (https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf)

CDC Guidance for Long-Term Care Facilities

- [Nursing Homes and Assisted Living \(Long-term Care Facilities \[LTCFs\]\)](https://www.cdc.gov/longtermcare/index.html) (https://www.cdc.gov/longtermcare/index.html)

APPENDIX B. TWO EXAMPLES OF INTERFACILITY INFECTION CONTROL TRANSFER FORMS

SNF may use either form as presented or modify them.




Affix patient labels here.

Form B1. Comprehensive Healthcare Facility Transfer Form

Use this form for all transfers to an admitting healthcare facility.

Patient Name (Last, First):		
Date of Birth:	MRN:	Transfer Date:
Receiving Facility Name:		
Sending Facility Name:		
Contact Name:	Contact Phone:	

Isolation Precautions

Patient currently on isolation precautions?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Protective equipment (PPE) to consider at receiving facility:		
If yes, check all that apply: <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet precautions <input type="checkbox"/> Airborne precautions	 <input type="checkbox"/> Gloves	 <input type="checkbox"/> Gowns
	 <input type="checkbox"/> Masks	

Organisms

Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify organism(s) and include specimen source and collection date.		
Organism	Source	Date
<input type="checkbox"/> <i>C.difficile</i>		
<input type="checkbox"/> Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) (e.g., <i>Klebsiella</i> , <i>Enterobacter</i> or <i>E.coli</i>)		
<input type="checkbox"/> Extended-spectrum beta lactam-resistant (ESBL) (e.g., <i>E.coli</i> , <i>Klebsiella</i>)		
<input type="checkbox"/> MDR gram negatives (e.g., <i>Acinetobacter</i> , <i>Pseudomonas</i>)		
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)		
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)		
<input type="checkbox"/> Other, specify: (e.g., lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)		

Include copy of **lab results** with organism I.D. and antimicrobial susceptibilities

Affix patient labels here.

Symptoms

Patient has any of the following symptoms?
 Yes No
 If yes, check all that currently apply:

<input type="checkbox"/> Cough/uncontrolled respiratory secretions	<input type="checkbox"/> Rash consistent with an infectious process (e.g., vesicular)
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Draining wounds
<input type="checkbox"/> Acute diarrhea or incontinent stool	<input type="checkbox"/> Other uncontained bodily fluid / drainage
<input type="checkbox"/> Incontinent of urine	

Antibiotics

Patient is currently on antibiotics?
 Yes No
 If yes, specify:

Antibiotic	Dose	Frequency	Indication	Start Date	Stop Date

Devices

Patient currently has any of the following devices?
 Yes No
 If yes, check all that currently apply:

<input type="checkbox"/> Central line/PICC, Date inserted:	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Hemodialysis catheter	<input type="checkbox"/> Urinary catheter, Date inserted:
<input type="checkbox"/> Fecal management system	<input type="checkbox"/> Suprapubic catheter
<input type="checkbox"/> Percutaneous gastrostomy feeding tube	

Immunizations

Patient received immunizations at the sending facility?
 Yes No
 If yes, specify:

Vaccine	Date(s)




Affix patient labels here.

Form B2. Abbreviated Healthcare Facility Transfer Form

Use this form for all transfers to an admitting healthcare facility.

Patient Name (Last, First):		
Date of Birth:	MRN:	Transfer Date:
Receiving Facility Name:		
Sending Facility Name:		
Contact Name:	Contact Phone:	

Isolation Precautions

<p>Patient currently on isolation precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Personal Protective equipment (PPE) to consider at receiving facility:</p>		
<p>If yes, check all that apply:</p> <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet precautions <input type="checkbox"/> Airborne precautions		
	<input type="checkbox"/> Gloves	<input type="checkbox"/> Gowns
		
		<input type="checkbox"/> Masks

Organisms

<p>Patient has multidrug-resistant organism (MDRO) or other lab results for which the patient should be in isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify organism(s) and include specimen source and collection date.</p>		
Organism	Source	Date
<input type="checkbox"/> <i>C.difficile</i>		
<input type="checkbox"/> Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) (e.g., <i>Klebsiella</i> , <i>Enterobacter</i> or <i>E.coli</i>)		
<input type="checkbox"/> Extended-spectrum beta lactam-resistant (ESBL) (e.g., <i>E.coli</i> , <i>Klebsiella</i>)		
<input type="checkbox"/> MDR gram negatives (e.g., <i>Acinetobacter</i> , <i>Pseudomonas</i>)		
<input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)		
<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)		
<input type="checkbox"/> Other, specify: (e.g., lice, scabies, disseminated shingles (<i>Herpes zoster</i>), norovirus, influenza, tuberculosis)		

Include copy of **lab results** with organism I.D. and antimicrobial susceptibilities