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Admitting Residents with Infectious Diseases Policy and Procedures

This document will illustrate how to properly create an Admitting Residents with Infectious Diseases policy for your facility.

What needs to be included in an Admitting Residents with Infectious Diseases policy:

1. **Purpose**: This section should describe why the Admitting Residents with Infectious Diseases policy exists. For example, to establish a partnership with the admitting facility and the facility that is transferring the patient over for skilled nursing.

2. **Goal**: This section should describe the goals of having this policy. For example, the goal of this policy is to provide SNF staff with a safe and healthy work environment, both for working with residents and for staff protection.

3. **Scope**: The scope is to whom this policy applies to. For example, staff, visitors, and residents.

4. **Definitions**: This section should define any terms in the following policy that may not be commonly known or that the facility administration feels are important to have explicitly defined.

5. **Procedure**: This section describes the roles and responsibilities of SNF administration and staff, the actions needed to be taken by SNF staff to comply with this policy, and resources for further questions and education.

[FACILITY LOGO]

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PURPOSE:

- To ensure the safe and timely placement of a patient with a known or suspected transmissible infection, including multidrug-resistant organism (MDRO) colonization or infection, from another healthcare facility.

DEFINITIONS:

- Infectious Diseases: Diseases that are likely to spread, for example, those caused by MDROs, *C. difficile,* scabies, influenza, respiratory syncytial virus (RSV), and others (See List of Reportable Diseases and Conditions).

- Cohorting: Placing residents that are colonized or infected with the same organism into dedicated rooms, units, or areas in the facility.

- Transmission-based precautions (TBP): Precautions based on colonization or infection of an organism that requires Contact precautions, Droplet precautions, or Novel Respiratory precautions. Transmission-Based precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.

- Enhanced Standard precautions (ESP): Expanded use of personal protective equipment (PPE) beyond the anticipated blood and body fluid exposures. PPE should be used during high contact resident care activities that have shown to result in MDRO transfer through the hands and clothing of healthcare personnel, even if blood and body fluid exposure are not anticipated.

POLICY STATEMENT:

- [Director of Nursing (DON)/designated nursing staff] will review the inter-facility transfer form, which provides the resident's infection status, isolation precautions, signs and symptoms of infection(s), antibiotic usage, and immunization status from the sending facility prior to receiving the resident.

PROCEDURE:

- [Designated staff] will obtain the inter-facility transfer form on admission.
- [Designated staff] will actively seek out the MDRO status of residents on admission.
- Maintain a log of residents known to be infected or colonized with MDROs.
- Upon admission, residents with infectious disease(s) will be placed under appropriate TBP.
- Post appropriate precaution signage and placing a PPE cart in front of the room, and other infection control measures as recommended.
- Place residents with open wounds or invasive devices and no known colonization or infections on ESP (see ESP policy).
- Clearly communicate to staff the appropriate precautions to be taken.

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- Clearly communicate to environmental services (EVS) staff the proper room cleaning and disinfection protocols (see EVS cleaning policy).
- Room Assignment:
  - Airborne precautions: Door must be closed at all times, including when the resident is out of the room.
  - Contact precautions:
    - Use a single-occupancy room. Cohort residents with the same organism in the same room if single-occupancy rooms are not available.
    - If the resident must be placed in a multi-occupancy room, separate residents' beds with a curtain.
  - Droplet precautions:
    - Use a single-occupancy room. Cohort residents with the same organism in the same room if single-occupancy rooms are not available.
    - If the resident must be placed in a multi-occupancy room:
      - Visibly separate the resident beds with a curtain.
      - Maintain at least 3 feet between the resident on Droplet Precautions and other resident(s) and visitors.
  - Novel Respiratory precautions:
    - Keep the door closed as much as possible, including when the resident is out of the room. Use a single-occupancy room or cohort the resident with other residents who have similar risk factors.

RESOURCES:

1. LAC DPH SNF Guidance: http://publichealth.lacounty.gov/acd/SNF/index.htm
2. Reportable Disease list LACDPH: http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf
3. Clinical Excellence Commission Infection Prevention and Control Handbook: https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/resources/handbook?gclid=EAIaIQobChMI4LPJq7qZ_wIVsJNmAh0IaQL5EAAYASAAEgLVMfD_BwE
4. CDPH Best Practices for Accepting MDRO Patients: https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/SNFsBestPracticesAcceptingMDROResidentsWebinar_021524.pdf#search=best%20practices%20for%20skilled%20nursing%20facilities%20in%20accepting%20residents%20with
5. LACDPH SNF Transmission Based Precautions: http://publichealth.lacounty.gov/acd/SNFTransmissionBasedPrecautions.htm