

SYCAMORE LIVING AT EAST HANOVER

Subject:	INFECTION CONTROL POLICY
Department:	NURSING/ ADMINISTRATION
Effective:	
Revised:	December 2019

POLICY: INFECTION CONTROL

Isolation Precautions

Rationale: Every reasonable attempt will be made to prevent the spread of infection at Sycamore Living at East Hanover. A variety of infection control measures outlined below are used for decreasing the risk of transmission of organism at Sycamore Living at East Hanover, and in compliance with the current Centers for Medicare and Medicaid Services (CMS) Requirements of Participation for infection control in long-term care facilities

All body and blood fluids will be considered infectious regardless of the perceived status of the source individual.

Purpose: To control spread of infection.

Procedure:

A. **Standard Precautions** (formerly referred to as Universal Precautions): used during interaction with **all** residents regardless of their diagnosis or presumed infection status.

Handwashing: Good handwashing using soap and water or waterless antiseptic before and after each resident contact, after using the bathroom, after handling soiled material, and after eating is mandatory for all staff. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items **whether gloves are worn**. It may be necessary to wash hands between tasks and procedures on the same resident to avoid cross contamination of different body sites.

Residents are asked to use waterless antiseptic before and after restroom use and before eating meals to avoid infection.

Gloves: As mandated by the OSHA blood borne pathogens final rule:

Gloves should be worn whenever contact with any of the following is expected to occur:

- 1) blood
- 2) any body fluids, secretions and excretions *except sweat*, regardless of whether they contain visible blood;
- 3) Non-intact skin and/or;
- 4) mucous membranes.

In addition, gloves should be worn even if not explicitly delineated above whenever:

- 1) A risk of gross contamination of the hands;
- 2) Special care to avoid contamination of resident during resident-care procedures, including, but not limited to suctioning, phlebotomy, dressing changes, nail clipping, injections, and wound irrigation or;
- 3) The possibility of transmission from one resident to another exists;
- 4) Handling of contaminated items is required.

Wearing gloves and changing them between patient contacts DOES NOT replace the need for handwashing. Failure to change gloves between patient contacts is an infection control hazard.

Protective Eyewear and nose/mouth droplet prevention masks:

Protective eyewear and masks should be worn to protect mucous membranes of the mouth, nose and eyes whenever there is a risk of a splash or spray of blood or body fluids. This includes but is not limited to the performance of the following procedures: suctioning, nail clipping, wound irrigation and dental work.

Gown

Non-sterile gowns should be worn when splashes, sprays, or spills of blood or bodily fluids are likely to come into contact with the caregiver's body or clothes. Remove soiled gown as promptly as possible and wash hands.

Resident care equipment

Handle soiled patient care equipment in a manner to prevent, skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other resident and environments. Do not reuse resident care equipment until it has been cleaned and reprocessed appropriately. Discard single use items properly.

Environmental control

Please see separate policy on maintenance of clinical areas regarding cleaning and disinfecting, restocking, disposing of outdated materials, equipment maintenance/inspection, separation of clean and dirty items and medical infectious waste disposal.

Linen

All clean linen is to be kept covered. All used linen is to be handled with gloves and deposited in the dirty linen area.

Clostridium difficile – all cleaning supplies are dedicated to infected patients and supplies are disposed of in a double bag. No sponges are used.

Contaminated Sharps

Never recap needles. All sharps will be discarded and placed in the sharp container. Sharps containers will be removed by the nurse from the cart and placed them in the med room to be picked by central Maintenance Staff. Central supply clerk will bring the full sharp container and stored in biohazard room where all sharps are stored for the medical waste company to pick up.

Resuscitation

A one-way mask should be used whenever possible if the need for resuscitation arises. These items are located in emergency cart.

Patient placement

When a concern about a patient's infectious status occurs, the clinical team will determine the need for a private

room. Admission will be notified for the need to transfer to private room. Administrator will be notified as well.

Blood and body fluid exposures/ needle sticks

If a possible exposure due to needle stick, splash, or other accident occurs please refer to policy on "Blood and Body fluid Exposures/Needle Sticks" for course of **immediate action**.

B. Transmission-based Precautions:

Transmission based precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard/universal precautions are needed to interrupt transmission. Precautions are determined based on the mode of transmission of the disease/pathogen involved. There are three types of transmission-based precautions: Airborne, Droplet, and Contact.

1. Airborne Precautions:

Airborne precautions require special air handling and ventilation specifications that are not possible at the facility. Therefore, anyone with a high suspicion of being an infectious carrier of an airborne pathogen cannot be admitted at Sycamore Living at East Hanover. Airborne pathogens include pathogens that can be transmitted by "droplet nuclei" (residue from evaporated droplets 5um or smaller in size) or dust particles. Diseases that require airborne precautions include measles, disseminated Varicella zoster (including primary infection), Varicella pneumonia, and pulmonary tuberculosis. Patients with the above diagnoses cannot be admitted to the Sycamore Living at East Hanover until they are considered non-infectious and the medical director or his/her designee has reviewed their case.

- 2. Droplet Precautions:** Droplet transmission of diseases involves the contact of eyes, or the mucous membranes of the nose or mouth of a susceptible person with "large particle droplets" (larger than 5 um in size) containing microorganisms generated from who is infected by or a carrier of that pathogen. Droplets are generally formed during coughing, sneezing, talking, suctioning and other similar activities. Droplet Transmission requires close contact between source and recipient because droplets generally remain suspended in air for 3 ft or less. Special air handling and ventilation is not required. Diseases that require droplet precautions include, but are not limited to, MRSA pneumonia.

In addition to standard precautions residents known or suspected to be infected with microorganisms transmitted by droplets should be treated with the following precautions:

- a) Place resident in private room or place resident in a room with a resident(s) with the same infection, but no other infection that is not shared (cohorting). However, cohorted roommates should not be immunocompromised.
- b) A mask should be worn within 3ft of the resident. Mask patient when he/she leaves the room. Minimize travel of patient from his/her room.

- 3. Contact Precautions:** Transmission of disease can occur through direct and indirect contact. Direct contact transmission involves direct skin-to-skin contact and physical transfer of microorganisms from a source

person to a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object.

In addition to standard precautions patients known to be infected or colonized with an epidemiologically important pathogen that can be transmitted by direct or indirect contact (see attached list) should be treated with the following precautions.

- a) Place resident in a private room if possible. Private room needed for residents with large wound, copious drainage, drainage or body fluids not well contained residents not able to manage their own hygiene sufficiently. If a private room is not available place resident in a room with a resident(s) who has similar infection and/or colonization. However, cohort roommates should not be immunocompromised.
- b) Wear gloves when coming in direct contact with patient. Dispose of gloves **before** leaving the room. Change gloves after contact with material that may have a high microorganism count (fecal material, wound drainage etc.). Wash hands immediately after removing **or use waterless antiseptic**.
- c) Wear a gown when entering the room if you anticipate substantial contact with the patient, environmental surfaces or items in the resident's room or if the patient has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove gown **before** leaving the patients room. After gown removal ensure that clothing does not contact potentially contaminated surfaces.
- d) Parameters of patient movement will be decided based on the organism in question and the likelihood of environmental contamination by the patient.
- e) When indicated, dedicate the use of patient care equipment (e.g. stethoscope, BP cuff, and thermometer) to the cohort of patients with a single pathogen. Adequately clean and disinfect it between uses with 60% isopropyl alcohol or with disinfectant spray.
- f) Clear double bags should be use for disposal of contaminated material (gloves, masks, etc) a special laundry bag, marked appropriately should be used to bag bed linens and gowns. The room should be completely sanitized with disinfectant detergent surface cleaner followed by germicidal detergent when patient is discharged.

List of Infections that require precautions in addition to Standard Precautions:

Organism/illness:	Patients should remain on precautions until/for:
Infections that require droplet precautions:	
Pharyngeal Diphtheria	Off antibiotics 2 cultures taken 24 hours apart are negative
Corona Virus- COVID 19	14 days quarantine from the time of exposure /after the onset of illness or 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Precautioned may be continued will be longer periods based on clinical judgement
Influenza	Duration of symptoms or seven days, whichever is longer, avoid room sharing with high risk patients, cohort when possible
Haemophilus influenzae, known or suspected	24 hrs after initiation of effective therapy
Neisseria meningitidis (meningococcal), known or suspected	24 hrs after initiation of effective therapy
Meningococcal pneumonia	24 hrs after initiation of effective therapy
Meningococemia	24 hrs after initiation of effective therapy
Mumps (infectious parotitis)	For 9 days after onset of swelling
Mycoplasma pneumonia	Duration of illness
Pertussis (whooping cough)	5 days after initiation of effective therapy
Pneumonic plague	72 hrs after initiation of effective therapy
Adenovirus pneumonia	Duration of illness
Rubella	7 days after onset of rash
MRSA – respiratory infections	Resolution of cough
Infections that require comprehensive contact precautions:	
Methicillin/oxacillin resistant <i>Staph aureus</i> (MRSA) – skin infections	See separate protocol
Vancomycin resistant enterococcus (VRE)	See separate protocol
Cutaneous Diphtheria	Off antibiotic 2 cultures 24 hrs apart are negative
Ebola viral hemorrhagic fever	Call State Health Dept. and CDC for specific advice
Lassa fever	Call State Health Dept. and CDC for specific advice
Marburg Virus disease	Call State Health Dept. and CDC for specific advice
E coli 0157:h7 in a diapered or incontinent patient	Duration of illness
Rotavirus in a diapered or incontinent patient	Duration of illness
Shigella in a diapered of incontinent patient	Duration of illness
Hepatitis A in a diapered or incontinent patient	Duration of illness
Disseminated or severe primary mucocutaneous <i>Herpes simplex</i>	Duration of illness
Impetigo	24 hrs after initiation of effective therapy
Adenovirus pneumonia	Duration of illness
Corona Virus- COVID 19	14 days quarantine from the time of exposure /after the onset of illness or 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Precautioned may be continued will be longer periods based on clinical judgement
Clostridium difficile in a diapered of incontinent patient	Stool culture negative 1 week after last dose of treatment medication (flagyl or vancomycin)

Conditions that require Modified Contact Precautions (Precaution parameter orders to be written on a case by case basis and approved by medical director or designee):	
Lice (pediculosis)	
Scabies	
<i>Clostridium difficile</i>	
Acute viral (acute hemorrhagic) conjunctivitis	
Body Surface Infections that are not contained by a dressing including: major draining abscess, significant weeping cellulitis, decubitus ulcer with major infection and major wound infections	