

Communication for Isolation Practices

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Disclosure

- I am the Director of Infection Control Programs for Rockport Healthcare Services
- I am the co-owner of Infection Prevention & Control Resources training classes

Objectives

- Discuss isolation practices in long-term care
- Explain how orientation on admission can benefit resident and facility
- Describe how to develop a resident/family orientation program to communicate facility practices
- Discuss topics for healthcare workers education

Isolation



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- Long-term care (LTC) facilities manage isolation practices differently from acute care
- Our goal is to protect all residents and staff from significant pathogens
- Our mandate is to provide residents with least restrictive environment
- Our challenge is to blend our goals and mandates to benefit all



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Transmission-Based Isolation (TBI)



Standard Precautions
is the foundation of
our Infection Control
Programs



Most often used TBI
in LTC:
-Droplet and Contact
Isolation Precautions



Contact Isolation
used for MDRO
residents including
CRE residents

Enhanced Standard Precautions for CRE Resident

- What does this look like in your facility?
 - Private room, if available
 - If not available, what can you do?
 - Cohort residents if possible and may need to cohort staff
 - Sign posted outside of room should show which precautions should be used for residents in the room
 - Personal protective equipment (PPE) provided outside of resident room
 - Hand Hygiene must be strictly enforced
 - Environmental cleaning and disinfection with emphasis on “high-touch-surfaces”



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Additional Measures

- Consider bathing resident with chlorhexidine gluconate (CHG) on admission or on routine bathing schedule
 - Advise resident and family on facility bathing schedule
- Consider doing active surveillance cultures on admission from high-risk settings
- Audit the infection control practices of staff and visitors (HH, use of PPE)
- Provide feedback to stakeholders on your audit outcomes

Does anyone have Dr. Google in their midst?

- Residents and families can be challenging with their ability to look up information on the internet which may be old and not applicable
- Facilities can provide information on admission to diffuse future problems with demands for antibiotics or laboratory testing
- Opportunity to discuss importance of immunization practices
- Orientation can provide occasion to discuss sick policy



Admission

- Short time after admission of resident, provide information to resident and family with written materials on:
 - Infection prevention practices of facility (Hand hygiene, respiratory etiquette, Enhanced Standard Precaution practices)
 - Refraining from visiting if family is sick
 - How to use antibiotics wisely (the perils of over-use)
 - Importance of immunizations i.e., influenza, Tdap, and pneumococcal vaccines
 - Facility policy on antibiotic stewardship

Topics to Include on Orientation

- Provide the resident/family with FAQ sheet
- Go over it with them-**don't just hand it to them**
- They may have additional concerns and questions
- Once all information is reviewed, have family sign an acknowledgment of receiving this information and the handouts
- This information may need to be revisited if and when resident becomes ill.

Topics

- Hand hygiene
- Use of personal protective equipment (discuss overuse dangers)
- Adhere to signs posted
- Sign applies to family as well as staff
- Respiratory etiquette
- Environmental cleaning-advise them on what to expect

Your health is in ^{Clean} YOUR HANDS

HAND HYGIENE is the most effective way to prevent the spread of infectious diseases including respiratory illnesses such as:

SARS • INFLUENZA • COLDS • AND OTHERS

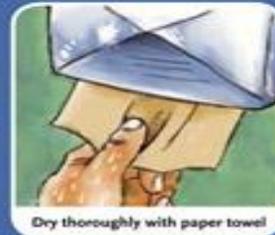
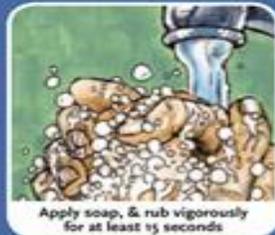
WASH WITH SOAP AND WATER
when hands are visibly soiled.

**WASH WITH SOAP AND WATER
OR WITH AN ALCOHOL-BASED
HAND RUB OR GEL**
when hands are not visibly soiled.

ALWAYS:

- Wear gloves when contact with blood, mucous membranes, or non-intact skin could occur.
- Remove gloves after caring for a patient. Do **not** wear the same gloves with more than one patient.
- Wash hands after removing gloves.
- Keep natural nail tips less than $\frac{1}{4}$ inch long; avoid artificial fingernails when caring for patients.

Visit www.cdc.gov/handhygiene for additional hand hygiene information.



GLOVES ARE NOT ENOUGH

Wearing gloves is **NOT** a substitute for cleaning your hands.



- ▶ Your hands can get contaminated while wearing or removing gloves.
- ▶ Cleaning your hands after removing your gloves will help prevent the spread of potentially deadly germs.



Protect Yourself.
Protect Your Patients.

Who do your **#CLEANHANDSCOUNT** for?



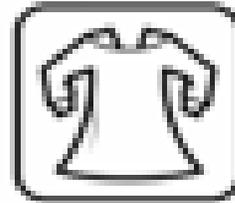
www.cdc.gov/HandHygiene

This material was developed by CDC. The Clean Hands Count Campaign is made possible by a partnership between the CDC Foundation and GOJO.

Example Signage for High-Risk Residents



PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS



FREQUENTLY ASKED QUESTIONS*

Q. My family member was in isolation in the acute care hospital and was in a private room. Why is this different in a skilled nursing facility (SNF)?

A. In a skilled nursing facility we have different regulations set by the Centers for Medicare and Medicaid (CMS). When a resident is admitted to a SNF like ours, we must assess a resident's needs along with his clinical condition. If a resident is deemed to have had an infection, or perhaps is still being treated for this infection, caused by what we call an MDRO, a multi-drug resistant organism (like MRSA, VRE, ESBL or even an infection called a Clostridium difficile infection) but the resident no longer has symptoms of this infection, then we, as a facility, are mandated to discontinue isolation. According to the CMS Requirements of Participation, passed October 4, 2016 (www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/nhs.html) we must provide the least restrictive measures for residents so they can thrive both clinically and psycho-socially.

Q. Why is someone placed on isolation?

A. Isolation is considered when a resident has specific localizing symptoms of an infection caused by what is thought to be a “significant pathogen”. This basically means, caused by an organism that is considered to be more difficult to treat by the medical community. Isolation is started to protect the other residents in the facility who do not have this infection. www.apic.org

Q. Why is someone on isolation in a SNF sometimes in a room with another resident?

A. Nursing homes will try to provide a private room for residents who are on isolation if possible. Isolation can still be followed with having a roommate, but the facility staff are cautious as to what kind of roommate is safe. The SNF administration will closely assess which resident has lower risk for being placed with an isolation resident.

Q. I don't understand what isolation means if someone who is isolated still has a roommate. A. When we look to isolate in healthcare we are attempting to isolate the organism (the bug) not necessarily the whole resident. If we are able to contain the organism, e.g. in a dressing or a brief, we can then consider a roommate for the isolated resident. As an example, if someone has the MDRO organism in the respiratory tract and is coughing then the facility will only place this resident in a room with another resident who has the exact same organism. If that is not possible, then in this situation, we might need to consider a private room for the coughing resident with the MDRO.

Education for Healthcare Workers

- Continue to emphasize importance of Hand Hygiene
- Review isolation practices
 - Ensure that all who enter the CRE room adhere to proper practices (includes physician) }
- Infection Preventionist needs to assess **risk versus benefits** for changing precautions for residents with MDRO (for example, removing catheters could make a high risk resident → low risk resident)
- Environmental services staff should receive additional instruction on cleaning the room of a CRE resident

Pop Quiz #1

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- What type of isolation precautions is needed when you have an active case of CRE of the respiratory tract in your facility (i.e. an infection)?
 - A. Standard Precautions
 - B. Droplet Precautions plus Standard Precautions
 - C. Contact Precautions plus Standard Precautions
 - D. Airborne Isolation Precautions
 - E. Contact Precautions
 - F. Droplet Precautions
 - Answer: C

Pop Quiz #2

- When caring for a CRE resident, your only acceptable method of hand hygiene is soap and water?
 - A. True
 - B. False
 - Answer: False

Pop Quiz #3

- Residents with CRE always require indefinite isolation in a Skilled Nursing Facility?
 - A. True
 - B. False
 - Answer: B