

**UVM HEALTH NETWORK-CHAMPLAIN VALLEY PHYSICIANS HOSPITAL  
PATIENT CARE OPERATIONS POLICY/SNF**

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Section: SNF

<b>SUBJECT:</b> <i>Infection Prevention/Control Policies, SNF</i>	
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<b>CONTRIBUTING DEPARTMENT(S):</b> SNF Medical Director	
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<b>OTHER RELATED POLICIES: (LIST POLICY TITLE &amp; DEPT. IF NOT ADMIN.)</b>	

**I. PURPOSE:**

To reduce the risk of infection occurrence and transmission, and to provide a consistent level of care for residents, employees, physicians, visitors, and others who enter The Champlain Valley Physicians Hospital SNF.

**II. POLICIES:**

**A. Standard Precautions:**

Standard precautions are minimum infection control practices regardless of suspected or confirmed infection status of a resident in any setting where health care is delivered. Using standard precautions protects the healthcare worker and prevents the healthcare worker from spreading the infection.

1. Standard Precautions include:
  - a. Hand hygiene
  - b. Personal Protective Equipment (PPE)
  - c. Respiratory hygiene etiquette
  - d. Sharps safety
  - e. Safe injection practices
  - f. Sterile instruments and devices
  - g. Clean/disinfected environmental services

**B. Contact Transmission—requires Contact Precautions:**

Contact precautions are used to prevent transmission of pathogens from infected or colonized residents by direct or indirect contact.

1. Contact Isolation Precautions include:
  - a. Yellow isolation sign on the door signifying isolation status.
  - b. PPE--Gown and gloves must be worn, additionally, you may wear eye protection when entering room.
  - c. PPE removed at doorway and proper hand hygiene performed.

2. Resident Equipment:
  - a. Use disposable equipment or resident specific equipment.
  - b. If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room.
3. Transport and Procedures:
  - a. Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.
  - b. Ensure infected or colonized areas of the residents' body are contained and covered if able when exiting room, if resident wishes to leave their room or cannot be left unsupervised in their room.
  - c. Notify receiving department of resident precautions.
  - d. Don clean PPE prior to resident transport.
4. Cleaning:
  - a. Re-usable equipment must be cleaned with approved disinfectant.
  - b. Routine cleaning should be completed with staff wearing appropriate PPE.
5. Discontinuation:
  - a. Isolation is discontinued based on laboratory results, provider review, and Interdisciplinary Team (IDT) recommendation. May be individualized on a case-by-case basis.
6. Visitors:
  - a. Visitors are encouraged to wear gown and gloves when visiting resident on precautions.
  - b. Hand hygiene is encouraged when entering/exiting room and unit.

**C. C. Difficile—requires Contact “C” Precautions:**

Contact “C” precautions are used to prevent transmission of *C. difficile* from infected residents by direct or indirect contact. Enhanced environmental cleaning will be completed with bleach. Alcohol-based hand sanitizer will not be used for *C. difficile*.

1. Contact “C” Isolation Precautions include:
  - a. Green isolation sign on the door signifying isolation status.
  - b. PPE--Gown and gloves must be worn.
  - c. PPE removed at doorway and proper hand hygiene performed with soap and water.
  - d. Resident on Contact “C” Precautions should be placed in a private room when able.
2. Resident Equipment:
  - a. Use disposable equipment or resident specific equipment.
  - b. If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room with approved methods for *C. Difficile*.
3. Transport and Procedures:
  - a. Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.
  - b. If resident can remain continent of bowel, free of loose stools, and has proper hand hygiene, resident may exit room for meals and socially distance. This will be reviewed on a case-by case basis.
  - c. Notify receiving department of resident precautions.
  - d. Don clean PPE prior to resident transport.
4. Cleaning:
  - a. Re-usable equipment must be cleaned with approved disinfectant.
  - b. Routine cleaning should be completed with staff wearing appropriate PPE.

5. Discontinuation:
  - a. Precautions can be discontinued once resident's symptoms resolve (resident has <3 unformed stools in a 24-hour period), provider review, and IDT recommendation. May be individualized on a case-by-case basis.
6. Visitors:
  - a. Visitors are encouraged to wear gown and gloves when visiting resident on precautions.
  - b. Hand hygiene is encouraged when entering/exiting room and unit using soap and water.

**D. Droplet Transmission—requires Droplet Precautions:**

Droplet precautions are used to prevent diseases such as influenza, pertussis, RSV, and bacterial meningitis that are transmitted by contact of the conjunctiva or mucous membranes of the nose and mouth with large-particle droplets that do not remain suspended in the air and travel only short distances (usually less than 3 feet).

1. Droplet Isolation Precautions include:
  - a. Blue isolation sign on the door signifying isolation status.
  - b. PPE—surgical mask and gloves must be worn; eye protection and a gown may be additionally needed when entering room.
  - c. PPE removed at doorway and proper hand hygiene performed.
2. Resident Equipment:
  - a. Use disposable equipment or resident specific equipment.
  - b. If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room.
3. Transport and Procedures:
  - a. Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.
  - b. Notify receiving department of resident precautions.
  - c. Resident should wear a mask when exiting their room.
  - d. Don clean PPE prior to resident transport.
4. Cleaning:
  - a. Re-usable equipment must be cleaned with approved disinfectant.
  - b. Routine cleaning should be completed with staff wearing appropriate PPE.
5. Discontinuation:
  - a. Isolation is discontinued based on laboratory results, provider review, and IDT recommendation. May be individualized on a case-by-case basis.
6. Visitors:
  - a. Visitors are encouraged to wear a surgical mask when visiting resident on precautions.
  - b. Hand hygiene is encouraged when entering/exiting room and unit.

**E. Airborne Transmission—requires Airborne Precautions:**

Airborne precautions are used to prevent the transmission of infections such as pulmonary or laryngeal tuberculosis, varicella, SARS, COVID (see Coronavirus Policy), that are transmitted by organisms that can remain in the air for considerable lengths of time and may be dispersed over long distances.

1. Airborne Isolation Precautions include:
  - a. Black isolation sign on the door signifying isolation status.
  - b. Door to the bedroom is kept closed as much as safely possible and during respiratory treatments.

- c. The Alice Center is not equipped with negative air pressure rooms, any resident requiring negative air pressure rooms will be transported out of the facility to an appropriate facility.
- d. PPE--Gown, gloves, eye protection/face shield, and a fit-tested N-95 mask, or higher-level respirator must be worn when entering room.
- e. PPE removed at doorway and proper hand hygiene performed.
2. Resident Equipment:
  - b. Use disposable equipment or resident specific equipment.
  - c. If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room.
3. Transport and Procedures:
  - a. Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.
  - b. Notify receiving department of resident precautions.
  - c. Resident should wear a mask when exiting their room.
  - d. Don clean PPE prior to resident transport.
4. Cleaning:
  - a. Re-usable equipment must be cleaned with approved disinfectant.
  - b. Routine cleaning should be completed with staff wearing appropriate PPE.
5. Discontinuation:
  - a. Isolation is discontinued based on laboratory results, provider review, and IDT recommendation. May be individualized on a case-by-case basis.
6. Visitors:
  - a. Visitation is discouraged, however not prevented, with a resident on airborne precautions.
  - b. Visitors are encouraged to wear gown, gloves, eye protection, and a surgical mask when visiting resident on precautions.
  - c. Hand hygiene is encouraged when entering/exiting room and unit.

**F. Enhanced Barrier Precautions:**

The Enhanced Barrier Precautions (EBP) are established to reduce transmission of multidrug resistant organisms (MRDOs) during high-contact resident care activities in a Skilled Nursing Facility. Enhanced Barrier Precautions involve the usage of gowns and gloves during these activities only.

**1. EBP are indicated for residents with any of the following:**

- a. Infection or colonization with CDC-targeted MRDOs when contact precautions do not otherwise apply:
  - 1) CDC-targeted MRDOs are:
    - Pan-resistant organisms
    - Carbapenemase-producing carbapenem-resistant Enterobacterales
    - Carbapenemase-producing carbapenem-resistant Pseudomonas
    - Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii
    - Candida auris
  - 2) Additional MDROs that should be considered for discussion by provider and during IDT meeting for placement on EBP:
    - Methicillin – resistant Staphylococcus aureus (MRSA)
    - ESBL- producing Enterobacterales,

- Vancomycin-resistant Enterococci (VRE),
  - Multidrug-resistant Pseudomonas aeruginosa,
  - Drug Resistant Streptococcus Pneumoniae
- 3) Post signage on the door / or outside the room
- b. Chronic open wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO.
- 1) Chronic open wounds include, but are not limited to:
- Pressure ulcers (stage II and above)
  - Diabetic foot ulcers
  - Unhealed surgical wounds
  - Venous stasis ulcers
- 2) Indwelling medical devices include the following:
- Central lines (peripheral IV lines are not considered and indwelling medical device)
  - Urinary Catheters
  - Feeding tubes
  - Tracheostomies
- 2. EBP are Used During The Following High-Contact Care Activities:**
- a. Dressing
- b. Bathing/showering
- c. Transferring—however, when performing transfers in common areas where duration of contact is short, gown and gloves are ***not*** necessary
- d. Providing hygiene
- e. Changing linens
- f. Changing briefs or assisting with toileting
- g. Device care or use: central line, urinary catheter, feeding tube, tracheostomy care
- h. Wound care
- i. Therapy sessions where prolonged contact is anticipated
- j. Enhanced Barrier Precautions include:
- 1) Orange isolation sign on the door signifying isolation status.
- 2) Door may be open.
- 3) PPE—gown and gloves must be worn during the specified tasks/activities listed above.
- 4) PPE removed at the doorway and proper hand hygiene performed.
- k. Resident Equipment:
- 1) Sanitize equipment prior to leaving room.
- l. Transport and Procedures:
- 1) Resident is not restricted to room.
- 2) Notify receiving department of resident precautions.
- m. Cleaning:
- 1) Re-usable equipment must be cleaned with approved disinfectant.
- 2) Routine cleaning should be completed with staff wearing proper PPE.
- n. Discontinuation:
- 1) EBP will remain in place for the duration of resident stay or until the wound is resolved or indwelling medical device is discontinued.
- o. Visitors:

- 1) Hand hygiene is encouraged when entering/exiting room.

**G. Isolation Precautions:**

1. The Infection Control Registered Nurse is responsible for implementing infection control practices based on federal and state public health advisories, guidelines, and rules.
2. Isolation shall be maintained until the criteria for the involved organism/disease as listed in the Disease Charts have been met unless otherwise specified.

**H. Staffing Criteria During Recognized Outbreak Period:**

1. When possible, there will be dedicated, consistent staffing teams who directly interact with residents that are confirmed or suspected to be infected with a contagious or infectious disease; and those designated staff members who have direct resident contact to specified area of the facility with the outbreak, will not be rotated between areas of the facility during the period they are working each day.
2. Infection Control Registered Nurse and Staffing Supervisor will work collaboratively during an outbreak to assess staffing status and staffing needs.

**I. Communication of Infection Status:**

1. Daily communication with staff, residents, and resident's families regarding status of infections in the facility will be completed with a daily announcement and will be posted in the front lobby for review.

**J. Screening During a Contagious or Infectious Disease Outbreak:**

1. Facility will require screening of every individual entering the facility, including staff, for symptoms associated with the infectious disease outbreak.

**K. Cleaning Procedure for Equipment and Supplies:**

1. Facility has access to necessary supplies for hand hygiene for staff, residents, and visitors readily available in resident rooms, on units, and in supply rooms.
2. Disinfectants are available for necessary and appropriate cleaning/disinfecting of surfaces and shared resident care equipment in supply rooms:

ITEM	FREQUENCY	RESPONSIBILITY
Patient Utensils	After each use & Between residents	Nursing Environmental Services
Commodes	After each use & Between residents	Nursing Environmental Services
IV poles	PRN while in use & Between residents	Nursing Environmental Services
Portable electronic thermometer	PRN after use & Daily	Nursing Nursing
Portable blood pressure unit	PRN after use & Daily	Nursing Nursing
IV pumps	PRN in use & Between residents	Nursing Environmental Services Central Service

ITEM	FREQUENCY	RESPONSIBILITY
Mechanical lift and sling	PRN after use & Daily	Nursing Environmental Services
Scale	PRN after use & Daily	Nursing Environmental Services
Bed scale	PRN after use & Daily	Nursing Environ Service
Suction machines	Daily & After use	Nursing Central Service
Sterile instrument trays	After use	Nursing then → Central Service
Wheelchairs	PRN after use & Weekly	Environmental Services Environmental Services
Geri-chairs	PRN after use & Weekly	Environmental Services Environmental Services

**L. Supply/Equipment Storage**

1. Clean and sterile resident care supplies are stored in cabinets or on shelves. They are not stored under sinks or on the floor.
2. Large, infrequently used equipment is kept covered with plastic bags or sheets to reduce dust collection on the equipment.
3. Clean and sterile equipment and supplies are stored in clean supply rooms on each unit. Main central supply located on second floor.
4. Soiled equipment is placed in the soiled utility room.

**M. Drugs and Solutions**

1. Expiration after opening
  - a. Drugs and solutions with expiration dates are checked at the time of use. If expired or about to expire, they are discarded.
  - b. Open multi-dose vials of normal saline or distilled water for injection:
  - c. Those which contain a preservative: all open vials are discarded per the manufacturer's expiration date
  - d. Sterile irrigation solutions in pour bottles are poured into a new sterile specimen cup for each use. Open bottles of sterile irrigation solution used for any purpose are labeled with date and time when opened and discarded within 24 hours.
2. Storage
  - a. Drugs and solutions are stored in cabinets, shelves, or in the medication carts, not under sinks or on the floor.
  - b. Drugs and solutions requiring refrigeration are stored in the designated Medication Refrigerator.

**N. Management of Trash and Regulated Medical Waste:**

1. Sharps are disposed of in AHMC approved sharps containers that are located in each dirty utility room, medication carts, and medication rooms.
  - a. Sharps containers are sealed when no more than  $\frac{3}{4}$  full; and replaced with an empty container or every 30 days even if less than  $\frac{3}{4}$  full.
  - b. Sealed containers are placed in the regulated medical waste container in the soiled utility room.

- c. Changing sharps containers is a shared responsibility of environmental services and nursing.
2. Regulated medical waste is disposed of in red bags that are then placed in the regulated medical waste container in the soiled utility room.

**O. Management of Clean and Soiled Linens:**

1. Clean linens are stored on the linen carts and in linen closets. Carts in the hallway shall have the covers in the down position at all times.
2. Soiled facility linens are placed (with gloves on) in water-resistant laundry bags and then taken to the soiled utility room.
3. Soiled resident linens are placed in mesh laundry bags or clear laundry bags and taken to the soiled utility room.
4. For residents on precautions, a laundry bag and hamper should be kept in the resident's room.

**P. Infection Prevention and Control Education:**

1. Orientation
  - a. Prior to resident contact, new employees receive orientation on Infection Control and Prevention Policies.
2. Annual education
  - a. Employees are required to participate in annual education programs related to Infection Control and Prevention Policies.
  - b. Additional education is provided on an as-needed/as-requested basis.

**Q. Quality Improvement Indicators and Monitoring**

1. Infection surveillance data is provided quarterly by the Infection Prevention & Control RN.
2. Infection Prevention and Control Rounds are performed at least annually.
3. Additional indicators and monitoring are implemented as determined by the Director of
4. Nursing and Infection Prevention & Control RN.

**III. DISTRIBUTION:**

This policy will be available in Policy Manager for all employees on an as needed basis.

All recipients of this policy must acknowledge their receipt and understanding of this policy by referring any questions or problems with the policy within ten days of the issue date to their immediate supervisor. If no questions or problems are stated, it will be assumed that the policy has been read and understood.

**IV. REFERENCES:**

Center for Disease Control and Prevention. Implementation of Personal Protective Equipment in Nursing Homes to prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROS). Updated: July 12, 2022.  
<https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>

*Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC.* (2021, February 22). [Www.cdc.gov. https://www.cdc.gov/hai/containment/faqs.html](https://www.cdc.gov/hai/containment/faqs.html)

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*SUBJECT: Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs). (2024). <https://www.cms.gov/files/document/qso-24-08-nh.pdf>*

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