# Infection & Communicable Disease Prevention & Control

## Statement of Issue
As a team, nursing facilities and hospice care programs work in a collaborative and proactive manner to establish an environment and culture of safety. Hospice residents by the nature of disease processes are at high risk for infection and communicable diseases. This collaborative guide is intended to provide the hospice care program and nursing facility resources to improve services to residents focusing on strategies and interventions to reduce infections and their transmission.

## Legal/Risk Management Considerations
Together the hospice care program and nursing facility must evaluate each individual’s risk for infection. The team, in conjunction with the resident and his/her significant others, must then use that assessment information to formulate a plan of care to address those identified risk factors. In caring for individuals receiving hospice services, the focus of care planning is centered on palliation rather than cure. The resident’s goals and preferences must be kept as primary considerations in the development of a collaborative plan of care. Infection and communicable disease prevention and control are the responsibility of the entire team and should never rest on only a few individuals.

## Policy/Process Considerations
Palliative care policies – identify the goal of treatment for specific or identified infections, dependent on the resident’s wishes for care: palliative vs. curative

- Customary infection prevention and control policies and procedures – standard precautions and transmission based precautions, as necessary
  
  - Measures for prevention of infections, especially those associated with intravascular therapy, indwelling urinary catheters, tracheostomy care, stoma care, respiratory care, immunosuppression, pressures sores, bladder and bowel incontinence and any other factors which compromise a resident’s resistance to infections.
  
  - Depending on the situation, options for residents on contact precautions may include the following: a private room, cohorting, or sharing a room with a roommate with limited risk factors (e.g., without indwelling devices, without pressure ulcers and not immunocompromised).

- Policies should include proper documentation of treatment goals, collaborative care planning decisions

## Regulatory Considerations

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• Infection surveillance and monitoring policies for both the nursing facility and hospice care program.

• Team members participate in each other’s quality assurance/performance improvement programs related to infection control and monitoring, as appropriate.

**Purchase Considerations**

• Contract and care plan needs to address the collaborative selection of any appropriate related equipment, responsibilities of purchasing, and the criteria for use.

• Hospice care program and nursing facility must follow all manufacturers’ guidelines regarding the use of any product.

• Nursing facility staff needs to check with hospice before adding any new equipment or supplies regarding whose responsibility it may fall under, unless already specified on the care plan.

**Educational Considerations**

• Team education regarding customary infection prevention and control policies and procedures – standard precautions and transmission based precautions, as necessary.

• Team education related to any specific resident care issues involving infections that are, or are not, being treated, particularly related to prevention of transmission.

• Education regarding necessary personal protective equipment for staff or visitors in specific circumstances.

• Education of appropriate infection prevention and control matters for family and visitors.

**Additional Information**

If the infection is in a wound – reference Pressure Ulcer Hospice care program/Nursing facility Collaborative Guide.

Nursing Facility Hospice Care Guide, NHPCO Standards of Practice for Hospice Programs Appendices.

http://www.nhpco.org/i4a/pages/index.cfm?pageid=4900

42 CFR Part 418: Medicare and Medicaid Programs: Hospice Conditions of Participation; Final Rule: Condition of Participation: Infection Control (§ 418.60)

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities:


Ohio Administrative Code: 3701-17-10 Resident assessments; tuberculosis testing: http://www.odh.ohio.gov/rules/final/f3701-17.aspx