

Transmission-Based Precautions in Long-Term Care Facilities

Because of the emergence of multi-drug resistant organisms (MDROs), long-term care facilities (LTCFs) increasingly need to care for residents with MDROs while preventing transmission and maintaining residents' privacy and dignity, ability to socialize, and home-like environment. This document provides guidance for LTCFs on the implementation of Transmission-Based Precautions, with specific emphasis on Contact Precautions for residents with MDROs and certain other infectious diseases.

For additional information about the care of residents with *Candida auris* infection or colonization, please see the advisories, guidance, and other materials issued by the New York State Department of Health (NYSDOH) at https://www.health.ny.gov/diseases/communicable/c_auris/providers/.

Signage

LTCFs are required to have “an effective infection prevention and control program . . . to control the spread of infections and/or outbreaks” (Centers for Medicare and Medicaid Services (CMS), State Operations Manual, Appendix PP).

Further, as stated in Appendix PP of CMS' State Operations Manual, “it is essential both to communicate transmission-based precautions to all health care personnel, and for personnel to comply with requirements. Pertinent signage (i.e., isolation precautions) and verbal reporting between staff can enhance compliance with transmission-based precautions to help minimize the transmission of infections within the facility” (CMS State Operations Manual, Appendix PP). While a particular type or format of signage is not required, it is important to have a system in place whereby “facility staff clearly identify the type of precautions and the appropriate PPE [personal protective equipment] to be used in the care of the resident” (CMS State Operations Manual, Appendix PP). Examples of types of Transmission-Based Precautions signs, along with the pros and cons of each, are described in Table 1 below.

Lastly, all healthcare providers, regardless of their position or credentials, should be empowered to stop any other providers, regardless of their positions or credentials, from entering a resident's room without wearing the appropriate PPE.

CMS and HIPAA considerations related to signage

CMS interpretative guidelines related to ensuring resident respect and dignity, as set forth in 42 C.F.R. section 483.10, provide that signage restrictions do not apply to “the [Centers for Disease Control and Prevention] CDC isolation precaution transmission based signage for reasons of public health protection, *as long as the sign does not reveal the type of infection*” (CMS State Operations Manual, Appendix PP [emphasis added]). NYSDOH recommends that the diagnosis, organism, or resident identifiers (e.g., name, bed number) not be disclosed on any sign used to indicate the need for Transmission-Based Precautions. Additional information needed by

facility healthcare providers (e.g., name, bed number) should be available in a location that is not visible to residents and visitors.

Further, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations, protected health information may be disclosed for the purpose of health care operations, such as carrying out infection control programs designed to prevent the development and transmission of diseases—as long as such disclosure is the minimum necessary to prevent disease transmission (45 C.F.R. sections 164.501; 164.502[a][1][ii], [b]).

Legal questions regarding signage content and ensuring such signage complies with CMS and HIPAA requirements should be directed to facility counsel.

Modification of Contact Precautions

Standard and Transmission-Based Precautions are measures used to prevent and control the spread of infectious organisms within healthcare settings. Contact Precautions are one type of Transmission-Based Precaution that involves specific measures (e.g. use of gloves and gowns) when providing care for residents infected or colonized with organisms transmitted through direct or indirect physical contact (Siegel et al, 2007).

NYSDOH recognizes that long term use of Contact Precautions for residents of LTCFs may impact quality of life. Therefore, consistent with current guidelines, facilities may assess on a case-by-case basis whether it is beneficial to modify Contact Precautions in situations where residents remain infected or colonized with MDROs or similar organisms for extended periods of time (Siegel et al, 2007; Smith et al, 2008).

Modifying Contact Precautions is not appropriate when a resident has an active infection during which secretions, excretions, or wound drainage are not able to be contained. In situations where Contact Precautions are modified, residents (with assistance from facility healthcare providers, as needed) should perform hand hygiene before leaving their rooms, after toileting, before and after meals, and whenever hands are visibly soiled. Clothing should be clean, and wounds should be dressed such that drainage is contained. These measures are expected to minimize transmission risk while the resident is outside the room.

Activities likely to have a higher transmission risk typically occur within the resident's room (e.g., wound care, toileting, bathing, changing clothes or linen). Therefore, when in the room of a resident for whom Contact Precautions are modified, all facility healthcare providers should maintain Contact Precautions, including the use of gowns, gloves, and other relevant PPE, as well as perform appropriate hand hygiene.

Facility infection control policies should reflect criteria used to determine whether modification of Contact Precautions is appropriate and should include considerations of quality of life and resident safety by preventing transmission of MDRO's. Modification of Contact Precautions

should be part of residents' individualized plans of care, which should address relevant criteria such as clinical status, ability to perform and maintain hygienic practices, and behavioral issues. LTCFs are encouraged to discuss individual cases in which the organism is of epidemiological importance (e.g., newly emerging or highly resistant to antimicrobial agents) with their NYSDOH regional epidemiologist.

Resident and Visitor Education

As part of Standard Precautions, residents, family members and visitors should be educated as to the importance of good hand hygiene in preventing the transmission of healthcare-associated infections. While implementing Transmission-Based Precautions is necessary and important to prevent transmission, it can be confusing or alarming for residents and visitors. Facility healthcare providers should be prepared to address residents' and visitors' concerns without violating resident privacy. Education of residents and visitors should be done at the time Transmission-Based Precautions are initiated and address the rationale, risks to household members, and explanation about health care worker use of PPE (Siegel et al, 2007). Directions for use of PPE by family members and visitors will depend on whether facility policy requires or encourages PPE use by visitors. For further information about educating residents and visitors about Transmission-Based Precautions and modification of Contact Precautions while ensuring patient privacy, facilities should seek the advice of facility administration or legal counsel.

Resources and References:

Bodily-Bartrum M, Franck J, Spaulding L, Zeller J. Long-Term Care Chapter in: APIC Text Online. Chapter published 10/3/2014. <http://text.apic.org/> Accessed 6/27/2017.

State Operations Manual Appendix PP, Guidance to Surveyors for Long Term Care Facilities. Centers for Medicaid and Medicare Services (CMS). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Accessed June 29, 2017.

Siegel JD, Rhinehart E, Jackson M, Chiarello L and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Smith PW et al. SHEA/APIC Guideline: Infection prevention and control in the long-term care facility. Am J Infect Control 2008;36;504-35
https://apic.org/Resource/_TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf

Table 1: Pros and Cons of Various Types of Transmission-based Precautions Signs*

Description	Pros	Cons	Comments
Signs stating the type of precautions (e.g. "Contact Precautions")	Easily recognizable and meaningful for healthcare providers	Not meaningful for visitors – might need additional language such as "Visitors: see nurse"	
Signs stating the type of precautions but without the word "precautions" (e.g. "Contact", "Droplet")	Likely recognizable and meaningful for healthcare providers; might be less alarming to visitors than signs with the word "precautions"	Not meaningful for visitors – might need additional language such as "Visitors: see nurse"	
Signs stating the type of precautions (e.g. "Contact Precautions") and providing detailed information about what those precautions entail (e.g. pictures of PPE to be worn)	Easily recognizable and meaningful for healthcare providers; remind healthcare providers what needs to be done while caring for the resident	Might be confusing or alarming for visitors and might need additional language such as "Visitors: see nurse"; might result in a large, obtrusive, and/or cluttered sign	
Signs with language such as "See nurse before entering"	Useful for visitors; may be less alarming than signs that are more explicit about precautions	Might not be understood to indicate Transmission-Based Precautions by healthcare providers	NYSDOH staff have witnessed healthcare providers entering rooms with these types of signs without using PPE because the signs were not recognized as indicating Transmission-Based Precautions. If these types of signs are chosen, the facility should ensure that all healthcare providers and other staff receive effective, periodic training on the meaning of the signs. Regardless of sign type, adherence should be monitored.
Signs consisting of colored dots to indicate which type of precautions are required	Unobtrusive	Not meaningful for visitors – might need additional language such as "Visitors: see nurse"; might not be understood to indicate Transmission-Based Precautions by healthcare providers; not useful for healthcare providers who are color-blind	
Signs consisting of symbols to indicate precaution types (e.g. a water drop to indicate Droplet Precautions)	Unobtrusive and relatively easy for healthcare providers to remember	Not meaningful for visitors – might need additional language such as "Visitors: see nurse"; might not be understood to indicate Transmission-based Precautions by healthcare providers	

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