COVID 19 Infection Control

Assisted Living and Homebased Residential Groups

Please **mute** your phone before the webinar begins

Do not put on hold or we will hear your music~

Thank you for joining us.

The webinar will begin shortly.

Email questions to : *ALHAYES@ISDH.IN.GOV*

During webinar or enter in the chat box

April 3, 2020

Indiana State Department of Health

COVID 19 Infection Control

Assisted Living and Homebased Residential Groups

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Infection Preventionist
Infectious Disease Epidemiology Resource Center
March 31, 2020

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Sign up for
Indiana Health Alert Network

https://ihan-in.org/

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COVID IP Toolkit

- Developed on 3/24/20 for Long term care, retirement communities, independent living facilities.
- Updates get posted on the ISDH Website.
  - ISDH nurse surveyors took this to all 737 LTC across the state in 3 day period last week!
  - Assessed readiness with administrators and entrance IC measures.
- Tool kit is applicable in behavioral health, homeless shelters and can be adapted to other facilities.
  - Basic Infection Control practices remain consistent
  - ISDH COVID Website - https://coronavirus.in.gov/
  - COVID IP TOOLKIT- https://coronavirus.in.gov/files/COVID-19%20IP%20Toolkit%20ISDH_3-29-2020.pdf

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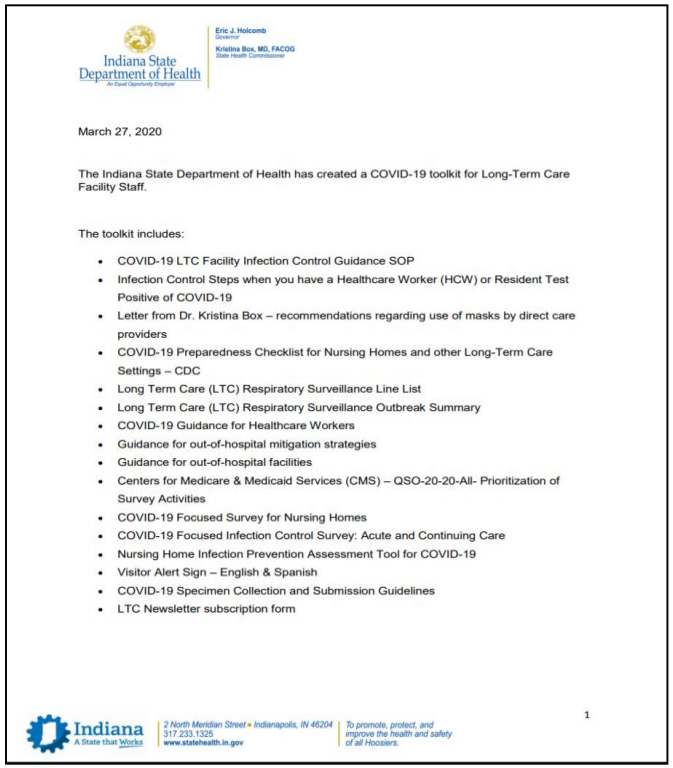
COVID-19 Toolkit for Long Term Care



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Eric J. Holcomb, Governor
Kristina Box, MD, FACOG, State Health Commissioner

March 27, 2020

The Indiana State Department of Health has created a COVID-19 toolkit for Long-Term Care Facility Staff.

The toolkit includes:

- COVID-19 LTC Facility Infection Control Guidance SOP
- Infection Control Steps when you have a Healthcare Worker (HCW) or Resident Test Positive of COVID-19
- Letter from Dr. Kristina Box – recommendations regarding use of masks by direct care providers
- COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings – CDC
- Long Term Care (LTC) Respiratory Surveillance Line List
- Long Term Care (LTC) Respiratory Surveillance Outbreak Summary
- COVID-19 Guidance for Healthcare Workers
- Guidance for out-of-hospital mitigation strategies
- Guidance for out-of-hospital facilities
- Centers for Medicare & Medicaid Services (CMS) – QSO-20-20-All- Prioritization of Survey Activities
- COVID-19 Focused Survey for Nursing Homes
- COVID-19 Focused Infection Control Survey: Acute and Continuing Care
- Nursing Home Infection Prevention Assessment Tool for COVID-19
- Visitor Alert Sign – English & Spanish
- COVID-19 Specimen Collection and Submission Guidelines
- LTC Newsletter subscription form

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www.statehealth.in.gov

To promote, protect, and improve the health and safety of all Hoosiers.

1

- 67-page document- includes all printed out list N cleaning products for facilities.
- Guidance for preparedness and implementation of recommendations.
- Outbreak Respiratory Surveillance tools.
- HCW guidance for COVID19.
- Guidance for out of hospital mitigation.
- Long term care Newsletters- ISDH site

https://www.in.gov/isdh/24526.htm

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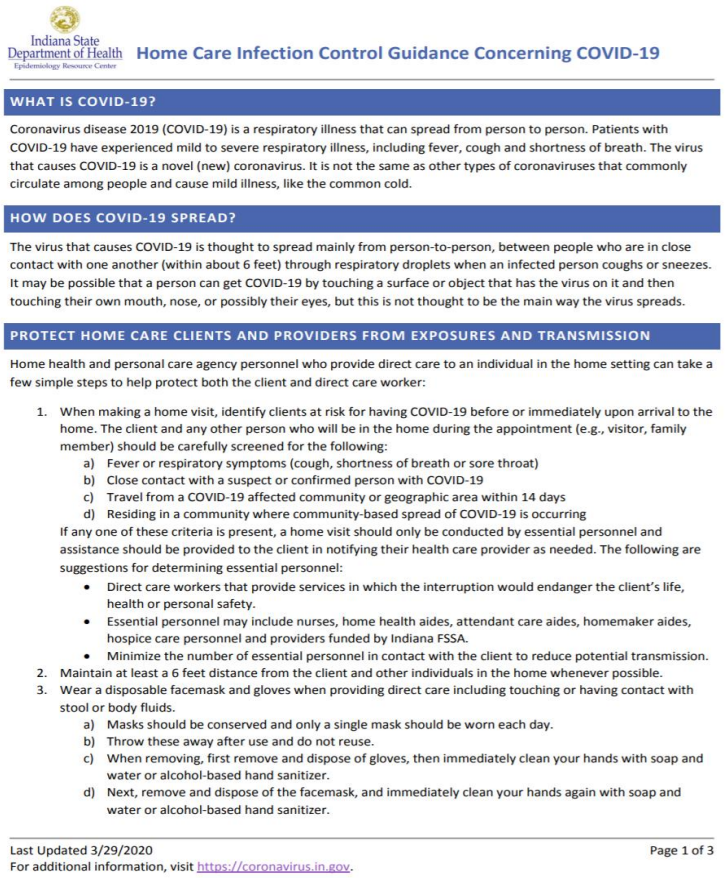
Home Care Infection Control



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Epidemiology Resource Center

Home Care Infection Control Guidance Concerning COVID-19

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough and shortness of breath. The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold.

HOW DOES COVID-19 SPREAD?

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

PROTECT HOME CARE CLIENTS AND PROVIDERS FROM EXPOSURES AND TRANSMISSION

Home health and personal care agency personnel who provide direct care to an individual in the home setting can take a few simple steps to help protect both the client and direct care worker:

1. When making a home visit, identify clients at risk for having COVID-19 before or immediately upon arrival to the home. The client and any other person who will be in the home during the appointment (e.g., visitor, family member) should be carefully screened for the following:
   a) Fever or respiratory symptoms (cough, shortness of breath or sore throat)
   b) Close contact with a suspect or confirmed person with COVID-19
   c) Travel from a COVID-19 affected community or geographic area within 14 days
   d) Residing in a community where community-based spread of COVID-19 is occurring

   If any one of these criteria is present, a home visit should only be conducted by essential personnel and assistance should be provided to the client in notifying their health care provider as needed. The following are suggestions for determining essential personnel:
   - Direct care workers that provide services in which the interruption would endanger the client's life, health or personal safety.
   - Essential personnel may include nurses, home health aides, attendant care aides, homemaker aides, hospice care personnel and providers funded by Indiana FSSA.
   - Minimize the number of essential personnel in contact with the client to reduce potential transmission.
2. Maintain at least a 6 feet distance from the client and other individuals in the home whenever possible.
3. Wear a disposable facemask and gloves when providing direct care including touching or having contact with stool or body fluids.
   a) Masks should be conserved and only a single mask should be worn each day.
   b) Throw these away after use and do not reuse.
   c) When removing, first remove and dispose of gloves, then immediately clean your hands with soap and water or alcohol-based hand sanitizer.
   d) Next, remove and dispose of the facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.

Last Updated 3/29/2020 Page 1 of 3
For additional information, visit https://coronavirus.in.gov.

Published March 30, 2020 on https://coronavirus.in.gov/

Three pages in length

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COVID IP Toolkit benefits

- Long term care
- Residential care/ Assisted Living
- Memory care
- Group homes
- Homeless shelters- hotel set ups
- Correctional facilities
- Behavioral health settings
  - although they are surveyed under acute care regulations they are more like long term care due to their length of stay for patients and physical layouts with community rooms

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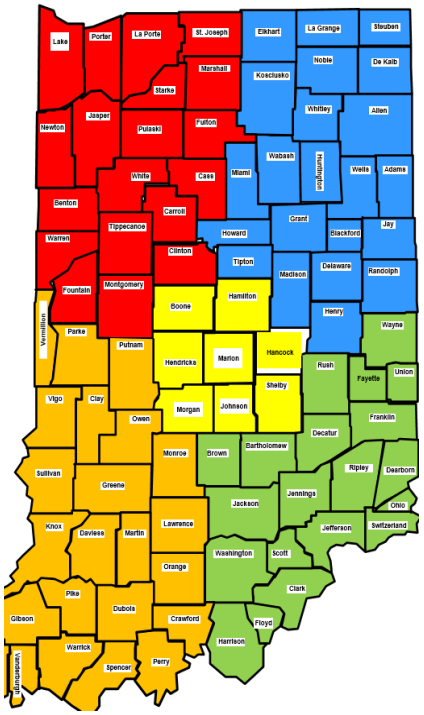
Strike teams

- To schedule a LTC Strike team– striketeamrequest@isdh.in.gov
- Team has grown from 2 teams to 5 teams by region in 2 weeks. This process is very fluid right now and ever changing…..

- They preform testing in LTC buildings for symptomatic HCW and residents.
  - ➢ Facilities that test positive for resident and HCW are visited again for testing as the exposures are considered positive.
  - ➢ Infection Control follow up call from the ISDH IP post strike team visit to follow up.

- Initial teams went out with LTC nurse surveyor to access Infection control concerns and guidance for cohorting. Nurse surveyors used for IC follow-up.

- Teams are growing- 5 breaking up to 10 for testing, planning drive regional drive through clinics for HCW to support Lilly.



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Higher risk for severe illness

People aged 65 years and older
People who live in a nursing home or long-term care facility
Other high-risk conditions could include:
People with chronic lung disease or moderate to severe asthma
People who have serious heart conditions
People who are immunocompromised including cancer treatment
People of any age with severe obesity (body mass index [BMI] ≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Based on currently available CDC information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

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Focus on Resident care

- CMS has lifted a lot of regulations and guidance to release residents back into LTC and rehabs, etc. without penalty during this pandemic.
- ISDH does not have specific waivers for some rules, i. e. fire drills, water temp testing, routine monthly physicals or testing.
- Anything that increases movement or introduces outside sources into you building is an infection control risk and is discouraged for resident protection.
- We want you to focus on resident care and we have no intent to hold facilities to rules that could not or should not have been met during this time.

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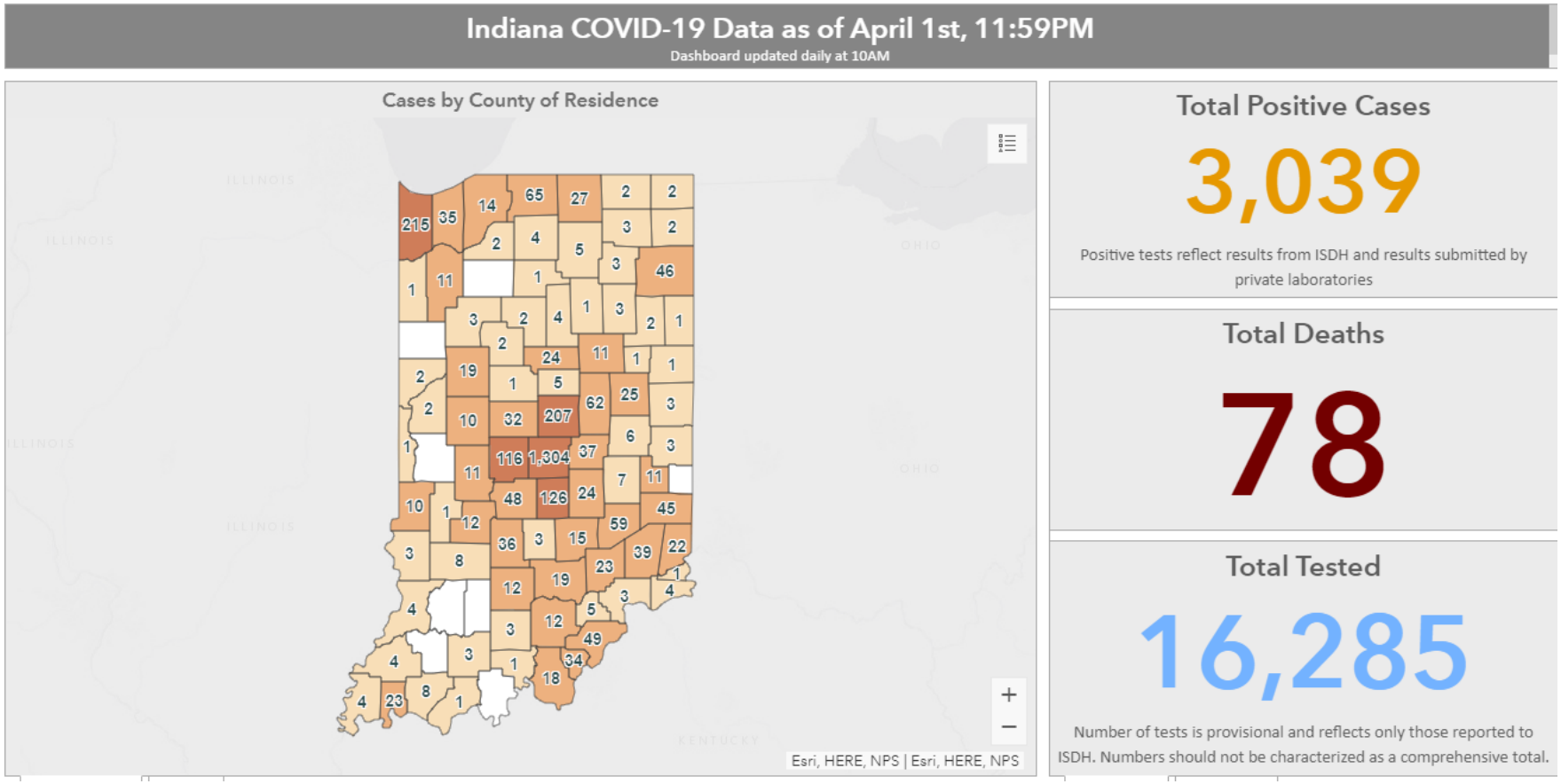
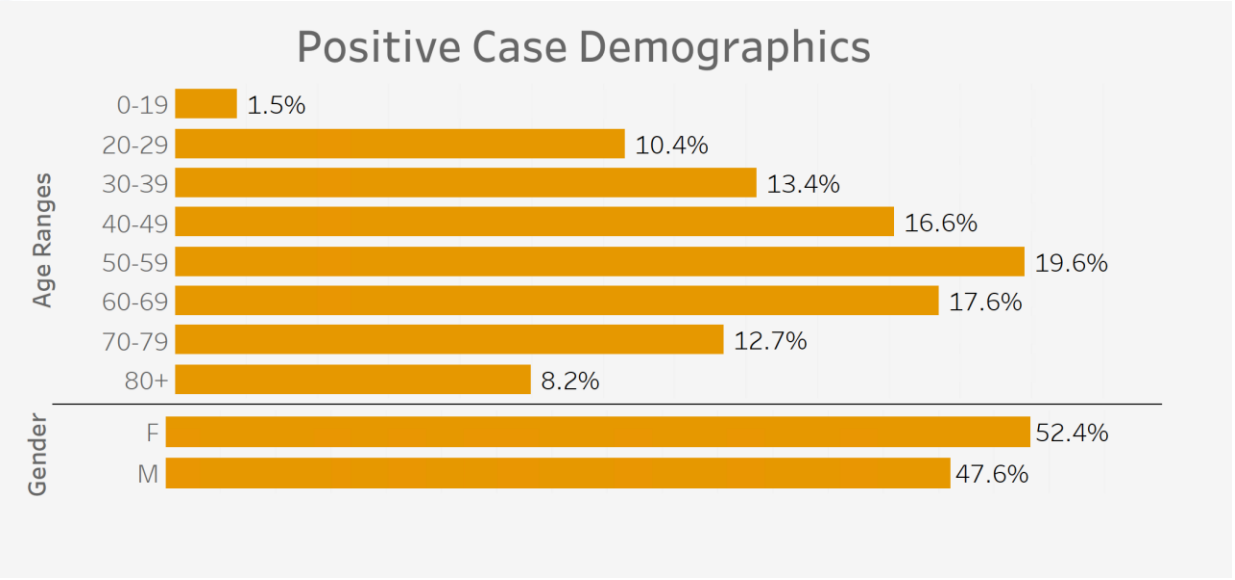
COVID-19 Dashboard



Updated daily at 10 a.m.

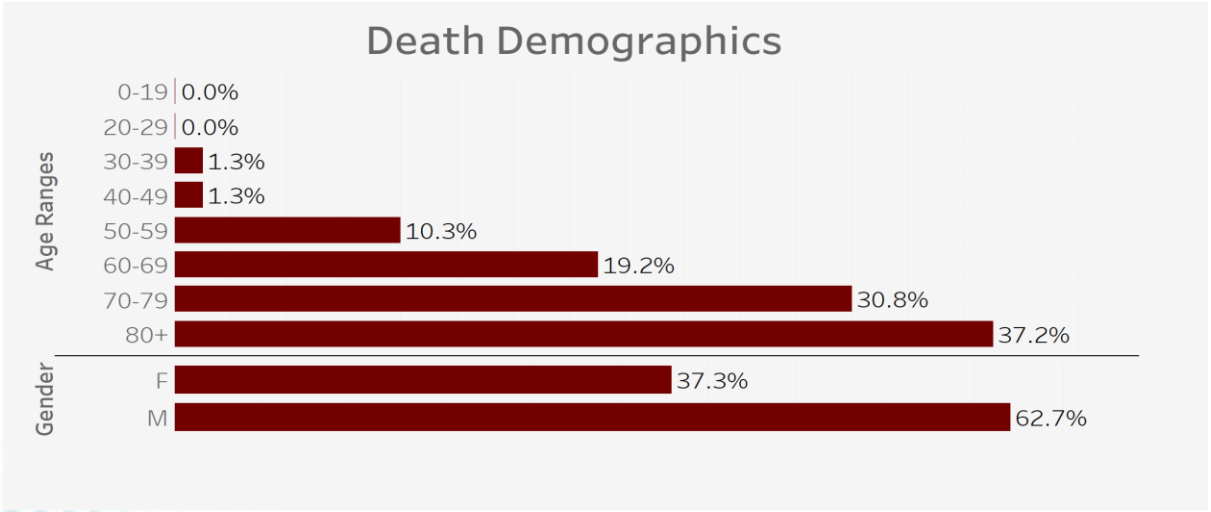
https://coronavirus.in.gov/2393.htm

Added Demographics



38.5% of positives are > 60 yr. old

LTC Outbreak Infection Prevention Matters



87.2% of deaths are > 60 yr. old

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CDC updated Clinical Guidance March 30

- incubation period for COVID-19 is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptoms onset.[1-3]
- One study reported that 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days of SARS-CoV-2 infection.

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

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Clinical Presentation

The signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease, most persons with COVID-19 will experience the following[1,4-9]:

- Fever (83–99%)
- Cough (59–82%)
- Fatigue (44–70%)
- Anorexia (40–84%)
- Shortness of breath (31–40%)
- Sputum production (28–33%)
- Myalgias (11–35%)

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The elderly

- Atypical presentations have been described and older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.[10,11]
- In one study of 1,099 hospitalized patients, fever was present in only 44% at hospital admission but later developed in 89% during hospitalization.[1]
- Headache, confusion, rhinorrhea, sore throat, hemoptysis, vomiting, and diarrhea have been reported but are less common (<10%).[1,4-6]
- Some persons with COVID-19 have experienced gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms.[9]

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Early Release of MMWR- March 27, 2020

Summary

What is already known about this topic?

Once SARS-CoV-2 is introduced in a long-term care skilled nursing facility (SNF), rapid transmission can occur.

What is added by this report?

Following identification of a case of coronavirus disease 2019 (COVID-19) in a health care worker, 76 of 82 residents of an SNF were tested for SARS-CoV-2; 23 (30.3%) had positive test results, approximately half of whom were asymptomatic or presymptomatic on the day of testing.

What are the implications for public health practice?

Symptom-based screening of SNF residents might fail to identify all SARS-CoV-2 infections. Asymptomatic and presymptomatic SNF residents might contribute to SARS-CoV-2 transmission. Once a facility has confirmed a COVID-19 case, all residents should be cared for using CDC-recommended personal protective equipment (PPE), with considerations for extended use or reuse of PPE as needed.

Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020

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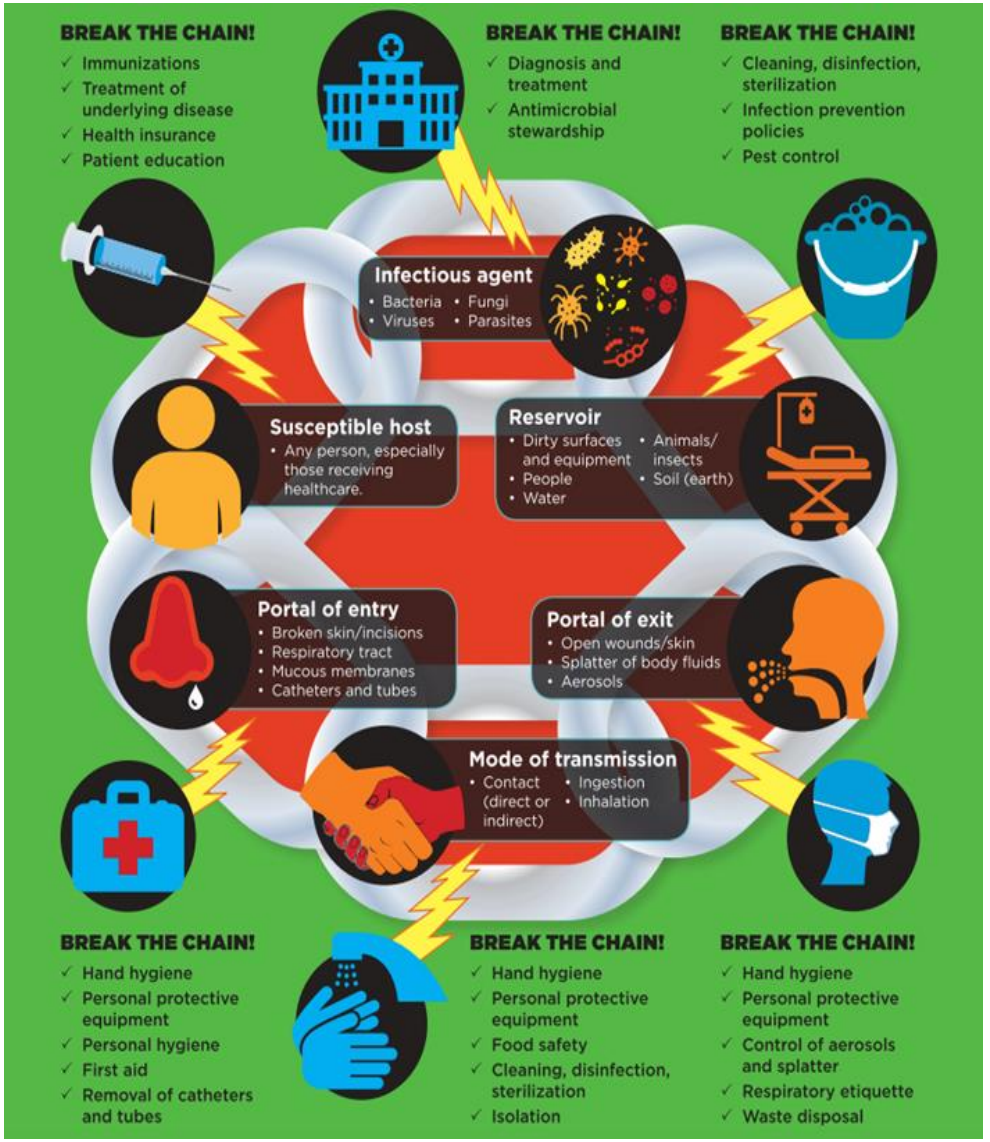
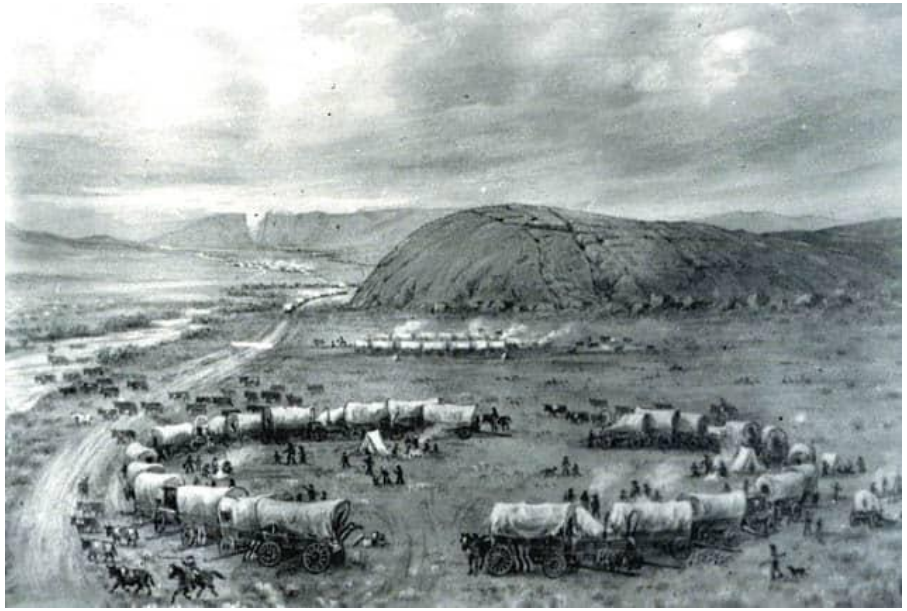
Top 10 items for Breaking the Chain for COVID transmission

1. Visitor and HCW daily monitoring at entrances, symptoms and temps
2. Hand Hygiene at point of care- ABHR and frequent hand washing
3. Enhanced environmental cleaning and disinfection with appropriate agents
4. Standard Precautions- Universal masking for direct care HCW
5. Contact-Droplet Precautions for resident symptomatic or COVID positive
6. PPE Guidance- prepare for reuse
7. Resident placement in the facility
   - Cohorting symptomatic or COVID positive resident
   - Cohort residential, LTC and memory care if possible
   - Cohorting staff and equipment for symptomatic or COVID positive resident
8. Health Care Worker protection and guidance
9. Supplies and Food Safety
10. Transfer Communication to Acute Care



#1 Circle the Wagons

- **Visitor Restrictions-** visitors and healthcare workers (HCW) are the most likely sources of introduction of COVID-19 into a facility.
- CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill HCW as COVID-19 is identified in a community or facility.
- **Mask** all HCW that are ill and remove from duty immediately.
- Screen HCW and visitors that must come to the building for symptoms and temps daily.



Look for prote**ct**ion, get **defensive**, get ready for an attack; from the old west where the **pioneers** would circle their **wagons** for protection.

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#2 Hand Hygiene (HH)

CDC Recommendations

- Preferred method of hygiene is ABHR
- Use HW if hands feel tacky after multiple uses of hand sanitizer use soap and water.
- ABHR should be greater than 60% ethanol or 70% of isopropanol as preferred form of HH.

Evidence Based Strategies

Use Handwashing when:

- Hands are visibly soiled
- After providing resident care for tolieting
- After using the restroom
- Before and after eating
- After coughing or sneezing
- All other times use ABHR

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Hand Hygiene incudes Glove hygiene means NOT wearing gloves everywhere when they are contaminated!

Gloves

Glove Hygiene: Perform HH before donning gloves.

- Use non-sterile gloves upon entry into the resident room for direct care area.
  - Change gloves if they become torn or heavily contaminated.
  - Remove and discard gloves when leaving the resident room or care area.
- Immediately perform hand hygiene after removal of gloves.

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#3

Environmental Cleaning

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Cleaning is not the same as Disinfection

Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Wear disposable gloves to clean and disinfect and use HH after removal of gloves!

- Increase **Environmental cleaning on all high touch surfaces** in building with approved disinfectants
- Use approved Cleaning agents from List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- For shortage of approved disinfecting solutions: Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon.

Environmental Cleaning and Disinfection Recommendations

- It is recommended to **close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection** to minimize potential for exposure to respiratory droplets. **Open outside doors and windows to increase air circulation in the area.** If possible, wait up to 24 hours before beginning cleaning and disinfection.
  - In areas where ill persons are being housed in isolation, follow Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019.
  - This includes **focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons, but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as needed.**
  - In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

Surfaces

- Two recent studies have investigated how long coronaviruses survive on different surfaces. The research looked at a number of different viruses including SARS-CoV-2 – the coronavirus that has caused COVID-19. And it found that the survival times varied according to the type of surfaces.
- The virus survived for longest on stainless steel and plastic – for up to nine days. The shortest survival times of one day was for paper and cardboard.
  - Air 3 hours- So by opening the window, you can remove and disperse the droplets and reduce the amount of virus in the air – which will reduce the risk of infection for others.
  - Cardboard 24 hours
  - Plastic > 72 hours
  - Stainless Steel 48 hours

Resources:

- https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763473?resultClick=1&utm_source=TrendMD&utm_medium=cpc&utm_campaign=JAMA_Network_Open_TrendMD_1
- file:///K:/Outbreak/AR-HAI%20folder/Infection%20Prevention_JKS/COVID-19%20IP%20Tools/Disinfectants%20and%20Cleaning/surfaces%20virus%20lives%20on%20NEJM.pdf

Cleaning Products homebased

- For shortage of approved disinfecting solutions: Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon

- Soap and Water- first line of defense
- Bleach- The active ingredient in bleach – sodium hypochlorite – is very effective at killing the virus. Make sure you leave the bleach to work for 10-15 minutes then give the surface a wipe with a clean cloth.
- Alcohol- ethanol- 70% kills in as little as 30 seconds.

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Coronavirus on clothing

- It is not yet clear how long the virus can survive on clothing:
  - So far, there aren't scientific findings on how long the virus can live on fabric. But fabrics are generally porous — as is cardboard, which *has* been tested. And a recent study did find that the virus can live on cardboard for up to 24 hours.
  - We do recommend HCW to change their scrubs and clothing at work and take them home in a bag to put in the washer and dryer.

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Laundry

For clothing, towels, linens and other items of COVID resident:

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people's items**.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces

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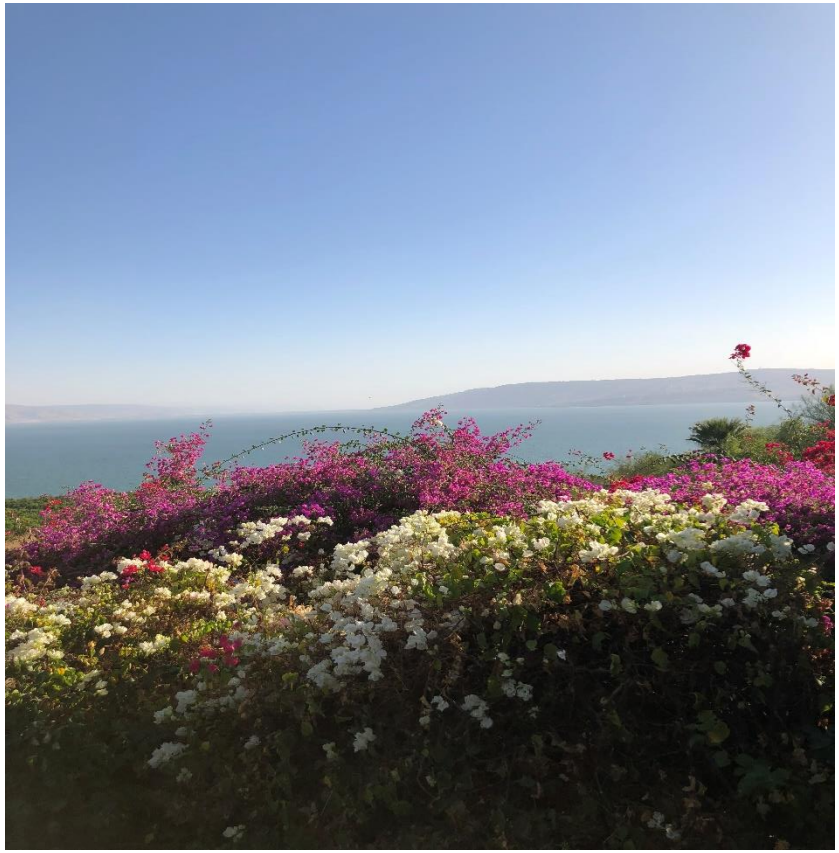
The Bottom line

- Keep washing your hands!
- Use 60% or higher hand sanitizer
- Do not touch your T zone- nose, face, mouth
- Dust off the bleach wipes
- Open a window to let in the spring air.



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#4

Standard Precautions

Assumes blood and body fluid of ANY resident or patient could be infectious.

Wear gloves, gowns, masks, and eyewear at the right times.

Decisions about PPE use determined by type of clinical interaction with resident or patient.

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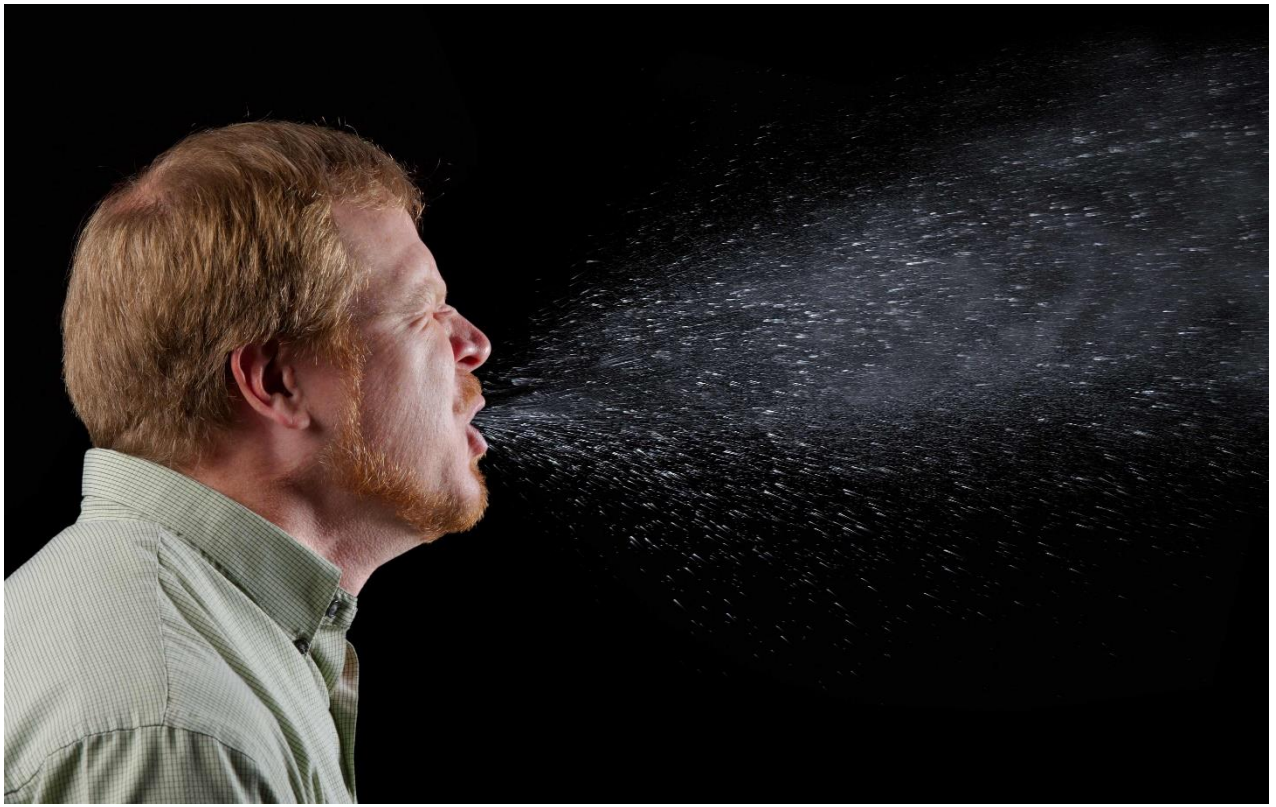
#5 Transmission-based Precautions



Contact- Droplet Precautions: Always wear a mask, eye protection, gown and gloves for direct resident care of symptomatic or COVID confirmed.

*** Droplet precaution facility wide with mask for all buildings with ongoing transmission.**

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Minimize Transmission

Place a sign on the door indicating **Droplet- Contact Precautions**.

- Single resident room or apartment placement to minimize exposures and adherence to PPE and HH compliance.
  - Residents wear masks if respiratory issues while direct care giver in the room
  - Memory care unit- monitor residents daily for signs and symptoms
  - Dedicated staff for these residents
- Minimize resident's movement around the building- confined to room or as in memory care consider placement in single room with dedicated staff to care for this resident.
- Cohort staff and equipment for COVID-19 residents to minimize transmission in the building

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#6 PPE

- Recommend symptomatic residents be immediately given a mask.
- Providers should suspect COVID-19 on all symptomatic residents and wear a mask.
- Direct care givers should use universal mask in group homes, LTC, residential and assisted living, et. al.
  - N95 or equivalent is not necessary unless performing an aerosol producing procedure.

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Mask Conservation

All facilities should require those involved in direct patient care to wear a mask during their entire shift if symptomatic or COVID residents are in the home.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

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Gown Conservation

Gown Conservation: If there are shortages of gowns, they should be prioritized for:

- aerosol-generating procedures
- care activities where splashes and sprays are anticipated
- High-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP
- Examples include:
  - dressing
  - bathing/showering
  - providing hygiene
  - changing briefs or assisting with toileting
  - changing linens
  - wound care
  - transferring
  - device care use

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PPE Conservation

- Extended use if limited access to facemasks:
  - Consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask
  - Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
  - Use paper bag or Ziploc to store mask in between use, do not touch front of mask but only by strings or elastic, perform HH after doffing.
  - Can re-use gowns at last resort, but do not wear same gown all over the facility.

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Preservation of protective eyewear/goggles or face shield

- Do not touch eye or face protection during use.
- Hand hygiene must be performed before and after donning and doffing eye or face protection.
- HCW should avoid touching the T zone, eyes, nose, mouth during shift without performing hand hygiene first!!

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#6

PPE Update

- National shortage of personal protective equipment, specifically facemasks and N95s
  - Follow PPE conservation recommendations and optimize your facility's supply of PPE in the event of shortages

- Those out of supplies and in immediate need email isdhdeplogistics@isdh.in.gov

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#7 Resident Placement

- Use the CDC home care guidance for residential apartment, foster care, home based care. Private room is preferred for all symptomatic if available.
  - Home Care Instructions for Novel Coronavirus (COVID-19)
  - Isolate resident to one room or section of the building, apartment to prevent the spread of droplets.
  - Cohort by keeping all sick in one location, Cohort supplies, and staff caring for the sick.
- **ONLY ESSENTIAL staff should go into the room of a confirmed or presumed COVID-19 patient.**
- **Mask all care givers and resident when in direct contact to prevent transmission.**
- Assure all staff have ABHR at point of use.
  - If used in pocket consider that pocket dirty and do not put cellphone or keys in the same pocket

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If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community

- Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
- **Recommend moving all COVID-19 residents to one area of building or wing.**
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility.
- **As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario.**
- Depending on your facility lay out and COVID-19 area ISDH is available to discuss your individual needs**.**
- Facilities should notify the health department immediately and follow
  - Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings which includes detailed information regarding recommended PPE.

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#8 Protect HCW

Limit Risk

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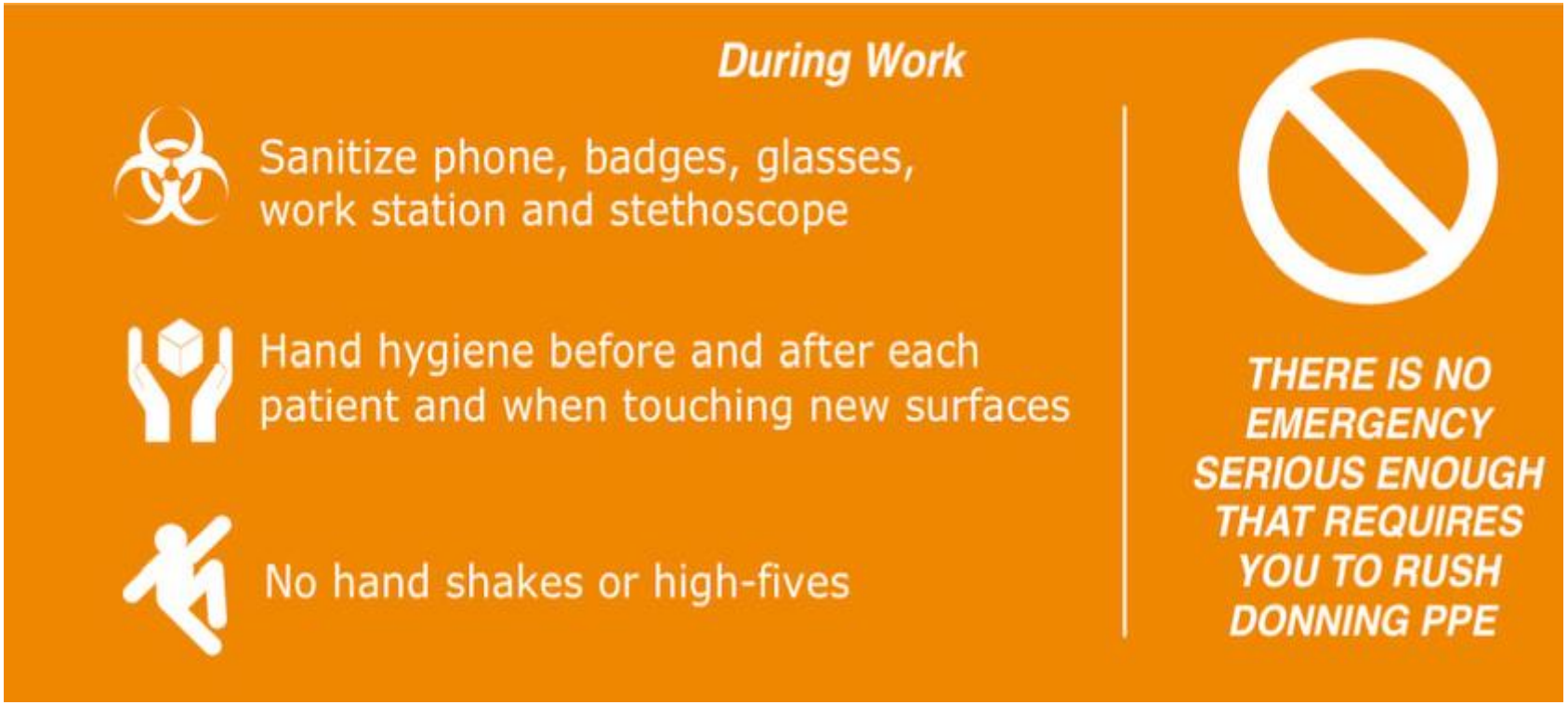
Protect Yourself

Limit Risk



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Protect Your Family

Limit Risk

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Keeping it safe! Scrubs

- **HCW scrubs** should be changed into street clothes each day before leaving facility.
  - HCW should perform hand washing upon entry to the building before work and prior to exit after changing into street cloths.
- **HCW should refrain from wearing scrubs home or the next day without being laundered, this includes jackets.**

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Monitor Healthcare Workers

- Ensure HCW are encouraged to stay home if they are ill with respiratory symptoms.
  - Send all HCW home if they report with temp or respiratory symptoms.
- Be aware of recommended work restrictions and monitoring based on staff exposure to COVID-19 patients.
- Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor.

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Return to Work Criteria for HCW with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when HCW may return to work in healthcare settings

- *Non-test-based strategy*. Exclude from work until
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 7 days have passed *since symptoms first appeared*

- *Test-based strategy.* Exclude from work until
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)
    - [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).
- If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

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#9 Food and Supplies

- Wash fresh foods as recommended, heating food will reduce risk for possible virus transmission on food
- Separate food from to go containers discarding and putting in your clean
- **Wash dishes and utensils using gloves and hot water:** Handle any non-disposable used food service items with gloves and wash with hot water or in a dishwasher.
- Clean hands after handling used food service items.

Food and Supplies

- Outside shipping boxes should have a staging area.
- Remember to disinfect outer boxes wearing gloves when transferring into the residents home or facility.
- Perform HH
- Surface reminder for COVID transmission
  - Cardboard 24 hours
  - Plastic > 72 hours
  - Stainless Steel 48 hours

Infection Risk During Transitions

- Increase risk of transmission of COVID with transport
- Residents and patients should wear a facemask and transport team

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Inter-Facility Infection Control Transfer Form

Inter-facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer.

Please attach copies of latest culture reports with susceptibilities if available.

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number

Name/Address of Sending Facility	Sending Unit	Sending Facility Phone

Sending Facility Contacts	Contact Name	Phone	E-mail
Transferring RN/Unit			
Transferring physician			
Case Manager/Admin/SW			
Infection Preventionist			

Does the person* currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other potentially transmissible infectious organism?	Colonization or history (*Check if YES*)	Active infection on Treatment (*Check if YES*)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	☐ Yes	☐ Yes
Vancomycin-resistant *Enterococcus* (VRE)	☐ Yes	☐ Yes
Clostridioides difficile	☐ Yes	☐ Yes
Acinetobacter, multidrug-resistant	☐ Yes	☐ Yes
Enterobacteriaceae (e.g., *E. coli, Klebsiella, Proteus*) producing-Extended Spectrum Beta-Lactamase (ESBL)	☐ Yes	☐ Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	☐ Yes	☐ Yes
Pseudomonas aeruginosa, multidrug-resistant	☐ Yes	☐ Yes
Candida auris	☐ Yes	☐ Yes
Other, specify (e.g., lice, scabies, norovirus, influenza):	☐ Yes	☐ Yes

Does the person* currently have any of the following? (Check here ☐ if none apply)

- ☐ Cough or requires suctioning
- ☐ Diarrhea
- ☐ Vomiting
- ☐ Incontinent of urine or stool
- ☐ Open wounds or wounds requiring dressing change
- ☐ Drainage (source):
- ☐ Central line/PICC (Approx. date inserted)
- ☐ Hemodialysis catheter
- ☐ Urinary catheter (Approx. date inserted)
- ☐ Suprapubic catheter
- ☐ Percutaneous gastrostomy tube
- ☐ Tracheostomy

Inter-facility Infection Control Transfer Form

Is the person* currently in Transmission-Based Precautions? ☐ NO ☐ YES

Type of Precautions (check all that apply) ☐ Contact ☐ Droplet ☐ Airborne

☐ Other:

Reason for Precautions:

Is the person* currently on antibiotics? ☐ NO ☐ YES (current use)

Antibiotic, dose, route, freq.	Treatment for:	Start date	Anticipated stop date	Date/time last dose

Vaccine	Date administered (If known)	Lot and Brand (If known)	Year administered (If exact date not known)	Does the person* self-report receiving vaccine?
Influenza (seasonal)				☐ Yes ☐ No
Pneumococcal (PPSV23)				☐ Yes ☐ No
Pneumococcal (PCV13)				☐ Yes ☐ No
Other:				☐ Yes ☐ No

*Refers to patient or resident depending on transferring facility

Required PPE

☐  ☐  ☐ 

Name of staff completing form (print):

Signature:

If information communicated prior to transfer:

Name of individual at receiving facility:

Phone of individual at receiving facility:

Believe that infection prevention is everyone's responsibility

Basic Infection Control Practices will keep residents and HCW safe during COVID 19

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Contact Information

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Infection Preventionist

Infectious Disease Epidemiology

Epidemiology Resource Center

Indiana State Department of Health

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Any Questions?