Long-term Care
NEWSLETTER

LTC Newsletter 2023-03
Feb. 2, 2023

LTC Update:

- **Indiana's World TB Day – Registration Open**
- **Guidance for Immediate/Emergency Discharge of Residents from Long-Term Care Facilities**
- **Invasive Group A Streptococcal (iGAS) Infections**

Indiana's World TB Day – Registration Open

Join the Indiana Department of Health for an educational forum on tuberculosis (TB) during Indiana's World TB Day Celebration from 8 a.m. to 3 p.m. EST March 23, at Ivy Tech Conference Center, 2820 N. Meridian St., Indianapolis. Healthcare professionals and partners will come together from across the state to share successes and raise awareness of challenges in the fight to eliminate tuberculosis.

Visit intbsummit.com for more information, including the agenda and to register.

Guidance for Immediate/Emergency Discharge of Residents from Long-Term Care Facilities

The Indiana Department of Health (IDOH) holds facilities responsible for the protection of the health and safety of long-term-care residents. Each facility makes the determination of when a resident poses a threat to the health and safety of the individuals in their facility.

The rules and regulations below enable a facility to take immediate action when residents are violent, persistent in unlawful or dangerous behavior, or have repeated occurrences of violating

facility policies. The facility must give the discharge notice as soon as possible and does not have to wait for an appeal process before discharging the resident.

The facility should be able to show justified reasons for the immediate/emergency discharge of residents. When the emergency discharge is being considered, the facility should ask:

- Is this an isolated incident?
- Is it potentially illegal activity that risks harm to residents and/or staff and has law enforcement been contacted?
- Have interventions been consistently implemented and failed?
- Has the resident been clearly informed of the violation of facility policy and of the immediate discharge unless the behavior changes?

Documentation:

- Is there documentation demonstrating the need for immediate discharge?
- Is there documentation of the incidents leading to the emergency discharge?
- Is there documentation of how this incident is threatening the health and safety of residents and staff?
- Is there documentation of the interventions used and whether effective, or not?
- Is there documentation to verify all reasonable attempts were made to identify placement for the resident?

Examples of behaviors warranting emergency discharge:

- A resident found with a weapon and refused to give it up for safe storage
- A resident using a weapon on a resident or staff
- An ongoing physical, verbal or threatening assault on residents or staff when consistent use of interventions has been ineffective
- Illegal drug use in the facility and/or selling illegal drugs to other residents or staff without agreement for treatment
- Repeated violation of smoking in the resident's room or in non-smoking areas

Residential Rules pertaining to Emergency Discharge
410 IAC 16.2-5(r)
(4) Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:
(C) the safety of individuals in the facility is endangered;
(D) the health of individuals in the facility would otherwise be endangered; Documentation:
(5) When the facility proposes to transfer or discharge a resident under any of the circumstances specified in subdivision (4)(A),(4)(B),(4)(C),(4)(D), or (4)(E), the resident's clinical records must be

documented. The documentation must be made by the following:
(B) Any physician when transfer or discharge is necessary under subdivision (4)(D).

Nursing Homes Regulations and Rules pertaining to Emergency Discharge
Federal F622
§483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless—
(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
(D) The health of individuals in the facility would otherwise be endangered
(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.
§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident’s medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident’s medical record must include:
(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by—
(A) The resident’s physician when transfer or discharge is necessary under paragraph (c)
(1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.

410 IAC 16.2-3.1-3
(v) A resident has the right to the following: (1) Reside and receive services in the facility with reasonable accommodations of the individual's needs and preferences, except when the health or safety of the individual or other residents would be endangered

410 IAC 16.2-3.1-12(a)
(4) Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:
(C) the safety of individuals in the facility is endangered
(D) the health of individuals in the facility would otherwise be endangered
(8) Notice may be made as soon as practicable before transfer or discharge when:
(A) the safety of individuals in the facility would be endangered
(B) the health of individuals in the facility would be endangered
(15) If an intrafacility transfer is required, the resident must be given notice at least two (2) days before relocation, except when:

(A) the safety of individuals in the facility would be endangered
(B) the health of individuals in the facility would be endangered

Please keep this guidance and refer to it during possible emergency discharges.

Invasive Group A Streptococcal (iGAS) Infections

Background:
Streptococcus pyogenes, also known as group A *Streptococcus* (GAS), is a gram-positive coccus pathogen that causes many types of infections such as strep throat/scarlet fever, impetigo, skin infections, wound infections, soft tissue infections, and more serious invasive infections. Invasive Group A streptococcal infections include bloodstream infections, necrotizing fasciitis, and streptococcal toxic shock syndrome. Invasive infections are associated with high morbidity and mortality especially in elderly and in long-term care facility (LTCF) residents.

Increasing invasive infections:
The CDC released a Health Alert Notification on Dec. 22, 2022, about a possible increase in iGAS infections among children at a hospital in Colorado. Potential increases in pediatric iGAS cases in other states were subsequently noted. This increased number of pediatric iGAS cases in some jurisdictions has occurred in the setting of increased circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and other respiratory viruses.

Only invasive GAS infections are reportable in Indiana. Based on preliminary data, there was an increased number of reports for all age groups in 2022.

Transmission and implications in LTCF:
Streptococcus is transmitted via respiratory droplets and direct contact with secretions from wound infections. GAS is a well-documented cause of outbreaks in long-term care facilities (LTCFs) and is often associated with gaps in infection control practices and may result in significant morbidity and mortality for residents. Outbreaks may be prolonged, with cases occurring over several months. For this reason, even one case of invasive GAS in LTCF warrants further investigation. The occurrence of two or more GAS cases within four months typically triggers an outbreak investigation and response.

Infection prevention:
Strong adherence to proper infection control is required to prevent and contain GAS infections. These measures include proper hand hygiene, transmission-based precautions, proper wound care practices, close monitoring of residents and staff for early signs and symptoms of GAS infections (invasive and non-invasive), proper isolation, testing and treatment of symptomatic residents and staff, screening and decolonization (if deemed necessary) and close collaboration with public

health. Public health authorities should be notified of any iGAS cases or suspected outbreaks in long-term care facilities.

Individuals with streptococcal respiratory infections should be in droplet and standard precautions until at least 24 hours after initiation of effective therapy. Those with wound infections should be placed in contact isolation along with droplet and standard precautions until at least 24 hours after initiation of effective therapy and until the drainage stops or can be contained by dressing.

Healthcare workers may return to work if fever free and have been on appropriate therapy for at least 24 hours and are able to cover any infected wounds.

Other measures to improve outcomes:
LTC personnel should evaluate residents for GAS infection if any suggestive signs or symptoms: New fever, early signs of wound infection, increasing or changing drainage, sore throat, a red, warm, or swollen area of skin that spreads quickly, and severe pain, including pain beyond the area of the skin that is red, warm or swollen. Offer prompt vaccination against influenza and varicella to all eligible persons who are not up to date.

Resources and requirements:
Indiana Department of Health has created a GAS toolkit. Contact your district infection preventionist if you need further details on infection prevention. Per the Indiana Communicable Disease Rule, providers, hospitals, and laboratories are required to report cases of invasive group A Streptococcus. Reports should be submitted to the Indiana Department of Health via the NEDSS Base System (NBS) or by faxing a communicable disease report form to 317-234-2812.