



Admission of Residents with Communicable Disease

Infection Control - Administrative Policy

Policy Statement

Admission to this facility depends upon our ability to provide appropriate medical and nursing care. This includes situations where a resident has a known communicable disease or infection.

Policy Interpretation and Implementation

1. Prior to or upon admission, the Infection Preventionist, or designee, will assess the following infection risks for each admission:
 - a. *M. tuberculosis* (TB) infection, by purified protein derivative (PPD) test or recent chest x-ray;
 - b. Immunization status, by history;
 - c. During the period of October 1 through March 31, current status of influenza immunization, by history;
 - d. Evidence of continuing active infection or clinically significant colonization by multidrug-resistant organism by history and review of hospital discharge summaries;
 - e. Clinical evidence of a current infection; and
 - f. Evidence of pediculosis or scabies, by direct observation.
2. The Infection Preventionist or designee will request an Infection Control Transfer Form from the sending facility prior to the resident's transfer. This form should provide information on the resident's infection status, isolation precautions, signs and symptoms of infection(s), antibiotic usage, and immunization status.
3. The Infection Preventionist or designee will maintain a log of residents with current evidence of infection or colonization due to multidrug-resistant organisms, including methicillin-resistant *staphylococcus aureus*, vancomycin-resistant *enterococci* and *Clostridium difficile* (MRSA/VRE/*C. difficile*). When considering room assignments the log will be checked to prevent placing a resident with MDRO infection or colonization with a resident at risk of infection.
4. A resident who is transferred to an acute care facility with infection due to a multidrug-resistant organism should be reviewed prior to return for details of the status of any such infection and clarification of any possible infection control risks that the situation presents.
5. A resident admitted with colonization or infection due to a multidrug-resistant organism may be placed in a private room, or cohorted with another resident of the same sex who is colonized with a similar organism. A colonized resident also may be cohorted or placed with a non-colonized resident who is not immunocompromised, if no other bed is available.

6. Our facility will not deny admission to someone just because they have infection with the human immunodeficiency virus (HIV), or are HIV antibody positive.
7. Placement of individuals with other potentially infectious conditions such as herpes zoster or scabies will be made based on appropriate clinical evaluation by the Attending Physician and/or Medical Director of the status of the infection and risk for its dissemination.
8. The facility will not admit individuals with active tuberculosis or acid-fast bacillus (AFB) positive sputum until they have been treated elsewhere for long enough to no longer be considered contagious.
9. Persons found upon admission evaluation to have a positive PPD reaction or a suspicious chest X-ray will be evaluated promptly to determine whether they might have active TB, in which case they will either not be admitted, will be moved to a section of the facility where appropriate isolation can occur (if available), or will be discharged promptly to a facility where they can be isolated or treated appropriately for active TB.
10. Admissions requiring infection control restrictions will be placed on appropriate Isolation Precautions based on this facility's policies governing Isolation Precautions.

References	
References	CDC/HICPAC Guidelines for Isolation Precautions at http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html and CDC MRSA information at http://www.cdc.gov/mrsa/index.html
Related Documents	Multidrug-Resistant Organisms Tuberculosis, Screening Residents for Vaccination of Residents
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