POLICY

High Peaks Hospice (HPH) will track infections in patients and staff, as part of the effort to protect patients, families, visitors, and HPH staff including contracted staff from transmission of infections and communicable disease. HPH will report communicable diseases as required by the New York State Department of Health.

PROCEDURE

1. HPH clinical staff will report suspected or identified patient infections to the patient’s Registered Nurse (RN) Case Manager who will investigate and take appropriate actions, including but not limited to patient/family education of infection control and prevention measures based on transmission mode of the disease.

   A. The RN Case Manager will document findings and actions in the patient’s clinical record and on an infection control surveillance report.

   B. The completed infection report will be given to the Patient Care Coordinator (PCC) for review.

   C. The PCC or designee will keep all infection reports in a log book, and report to the Quality Assessment (QA) Coordinator who will prepare a quarterly report for the QAPI Committee for analysis.

   D. Any unusual trends will be reported to the PCC for review to determine what action is needed. The Medical Director or designee will be notified as well as the Executive Director.

2. Staff members with infections will notify their supervisor. The supervisor needs to inquire of staff members calling in sick if there is an infectious process keeping them from work.

   A. The PCC or supervisor will complete an infection control surveillance form for the staff member and refer them to their medical provider as indicated.
B. Infection reports will also be maintained and reported as above.

3. The PCC is responsible for ensuring that any reportable communicable disease will be reported to the New York State local Department of Health for the county where the patient resides, using the form “Confidential Case Report” (DOH-389) and following the instructions contained therein.

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