

Health Care Associated Infections/ Antimicrobial Resistance (HCAI/AMR)		
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Policy Document

Provisional Guidance relating to Inter-facility Transfer of Patients Colonised or Infected with Antimicrobial Resistant Organisms (AMRO) Including Carbapenemase Producing *Enterobacteriaceae* (CPE).

Document Type	Policy	Document developed by	HSE HCAI/AMR Clinical Programme
Approval Date	30 January 2018	Document author	HCAI/AMR Team
Document reference number		Document approved by	Prof. Martin Cormican MCRN 011105
Revision number		Responsibility for implementation	All HSE funded acute hospitals
Revision Date	12 months	Responsibility for review and audit	Prof. Martin Cormican MCRN 011105
Draft or Final document	Draft		

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Issued by the HSE Health Care Associated Infection and Antimicrobial Resistance Response Team. January 2018

Scope of Guidance

This document was prepared in response to questions from healthcare managers and workers. It is intended to support practice of hospital and long-term care facility managers, patient flow managers and infection prevention and control practitioners.

Statement of Principle

Each patient colonised with an AMRO is entitled to receive the best care that the healthcare service can reasonably provide to them and in a location that in so far as possible is reasonable in relation to sustaining their connection with their sense of place and community. It is unethical to deny patients access to any healthcare facility or to make them accept unreasonable delays in access to a health care facility unless there is a compelling public health justification for doing so.

Background

Antimicrobial resistance is a major challenge to healthcare delivery systems in Ireland and throughout the world. Control of antimicrobial resistance is grounded in reducing the spread of infection and disease and optimising the use of antibiotics in human and animal health (Strategic Objectives 3 and 4 in Ireland’s National Action Plan on Antimicrobial Resistance 2017-2020). Transfer of patients between healthcare facilities is an important pathway for the introduction of new antimicrobial resistant organisms into a health care facility. It is essential to have appropriate plans in place to manage this risk. The most fundamental element of managing that risk is the consistent application of standard precautions with all patients all the time. Standard precautions are the foundation stone because there is no system that will consistently identify all patients colonised or infected with AMRO and some colonised/infected patients will not have known risk factors.

Additional elements of management of the risk of introducing AMRO into a healthcare facility may include screening for AMRO (including CPE) and the use of additional IPC precautions (e.g. contact precautions, single room isolation) in relation to transfer patients who are known to have or who are likely to have colonisation or infection with AMRO. Measures to

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manage the risk of dissemination associated with AMRO must be balanced with the imperative of delivering appropriate care to patients in a timely manner and in a location that takes reasonable account of their need to belong to a community and to have access to family and friends. This document provided guidance on to balancing these issues.

Definition of Terms

The Sending Facility (SF) - this term will be used in relation to the hospital or residential facility that the patient is leaving.

The Receiving Facility (RF) - this term will be used in relation to the hospital or residential facility that the patient is going to.

Managing Transfer of Patients

1. Communication

Any transfer of patients between facilities should be preceded by clear communication. The communication should be initiated by the SF and should include all relevant infection prevention and control information including any known colonisation/infection with AMRO, any known concern regarding contact with AMRO and any aspects of the patient's condition (physical or behavioural) that are like to be relevant to managing IPC related risks.

In the case of transfers of patients with specific identified AMRO related risks (infected/colonised/contact) between acute hospitals a nurse manager in the SF (usually the ward manager) should contact the relevant nurse manager in the RF in advance of transfer

In addition to pre-transfer communication all relevant details should also be included in the written communication from both medical and nursing teams that accompanies the patient.

Communication should use appropriate channels that protect the patients' privacy.

If the medical or nursing staff of the SF become aware of any new important information related to the IPC status of a patient after the patient has transferred the doctor or nurse receiving the information is responsible for ensuring that the information is communicated to the relevant medical or nursing staff in the RF at latest on the next working day and immediately if the situation requires.

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If the medical or nursing staff in the RF identify significant omissions in relation to IPC related information provided in respect of a patient transferred, they should inform senior clinical staff in the SF.

2. Timing of Transfer

Urgent Transfers

Concerns regarding known or suspected colonisation or infection with contact transmitted AMRO including CPE may not be allowed to delay urgent transfers that are essential to patient care. Even if facilities in the RF are not optimal the patient should be transferred promptly and the RF should implement all practical measures to mitigate risk within the constraints that apply.

Non-urgent Transfers

Inter-facility transfers should not be delayed pending the performance of AMRO screening or receipt of AMRO screening results. Where screening is required the RF should accept the patient, apply appropriate IPC precautions and perform such screening as is required after receipt of the patient.

In the context of concerns regarding known colonisation/infection with AMRO including CPE some delay in non-urgent transfer may be reasonable in order to facilitate access to better facilities (e.g. a single room or bed in a cohort are likely to become available) and or planning and implementation of measures to mitigate risk in sub-optimal facilities.

This delay should not normally exceed two working days.

Any delays in patient transfer related to AMRO including CPE should be disclosed to the patient and if appropriate with family or carers in accordance with HSE policies on open disclosure.

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