

RECOMMENDED PRACTICES TO INTERRUPT TRANSMISSION OF INFECTIOUS AGENTS IN LONG-TERM CARE FACILITIES

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OBJECTIVES

- ▶ Review CDC Guidance Documents
- ▶ Review Standard and Transmission-based Precautions
- ▶ Discuss Precautions specific to SARS-CoV-2 (COVID-19)
- ▶ Discuss Management of Multi-drug Resistant Organisms (MDROs)
 - ▶ Discuss Enhanced Barrier Precautions



GUIDANCE DOCUMENTS - LONG-TERM CARE FACILITIES

- ▶ 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
- ▶ Management of Multi-drug resistant organisms (2006)
- ▶ Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- ▶ Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)
- ▶ Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

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KEY CONCEPTS

- ▶ Risk of transmission of infectious agents occurs in all settings
- ▶ Infections are transmitted from patient-to-patient via HCPs hands or medical equipment/devices
- ▶ Unidentified patients who are colonized or infected may represent risk to other patients
- ▶ Isolation precautions are only part of a comprehensive IP program



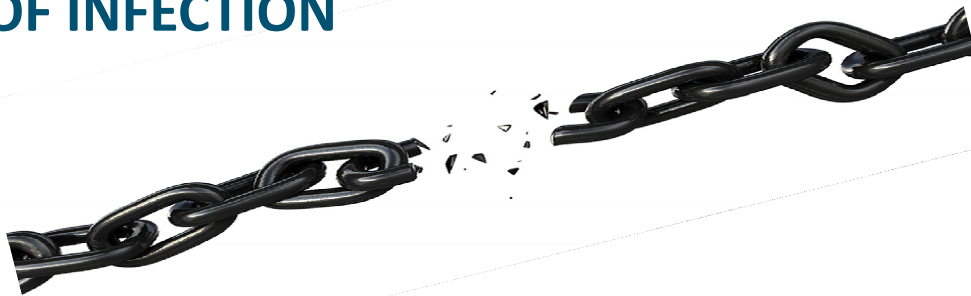
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FUNDAMENTAL ELEMENTS -

- ▶ Administrative support
- ▶ **Adequate Infection Prevention staffing**
- ▶ Good communication with clinical microbiology lab and environmental services
- ▶ A comprehensive educational program for HCPs, patients, and visitors
- ▶ **Infrastructure support** for surveillance, outbreak tracking, and data management

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CONTROLLING TRANSMISSION OF INFECTION



If there is a means of transmission, infection will spread to others.

Standard Precautions
Transmission-Based Precautions

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2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD;
Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory
Committee

Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh
for his many contributions and valued guidance in the preparation of this guideline.

Suggested citation: Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection
Control Practices Advisory Committee. 2007 Guideline for Isolation Precautions: Preventing
Transmission of Infectious Agents in Healthcare Settings
<http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

► ***Implementation of
Standard Precautions
constitutes the primary
strategy for the
prevention of
healthcare-associated
transmission of
infectious agents
among patients and
healthcare personnel***



HAND HYGIENE

- After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.



- ***When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a nonantimicrobial soap and water or an antimicrobial soap and water***



Hand Washing



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ALCOHOL BASED HAND RUB



- Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
- ***Unless hands are visibly soiled, an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations.***

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Hand Rubbing



HAND HYGIENE PROGRAM




ADDITIONAL ELEMENTS

CDC GUIDELINE FOR HAND HYGIENE IN HEALTHCARE SETTING

- ▶ Involve staff in evaluation and selection of hand hygiene products
- ▶ Provide employees with hand lotions/creams compatible with soap and/or ABHRs
- ▶ Do not wear artificial nails when providing direct clinical care
- ▶ Provide hand hygiene education to staff
- ▶ Monitor staff adherence to recommended HH practices



STANDARD PRECAUTIONS

Component	Recommendation
Personal Protective Equipment (PPE)	
Gloves 	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin
Gown 	During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated
Mask, eye protection 	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation



USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- ▶ Perform and maintain an inventory of PPE – monitor daily PPE use (PPE burn rate calculator)
- ▶ Make necessary PPE available where resident care is provided
- ▶ Position trash can near the exit inside the room for disposal
- ▶ Implement strategies to optimize current PPE supply – even before shortages occur



USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Three overriding principals related to personal protective equipment (PPE)
 - Wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur
 - Prevent contamination of clothing and skin during the process of removing PPE
 - **Before leaving the resident's room, remove and discard PPE ??**



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UNIVERSAL SOURCE CONTROL (*NOT PPE*)

- ▶ Residents/family members wear their own well-fitting form of source control upon arrival and through out their stay
- ▶ Residents may remove while in their rooms but wear when around others or leaving their room
- ▶ Healthcare personnel should **ALWAYS** wear well-fitting source control while they are in the facility, including breakrooms or other spaces where they might encounter co-workers

DO choose masks that



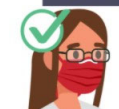
Have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



Fit snugly against the sides of your face and don't have gaps



Have a nose wire to prevent air from leaking out of the top of the mask

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

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How NOT to wear a mask



Around your neck



On your forehead



Under your nose



Only on your nose



On your chin



Dangling from one ear



On your arm

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

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UNIVERSAL USE OF PERSONAL PROTECTIVE EQUIPMENT

Understanding the Difference



HCP working in facilities in communities with substantial to high transmission:

- ▶ N95 used for aerosol generating procedures (AGP)
- ▶ Source control
 - ▶ N95
 - ▶ A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; use of a mask fitter; tying the facemask's ear loops and tucking in the side pleats; fastening the facemask's ear loops behind the wearer's head^{external icon}; use of a cloth mask over the facemask to help it conform to the wearer's face)
- ▶ Eye protection

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RESPIRATORS

- ▶ Healthcare providers who are in close contact with an LTCF resident with suspected or confirmed SARS-CoV-2 infection must use a NIOSH-approved N95 FFR or equivalent or higher-level respirator (29 CFR 1910.134)
 - ▶ This guidance is designed specifically for nursing homes, assisted living facilities and other LTCF (group homes with nursing care)
- ▶ Whenever respirators are required, employers must implement a written, worksite-specific respiratory protection program (RPP), including medical evaluation, fit testing, training, and other elements, as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134).



<https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf>

<https://www.osha.gov/sites/default/files/respiratory-protection-covid19-compliance.pdf>

SAFE WORK PRACTICES (PPE USE)

- ✓ Keep hands away from face
- ✓ Work from clean to dirty
- ✓ Limit surfaces touched
- ✓ Change when torn or heavily contaminated
- ✓ Perform hand hygiene



Component	Recommendation
Soiled equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene
Environmental Control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas
Laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment
Needles and sharps	Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container
Patient Resuscitation	Use mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions

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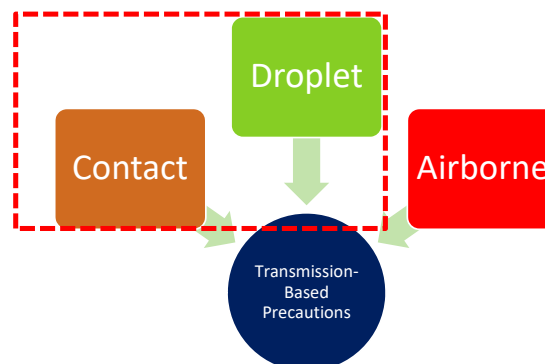
Component	Recommendation
Patient placement	Prioritize for <u>single-patient room</u> if patient is at <i>increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.</i>
Respiratory hygiene/cough etiquette (source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter)	Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, >3 feet if possible.

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Component	Recommendation
Safe Injection Practices	<p>Apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems</p> <ul style="list-style-type: none"> • Use aseptic technique • Needles, cannulae and syringes are sterile, single-use items • Use single-dose vials for parenteral medications whenever possible • Do not administer medications from single-dose vials or ampules to multiple patients • Do not keep multidose vials in the immediate patient treatment area • Do not use bags or bottles of IV solution as a common source of supply for multiple patients
Special Lumbar Procedures	Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space

TRANSMISSION BASED PRECAUTIONS

Transmission-Based Precautions are for patients who are known or suspected to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, and are used when the route(s) of transmission are not completely interrupted using Standard Precautions alone.





CONTACT PRECAUTIONS



Visitors must report to Nursing Station before entering.



Perform hand hygiene before entering and before leaving room.



Wear gloves when entering room or cubicle, and when touching patient's intact skin, surfaces, or articles in close proximity



Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces.



Use patient-dedicated or single-use disposable shared equipment or clean and disinfect shared equipment (BP cuff, thermometers) between patients.

PRECAUCIONES DE CONTACTO

Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. Lávese las manos. Póngase guantes al entrar al cuarto.

Private room or Cohort

Gown and gloves prior to entry

Hand hygiene

Dedicate equipment

Disinfect shared equipment

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CONTACT PRECAUTIONS



Visitors must report to Nursing Station before entering.

SPECIAL ENTERIC



Perform hand hygiene **before** entering room AND wash hands with **soap and water** before leaving room.
Lávese las manos con agua y jabón.



Wear gloves when entering room or cubicle, and whenever touching the patient's intact skin, surfaces, or articles in close proximity.



Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces.



Use patient-dedicated or single-use disposable shared equipment or clean and disinfect shared equipment (BP cuff, thermometers) between patients.

PRECAUCIONES DE CONTACTO

Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. Lávese las manos. Póngase guantes al entrar al cuarto.

C. difficile
and
Norovirus

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CONDITIONS OR DISEASES POTENTIALLY REQUIRING CONTACT PRECAUTIONS

Disease/Condition	Duration of Isolation
Antibiotic Resistant Bacteria – MRSA, VRE, ESBL-E.coli, etc.	Until symptoms resolve
Clostridium difficile (C. diff)	24-48 hours after symptoms resolve
Norovirus	48 hours after symptoms resolve
Scabies and Lice	24 hours after treatment started
Viral Conjunctivitis (pink eye)	Until symptoms resolve



CDC added use of
eye protection if
flu

Surgical mask prior to
entry

No special ventilation

Private room or Cohort

Hand hygiene

Residents use mask
outside of room



DROPLET PRECAUTIONS



Visitors must report to Nursing Station before entering.



Perform hand hygiene before entering
and before leaving room



Wear mask when entering room
Visitors and health care workers



Dietary may not enter
No debe entrar el dietista

PRECAUCIONES DE GOTAS DIMINUTAS

*Los visitantes deben presentarse primero al puesto de
enfermería antes de entrar. Lávese las manos. Póngase
mascara al entrar al cuarto. No debe entrar el dietista.*

<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>

CONDITIONS OR DISEASES REQUIRING DROPLET PRECAUTIONS

Disease/Condition	Duration of Isolation
Seasonal Influenza	Review the CDC seasonal guidance: for 2020-2021 Droplet Precautions should be implemented for residents with suspected or confirmed influenza <u>for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a health care facility.</u>
Pandemic influenza	Droplet precautions for 5 days from onset of symptoms
Meningococcal Diseases: meningitis, pneumonia	For 24 hours after treatment has started
MRSA pneumonia	For duration of illness (also use Contact Precautions)
Strep Throat	For 24 hours after treatment has started
Rhinovirus (cold)	For duration of illness



Private room only

Room requires Negative airflow pressure

Doors must remain closed

Everyone must wear an N-95 respirator

Limit the movement and transport of the Resident

Hand hygiene before and after

AIRBORNE INFECTION ISOLATION PRECAUTIONS

Visitors must report to Nursing Station before entering.



Perform hand hygiene before entering and before leaving room



Wear N95 respirator when entering room
Visitors see nurse for instruction on proper use.



Keep door closed



Dietary may not enter
No debe entrar el dietista

PRECAUCIONES AMBIENTALES

Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. Lávese las manos. Póngase máscara N95 con filtro al entrar al cuarto. Mantenga la puerta cerrada. No debe entrar el dietista.

TUBERCULOSIS

Facility does not have a dedicated negative pressure room:

- ▶ Transfer resident to a facility capable of managing and evaluating resident
- ▶ Be sure policy is included in your plan

Facility does have negative pressure room:

- ▶ Follow Airborne Precautions

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CHICKENPOX AND SHINGLES

Disease/Condition	Type and Duration of Isolation
Chickenpox (varicella)	Airborne and Contact until lesions are dry and crusted
Shingles (Herpes zoster. Varicella zoster)	
Localize in patient with intact immune system with lesions that can be contained/covered	Standard Precautions
Disseminated disease in any patient	Airborne and Contact precautions for duration of illness
Localized disease in immunocompromised patient until disseminated infection ruled out	Airborne and Contact precautions for duration of illness

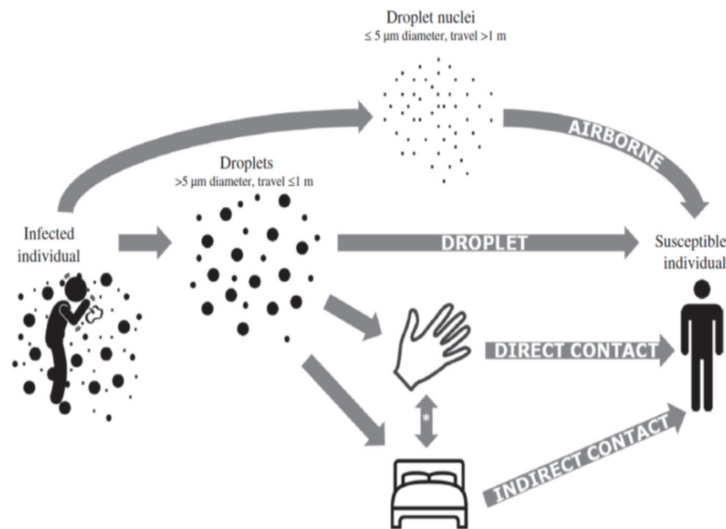
Non-immune healthcare personnel should not care for residents with Chickenpox or Shingles

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TRANSMISSION-BASED PRECAUTIONS

- Combinations of precautions may be necessary based on the pathogen:

- Contact plus Droplet
- Contact plus Airborne



* Transmission routes involving a combination of hand & surface = indirect contact.

1Proceianoy RS, et al. J Pediatr (Rio J) 2002;11 April; 2 Almendros A, et al. Vet Rec 2020;4; 3Chin AWH, et al David Weber: Associate Chief Medical Officer, UNC Hospitals; Medical Director, Hospital Epidemiology: COVID-19 (SARS Co-V-2) Update



WHEN TO DISCONTINUE TBP PRECAUTIONS

- Resume Standard Precautions once high-risk exposures or active symptoms have discontinued
- Refer to Appendix A in the 2007 Isolation Guidelines

Type and Duration of Precautions Recommended for Selected Infections and Conditions¹

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Appendix A Updates [September 2018]

Changes: Updates and clarifications made to the table in Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.



DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS: COVID-19 IN HEALTHCARE SETTINGS (INTERIM GUIDANCE)

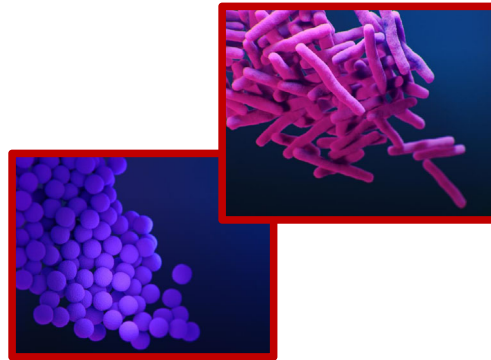
- ▶ A test-based strategy is no longer recommended
- ▶ Symptom-Based Strategy (*mild – moderate illness- not severely immunocompromised*):
 - ▶ At least 10 days have passed since symptoms first appeared AND
 - ▶ At least 24 hours since last fever (off fever-reducing medications AND
 - ▶ Symptoms have improved
- ▶ Symptom-Based Strategy (*severe – critical illness- severely immunocompromised*):
 - ▶ Same as above but time extended to 10-20 days
- ▶ Asymptomatic:
 - ▶ At least 10 days have passed since the date of their first positive test



Slide Acknowledgment:-Ashley Jackson, SPICE

MULTIDRUG RESISTANT ORGANISMS

- ▶ MDRO- Organisms that develop resistance to one or more classes of antibiotics. This may result in typical antibiotic regimens not working or becoming less effective.
- ▶ Cause infections and/or colonization
- ▶ Infections caused by MDROs are:
 - ▶ More difficult to treat
 - ▶ Require more toxic antibiotics to treat
 - ▶ Often have poor patient outcomes
 - ▶ Are easily transmitted in healthcare settings



RISK FACTORS FOR DEVELOPING A MDRO

- ▶ Duration of hospitalization
- ▶ High rates of transfer in and between hospitals
- ▶ Local institution risk factors
- ▶ **Long term care facilities**
- ▶ Intensive care units
- ▶ High rate of device utilization
- ▶ Colonization
- ▶ Prior antibiotic use

"Age, comorbid illnesses, invasive medical devices, frequent antibiotic exposure, and dependence on healthcare workers, in the setting of communal living, all serve to increase the risk of becoming colonized or infected with healthcare-acquired bacterial pathogens."
(Dumyati, et. Al., 2017)

MULTIDRUG RESISTANT ORGANISMS

► Cause infections

- More difficult to treat
- Require more toxic antibiotics to treat
- Often have poor patient outcomes
- Are easily transmitted in healthcare settings

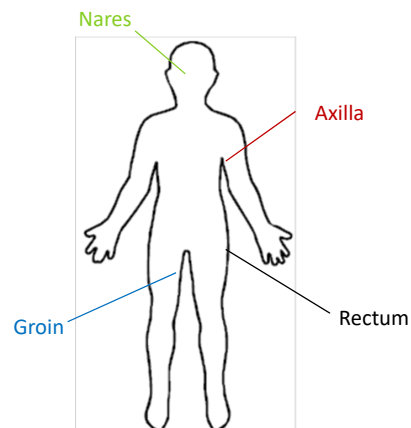
► Colonization

- Colonization means organisms live on or in the body without having an active infection.
- CDC notes up to 50% of nursing home residents are colonized with MDROs.
- MDRO colonization can increase the individual's risk for developing an infection.
- ** MDRO-colonized residents serve as a source of transmission to others ***



COLONIZATION VS INFECTION

- MDRO colonization can persist for long periods of time (e.g., months) and result in silent transmission.
- Common colonization sites for MDROs include:
 - Nares
 - Axilla
 - Groin
 - Rectum



Slide Acknowledgment:-Ashley Jackson, SPICE



MDROS SPREAD IN HEALTHCARE SETTINGS

- ▶ Resident to resident transmission via healthcare provider's hands
- ▶ Environmental/equipment contamination



X marks the location where VRE was isolated in the room

Image from Abstract: The risk of hand and glove contamination after contact with a VRE + patient environment. Hayden M, ICAAC, 2001, Chicago, IL.



KEY MDRO PREVENTION STRATEGIES

- ▶ Assessing hand hygiene practices
- ▶ Quickly reporting MDRO lab results
- ▶ Implementing Contact Precautions
- ▶ Recognizing previously colonized residents
- ▶ Strategically place residents based on MDRO risk factors
- ▶ Careful device utilization
- ▶ Antibiotic stewardship
- ▶ Inter-facility communication



PRECAUTIONS IN LTCF

CDC SAYS...

V.A.5.c.ii.1 "For relatively healthy residents (e.g., mainly independent) follow Standard Precautions making sure that gloves and gowns are used for contact with uncontrolled secretions, pressure ulcers, draining wound, stool incontinence, and ostomy tubes/bags."

V.A.5.c.ii.2. For ill residents (e.g., those totally dependent upon healthcare personnel for healthcare and activities of daily living...) and for those residents whose infected secretions or drainage cannot be contained, use Contact Precautions, in addition to Standard Precautions."

V.A.5.c.iii. For MDRO colonized or infected patients without draining wounds, diarrhea, or uncontrolled secretions, establish ranges of permitted ambulation, socialization, and use of common areas based on their risk to other patients and on the ability of the colonized or infected patients to observe proper hand hygiene and other recommended precautions to contain secretions and excretions.

HICPAC, Management of MDROs in healthcare settings, 2006



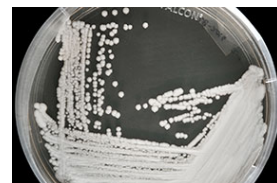
CONTACT PRECAUTIONS IN LTCF

WHAT WE KNOW

- ▶ Contact precautions creates challenges for nursing homes trying to balance the use of PPE and room restriction with residents' quality of life
- ▶ Contact precautions implemented only when residents are infected with an MDRO
- ▶ MDRO colonization can persist for long periods of time (e.g., months) and result in silent transmission
- ▶ Organisms that are pan-resistant or have novel mechanisms of resistance are emerging



*Colonization VS
Infection?*



SPICE RECOMMENDATIONS

RESIDENT CHARACTERISTICS

Component	Recommendation
Personal Protective Equipment (PPE)	
Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin
Gown	During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated
Mask, eye protection	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation

► Five C's

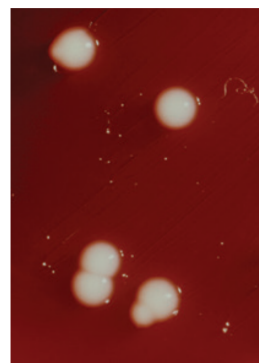
- Cognitive function (understands directions)
- Cooperative (willing and able to follow directions)
- Continent (of urine or stool)
- Contained (secretions, excretions, or wounds)
- Cleanliness (capacity for personal hygiene)

Kellar M. APIC Infection Connection. Fall 2010 ed.



WHAT ABOUT CARBAPENEM-RESISTANT ENTEROBACTERIALES (CRE)?

- In lower-acuity post-acute care settings (e.g., non-ventilator units of skilled nursing facilities, rehabilitation facilities), the use of Contact Precautions is more challenging and should be guided by the potential risk that residents will serve as a source for additional transmission based on their functional and clinical status and the type of care activity that is being performed.



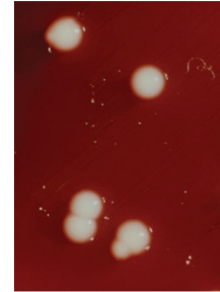
*Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE):
November 2015 Update-CRE Toolkit; CDC*



WHAT ABOUT CARBAPENEM-RESISTANT *ENTEROBACTERIALES* (CRE)?

► Examples of when gowns and/or gloves might be used include the following:

- Bathing residents
- Assisting residents with toileting
- Changing residents' briefs
- Changing a wound dressing
- Manipulating patient devices (e.g., urinary catheter)



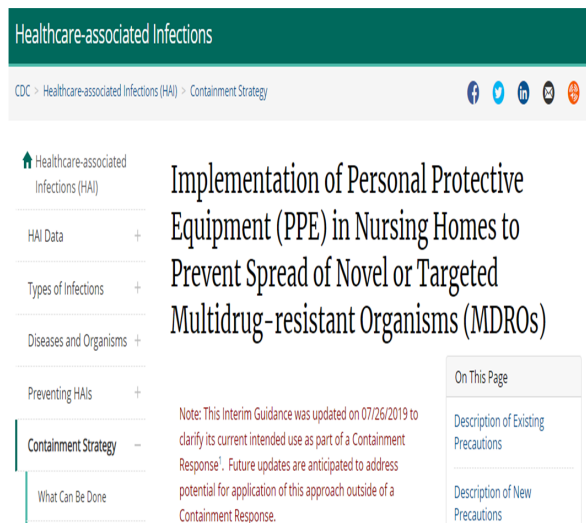
*Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE):
November 2015 Update-CRE Toolkit; CDC*



Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

- “Focusing only on residents with active infection fails to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months), and result in the silent spread of MDROs”.
- “With the need for an effective response to the detection of serious antibiotic resistance threats, there is growing evidence that current implementation of Contact precautions in nursing homes is not adequate for prevention of MDRO transmission”.





spice.unc.edu/ltcwebinars

► What this guidance DOES NOT do:

- Does not replace existing guidance regarding use of contact precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus)
- Does not provide guidance for acute care or long-term acute care (LTACs)

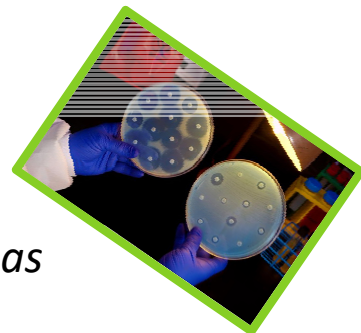
► What this guidance DOES do:

- Does provide guidance for PPE use and room restriction in nursing homes for preventing transmission of novel or targeted MDROs, including as part of a public health containment response

NOVEL OR TARGETED MDROS ARE DEFINED AS:

JULY 2019

- Pan-resistant organisms:
 - Resistant to all current antibacterial agents
Acinetobacter, *Klebsiella pneumonia*, *pseudomonas aeruginosa*
- Carbapenemase-producing Enterobacteriaceae
- Carbapenemase-producing *Pseudomonas* spp.
- Carbapenemase-producing *Acinetobacter baumannii* and
- *Candida auris*



ENHANCED BARRIER PRECAUTIONS

- ▶ Applies to **ALL** residents with **ANY of the following**:
 - ▶ Wounds and/or indwelling medical devices (e.g., central lines, urinary catheter, feeding tube, tracheostomy/ventilator) **REGARDLESS** of MDRO colonization status (*when a novel or targeted MDRO has been identified on the unit*)
 - ▶ Infection **OR** colonization with a novel or targeted MDRO when Contact Precautions do not apply
 - ▶ Facilities may consider applying EBP to residents infected or colonized with other epidemiologically-important MDROs based on facility policy (MRSA, VRE for example)
- ▶ Gown and gloves prior to the high contact care activity (cannot reuse gown and change between residents)
- ▶ No room restriction



ENHANCED BARRIER PRECAUTIONS



- ▶ Examples of high-contact resident care activities requiring gown and glove use:
 - ▶ Dressing
 - ▶ Bathing/showering
 - ▶ Transferring
 - ▶ Providing hygiene (focused on am and pm care)
 - ▶ Changing linens
 - ▶ Changing briefs or assisting with toileting
 - ▶ Device care or use; central line, urinary catheter, feeding tube, tracheostomy/ventilator
 - ▶ Wound care: any skin opening requiring a dressing



IMPLEMENTATION QUESTIONS

- ▶ How long should EBP be maintained on units with AR colonized or at-risk residents?
 - ▶ EBP was intended to be a long-term strategy for gown/glove use during care of residents to be followed for the duration of a resident's stay in a facility given the prolonged, potentially life-long risk of remaining colonized with certain AR pathogens
 - ▶ A transition back to Standard Precautions might be appropriate for residents placed in EBP solely because of the presence of a wound or indwelling medical device if/when those exposures are gone
- ▶ Should nursing homes apply EBP for MDROs like MRSA, VRE or ESBL?
 - ▶ The decision to use EBP for these organisms should be based on the prevalence of the MDRO in the facility/region. CDC will be working with HICPAC and nursing home partners to understand the application of EBP outside of AR Containment

AR Containment webinar series: Implementation of PPE in Nursing Homes to Prevent Spread of Novel or Targeted MDROs
Nimalie D. Stone, MD, MS; September 3rd, 2019



CONTACT PRECAUTIONS

- ▶ Contact Precautions:
 - ▶ All residents with an MDRO when there is acute diarrhea, draining wounds or other sites of secretions/excretions that cannot be contained or covered
 - ▶ On units or in facilities where ongoing transmission is documented or suspected
 - ▶ *C. difficile* infection
 - ▶ Norovirus
 - ▶ Shingles when resident is immunocompromised, and vesicles cannot be covered
 - ▶ Other conditions as noted in Appendix A- Type and Duration of Precautions Recommended For Selected Infections and Conditions
- ▶ Gown and gloves upon ANY room entry
- ▶ Room restriction except for medically necessary care



RESIDENT PLACEMENT

COHORTING

- ▶ When single patient rooms are available assign priority for these rooms to individuals with known or suspected MDRO colonization or infection
- ▶ When not available, cohort patients with the same MDRO in the same room
- ▶ When cohorting (patients with the same MDRO) is not possible, place MDRO patients in rooms with ones who are at low risk for acquisition of MDROs and associated adverse outcomes from infection and are likely to have short length of stay

CDC: Management of MDROs in Healthcare Settings, 2006



PLACEMENT OF RESIDENTS BASED ON RISK FACTORS

- ▶ Avoid placing 2 high-risk residents together
- ▶ Safer to cohort low-risk and high-risk residents
- ▶ Don't change stable room assignments based on culture results unless it poses new risk
 - ▶ Long-term Roommates have already shared organisms in the past (even if you just learned about it)



SUMMARY

- ▶ Standard precautions are the primary strategy to interrupt transmission of infectious agents in healthcare facilities
 - ▶ HH,PPE, Respiratory Hygiene, Cleaning of Equipment and Environment
- ▶ Transmission-based precautions may also need to be implemented based on the type of infection and how it is transmitted
 - ▶ Contact, Droplet, Airborne and a combination of these
- ▶ CDC Guidance specific to multi-drug resistant organisms
 - ▶ 2006-Management of MDROs
 - ▶ Enhanced Barrier Precautions
- ▶ CDC Guidance available for emerging pathogens:
 - ▶ SARS-CoV-2

