

Antibiotic Resistant Organisms (ARO's) in Long Term Care (LTC) and Assisted Living (AL): Infection Control Management

e.g., Methicillin Resistant Staphylococcus aureus (MRSA), Vancomycin Resistant Enterococcus (VRE), Carbapenemase Producing Organism (CPO)

Site Applicability

PHC Long-Term Care and Assisted Living Sites/Units

Practice Level

RN/RPN, LPN, RCA, Allied Health,
Infection Prevention and Control Practitioners,
Physicians and Nurse Practitioners,
Site Leaders and Resident Care Managers

Standards

Consistent use of [Routine Practices](#) prevents the spread of infectious organisms.

A Long Term Care (LTC) or Assisted Living (AL) facility is considered a resident's home. The need for infection control will be balanced with promoting an optimal, healthy lifestyle for the resident, particularly in view of the fact that colonization with ARO's may persist indefinitely.

Admission is NOT to be denied or delayed by a LTC or AL on the basis of colonization or infection with an ARO such as [MRSA, VRE or CPO](#).

Routine screening for ARO's is not recommended for residents or staff in LTC/AL.

The best way for staff to protect residents is through hand hygiene and thorough cleaning and disinfection of shared equipment and surfaces.

Description of the Disease

Refer to [disease-specific related guidelines](#) for description of MRSA, VRE and CPO.

Assessment and Interventions

- Use [Routine Practices](#) and the [Point of Care Risk Assessment](#) (PCRA) for all residents including those with ARO colonization or infection of any body site or system when wound drainage and body fluids (e.g., sputum, feces, urine, blood, etc.) are contained.
- [Additional Precautions](#) is the identification system that will be used for residents with specific infectious diseases in LTC and AL. Refer to the [Organisms and Disease Manual](#) for specific precautions. Additional Precautions may be needed for residents with AROs when wound drainage and body fluids cannot be contained.
- All resident care activities will be carried out consistent with the principles of Routine Practices.
- The attending physician(s) will determine treatment of infection.

Resident Placement

- Any room is appropriate unless the resident requires **Additional Precautions**.
- When a resident has been assessed as requiring Additional Precautions:
 - Additional Precautions must be communicated to all persons entering the room or bed space (e.g., precaution signage, and isolation status in Cerner).
 - Room door may remain open unless an aerosol-generating medical procedure (AGMP) is in progress.
 - If room-sharing (while on Additional Precautions):
 - Maintain a minimum separation based on the type of precautions (e.g., 2 meters for droplet precautions.)
 - Provide a dedicated bathroom or commode for each resident.
 - For Droplet Precautions, close privacy curtains between residents.

Signage

- Is neither recommended nor required unless resident has been assessed as requiring **Additional Precautions**.
- If Additional Precaution is required, appropriate precautions signage should be posted outside resident room to ensure that infection control measures are followed.
- Order the appropriate precaution(s) in Cerner and confirm that the Additional Precaution(s) appears in the banner bar

Hand Hygiene

- Hand hygiene before and after resident care and after encountering a resident's environment is essential.
- Soap and water is used for hand hygiene when hands are visibly soiled.
- An alcohol-based waterless hand sanitizer may be used to clean hands if not visibly soiled.

- Hands do not need to be washed routinely after casual contact (e.g., therapeutic touch).

Resident Hand Hygiene

- All residents' hands are to be cleaned before all communal or group activities such as going to the dining room or participating in crafts, artwork, outings, etc.
- All residents who are capable of washing their own hands will be taught, encouraged and reminded to wash their hands before leaving their rooms for common areas, after using the toilet, and before eating or preparing food.
- Staff will assist residents who are not able to clean their own hands.

Resident Activities

- Residents with an ARO may attend all activities with clean hands, clean clothes and contained drainage/body fluids.
- Residents are not restricted in activities or interaction with other residents. They are not confined to their rooms and may use common living areas, recreational, socializing areas and dining facilities. Open wounds or lesions will be covered by a dressing. Efforts to contain body substances with leak proof garments and dressings will be made.

Visitors

- All visitors will be taught, encouraged and reminded to wash their hands.
- All visitors shall be instructed on how to put on and remove any required personal protective equipment (PPE) when visiting with a resident requiring Additional Precautions.

Meals

- Routine hygiene including hand hygiene is sufficient.
- All residents will wash their hands before meals.
- Gloves are not required.
- Regular dishes and cutlery will be used; disposable dishes and utensils are not required.
- All meal trays are handled the same.

Personal Protective Equipment: Gloves, Gowns, Eye Protection, Masks and N95 Respirators

- Follow Routine Practices.
- Refer to [Point of Care Risk Assessment](#) document to help aid selection of PPE if indicated.
- Refer to the [PPE guideline](#) for indications of use and details of donning and careful removal/disposal of PPE.

Handling Resident Care Items and Equipment

- Refer to [Equipment Cleaning and Disinfection guidelines](#)
- Use disposable care equipment when possible.
- If reusable equipment cannot be dedicated to a single resident, clean and disinfect it between residents.
- When shared items that cannot be cleaned and disinfected between uses (e.g. books and puzzles), hand hygiene before use is required.

Extra equipment

- Unnecessary equipment and supplies will not be brought into the room. Necessary equipment (e.g. wheelchair cushions or commodes) will be dedicated for individual resident's use whenever possible.

Slings

- Will be dedicated to the specific resident whenever possible or they will be cleaned between residents. If it is impossible to dedicate the slings, then a barrier such as a sheet or incontinence pad will be placed between the resident and the sling to prevent soiling of the sling.

Toilet Facilities

- Standard hygiene and housekeeping practices are sufficient. Any resident with uncontrolled incontinence and/or poor hygiene may require dedicated toilet facilities.
- **If the washroom is used by both a resident with CPO and a roommate:**
 - Environmental Services (EVS) should do a second daily cleaning of 'high touch' areas of the sink and toilet handles, lids on both sides, and light switches in the washroom.
 - Toilet brush should be disposable.
 - Toilet seat should be wiped on both sides using hospital approved disinfectants between each use.

Tub-baths

- Clean and disinfect shared tubs and showers immediately after resident use. Daily cleaning should be completed by Environmental Services (EVS), or as per facilities procedures.

Linen/Laundry

- Linen including gowns will be put in the hamper in the usual manner.
- Double bag laundry only if leaking.

Garbage

- All garbage will be put in the usual garbage bags (green/black/clear).
- Double bag garbage only if leaking.

Cleaning of Room

- Consistent cleaning and decluttering assists in reducing the potential for environmental transmission of microorganisms.
- Keep horizontal surfaces such as bedside tables decluttered.
- Horizontal surfaces and bed-rails need cleaning daily or more frequently if the resident has uncontrolled incontinence.
- High touch areas (e.g. light switches, bedside tables and door handles) should be cleaned daily.
- Commode, toilet and bathroom interiors require daily cleaning for all residents.
- Standard discharge cleaning is sufficient and will include changing all curtains. All reusable equipment is to be cleaned according to established standards and all disposable items will be discarded and not returned to common stock.

Transfers, Discharges

- Before residents leave home, assist them with performing hand hygiene, putting on clean clothing and ensuring dressings and incontinence products are able to contain any drainage.
- Whenever a resident known to have an ARO is leaving the home because of a transfer, appointment or admission to another facility, the receiving facility or area will be notified of the resident's ARO status/results by the unit staff. If needed, notify the Infection Control Practitioner to facilitate the transfer.
- Screening, if required, is the responsibility of the receiving facility and admission to the receiving facility will not be delayed while awaiting the results of screening culture swabs.

Education and Resources

- [HealthLinkBC Vancomycin-Resistant Enterococci \(VRE\)](#)
- [HealthLinkBC Methicillin-Resistant *Staphylococcus aureus* \(MRSA\)](#)
- [HealthlinkBC Carbapenemase-producing Organisms \(CPO\)](#)

Documentation

- Document interventions as appropriate.
- Ensure appropriate order is in Cerner for residents requiring Additional Precautions.

Related Documents

Disease-Specific Guidelines:

- [B-00-07-13066](#) - Carbapenemase Producing Organisms (CPO)
- [B-00-07-13015](#) - Methicillin Resistant Staphylococcus aureus (MRSA)
- [B-00-07-13016](#) - Vancomycin Resistant Enterococci (VRE)

Routine Practices and Additional Precautions:

- [B-00-07-13029](#) - Contact Precautions - Infection Control
- [B-00-11-10191](#) - Hand Hygiene
- [B-00-07-13035](#) - Low Level Cleaning and Disinfection
- [B-00-07-13088](#) - Personal Protective Equipment (PPE) - Infection Control
- [B-00-07-13081](#) - Point of Care Risk Assessment - IPAC Best Practice Guideline
- [B-00-07-13045](#) - Routine Practices - Infection Control

References

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Centers for Disease Control. (2022). *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*. Retrieved from

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Public Health Agency of Canada. (2017). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*. Retrieved from

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