Managing Residents with Targeted Multidrug-Resistant Organisms (MDROs) in Licensed Family Homes

Guidance for Public Health

This guide provides general infection prevention information for licensed family homes. Family homes may use this guidance to create or update policies specific to their facility based on their individual risk assessment and following local public health guidance and nationally recognized guidelines and standards.

The resources and information in this document are not regulatory in nature except when required by a regulatory agency such as Washington State Department of Labor & Industries (L&I), Washington State Department of Social and Health Services (DSHS), DOH-Health Systems Quality Assurance (HSQA), and Centers for Medicaid and Medicare Services (CMS). When creating policy and procedures, healthcare settings should ensure they meet regulatory requirements.

Background

Candida auris (*C. auris)* and carbapenemase-producing organisms (CPO) are highly antimicrobial-resistant germs that are targeted by public health for investigation and response to prevent transmission. These germs can cause serious infections, especially in people with health problems, such as open wounds or medical tubes (like a catheter, feeding tube, or breathing tube). *C. auris* and CPOs can spread through close contact between patients and long-term care residents, on caregivers' hands and clothing, and on contaminated surfaces and objects. For more detailed information about these germs, see:

- Candida auris FAQ
- Candida Auris Fact Sheet (PDF)
- Carbapenem-Resistant Acinetobacter baumannii (CRAB) Fact Sheet (PDF)
- Carbapenem Resistant Enterobacterales (CRE) Fact Sheet (PDF)
- Carbapenem-Resistant Pseudomonas aeruginosa (CRPA) (PDF)

Key points for local public health staff when talking to patients, their contacts, and facilities

- C. auris and CPO infections mostly occur in patients and residents who have indwelling medical devices or chronic wounds.
- Indwelling medical devices, like central venous catheters, urinary catheters, tracheostomies and endotracheal tubes, and wounds can be pathways for C. auris, and other germs, to invade the body.
- Patients and residents can become colonized with C. auris and CPOs when receiving care where other patients or residents with these germs have received care if infection prevention measures, such as environmental cleaning and disinfection, proper use of personal protective equipment (PPE), and hand hygiene are insufficient.
- C. auris and CPOs can contaminate patient and resident rooms, shared medical equipment, surfaces, and caregivers' hands and clothing, and spread to the next patient or resident who occupies the room, uses the equipment, or receives care.
- C. auris and CPOs may be able to colonize people in the community who are in close contact with colonized or infected people, for example, those who live with or have other intimate contact with them.
- Healthy people are not usually tested for C. auris and CPOs, so we do not know how often they become colonized from community contact, how long colonization lasts, or how frequently the germs spread from them to others.
- Healthy people are at a low risk of acquiring or developing an infection due to C. auris. However, this information may change as we learn more about these germs.
- CPOs can colonize healthy people. The most common site of infection is the urinary tract. The most dangerous CPO infections occur in those with risk factors such as indwelling devices, chronic wounds, or a weak immune system.

The Washington State Department of Health encourages local public health jurisdictions to take these actions when learning in advance that a *C. auris*- or CPO-colonized resident will be admitted to a licensed family home:

- Contact the provider of the family home to educate them about the organism and its risks.
- If LHJ capacity exists, offer to perform an onsite infection prevention assessment of the home and review caregiver infection control practices.
- Recommend that all persons providing direct care (e.g., bedside staff, volunteers, therapists, and contractors) complete infection prevention and control training as soon as possible, including consistent use of Standard Precautions, when and how to use PPE, hand hygiene, and environmental cleaning.
    - Provide resources for infection control training, such as:
        - Onsite competency-based training provided by public health
        - Project Firstline
        - CDC/CMS Infection Prevention Training for Long-Term Care (LTC)
- Evaluate underlying conditions, indwelling medical devices, and care needs of the colonized resident and others in the home to assess the risk of transmission.
- Provide consultation on the colonized resident's placement, ideally in a private room with a private bathroom.
    - If a private room and bathroom are not possible, the colonized resident should share a room or bathroom with someone without indwelling medical devices, wounds, high care needs, or a weak immune system.
- Recommend that staff use Standard Precautions when caring for residents who are independent with their activities of daily living and do not have any uncontrolled secretions.

- Recommend use of gown and gloves during high contact care for residents with C. auris or CPO colonization in addition to Standard Precautions. Examples of high-contact care activities include, but are not limited to:
    - Dressing, bathing and showering
    - Transferring (with body contact)
    - Providing hygiene, like shaving or brushing teeth
    - Changing briefs/diapers or assisting with toileting
    - Caring for or using devices such as central line, urinary catheter, feeding tube, tracheostomy or ventilator
    - Caring for wounds (any skin opening requiring a dressing)
- Reinforce situations when residents should be restricted to their room—when stool or body secretions cannot be contained—and for other communicable diseases for which isolation is recommended.
- Recommend that the resident has clean hands, clothes, and equipment, wounds are covered, and drainage is contained before they leave their room.
- Recommend that caregivers perform daily cleaning and disinfection of shared bathrooms and any shared spaces used by the colonized resident.
- Recommend use of a disinfectant that is effective against the germ for all hard, non-porous surfaces touched or used by the colonized resident, such as durable medical equipment, bathroom fixtures, and shared furniture.
    - Furniture upholstered in fabric cannot be adequately cleaned. Recommend preference for impermeable vinyl upholstery or other similar material that can be cleaned and disinfected. If cleanable upholstery is not available, suggest covering fabric upholstered furniture with sheets or other covering that can be washed and replaced each day with a clean cover.
- Recommend use of a gown and gloves when cleaning bathrooms used by colonized individuals and anytime there is a risk for splash and spray on clothing.
- Recommend staff use a disinfectant that is compatible with the surface being cleaned and use the correct contact time to ensure effectiveness.
    - Any healthcare-grade disinfectant is effective against CPOs.
- For C. auris, use a product from the following lists of effective disinfectants
    - EPA's Registered Antimicrobial Products Effective Against Candida auris [List P]
    - If unable to obtain a product from EPA's List P, use a product from EPA's List K: EPA's Registered Antimicrobial Products Effective Against Clostridium difficile Spores [List K] (also effective against C. auris)

- Recommend that staff wear a gown and gloves when changing bed linens and washing clothing of colonized residents. Wash linens with detergent using hot water and dry using the hottest settings.
- Advise the provider
    - To inform all the colonized resident's healthcare providers and others providing direct care outside of the home (e.g., doctors, hospitals, emergency departments, dialysis staff, or physical therapists) about their C. auris or CPO colonization using a standardized infection communication form.
    - To inform healthcare facilities receiving other residents from the home that the resident being transferred may have been exposed to C. auris or CPO.
        - The facility admitting the patient may opt to screen them for colonization.
        - For any questions about C. auris or CPO screening, instruct the facility to call their local public health department.
- Proactive or reactive screening may be considered. Screening decisions will depend on the home's layout, training of caregivers, results of audits of infection prevention and control practices, and care needs of the colonized resident and other residents in the home.

The Washington State Department of Health encourages local public health jurisdictions to take these actions when learning when learning after-the-fact that a *C. auris* or CPO colonized individual resides in an adult or pediatric family home

- Perform all the same actions as above, plus those below.
- Recommend screening for C. auris or CPO colonization for residents who shared a room or bathroom with the colonized resident, and any other residents in the home who have indwelling medical devices, wounds, or a weak immune system.
- If transmission is identified, consider screening other residents in the home.
- In general, public health does not recommend screening caregivers.

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