

Ask an IP

Learning and Communication Series

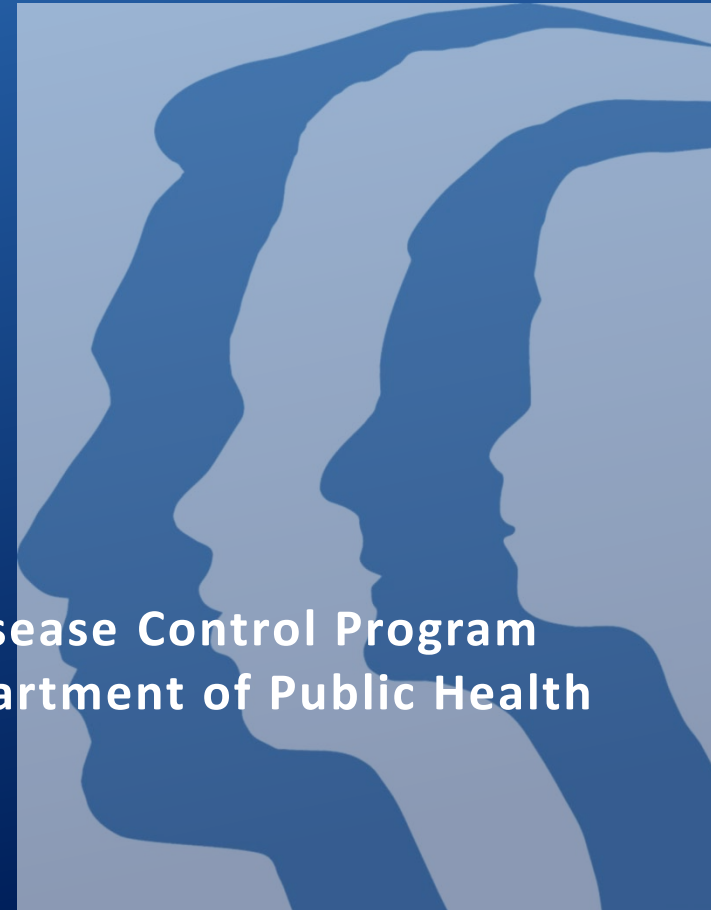
Week 10 – Multidrug Resistant Organisms (MDROs)

Wednesday, 5/11/22

OFFICE HOURS



Acute Communicable Disease Control Program
Los Angeles County Department of Public Health





Disclosures

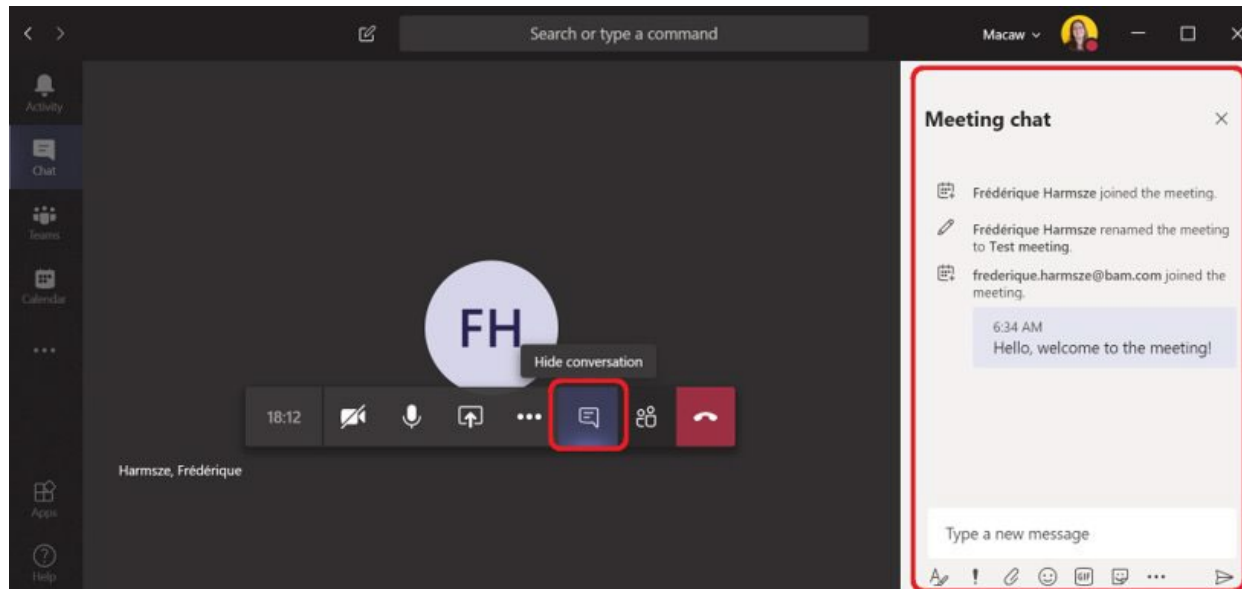
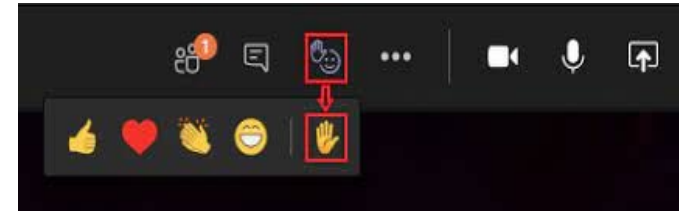
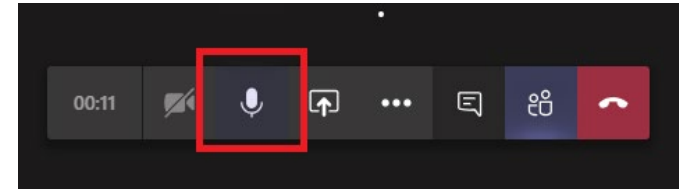
There is no commercial support for today's call

Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting

This call is meant for healthcare facilities and is off the record and reporters should log off now

Housekeeping

- How to Mute/Unmute (Ctrl+ Shift+ M):
 - Press the Mute button on your phone if dialing in
- How to Raise Hand:
- How to use Chat:





Reminder

The purpose of this Learning and Communication Series is to **review core infection prevention practices** (beyond COVID-19) that must be used in all care settings, and to **foster discussion** among LA County Skilled Nursing Facilities about infection control practices.

We would like to remind everyone that the LAC DPH SNF COVID-19 Guidance has been updated as of March 31, 2022. Please take time to review this updated information. We will not be reviewing COVID-19 guidelines (including CDPH AFLs) during these sessions.

Link to Guidelines:

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/>

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Slides: <http://publichealth.lacounty.gov/acd/infectionpreventionseries.htm>

Let's see if you learned something!



- What are MDROs?
- What are the common MDROs?
- What is the difference between infection vs colonization?
- How MDROs spread?
- How can we prevent MDROs?

What are MDROs?

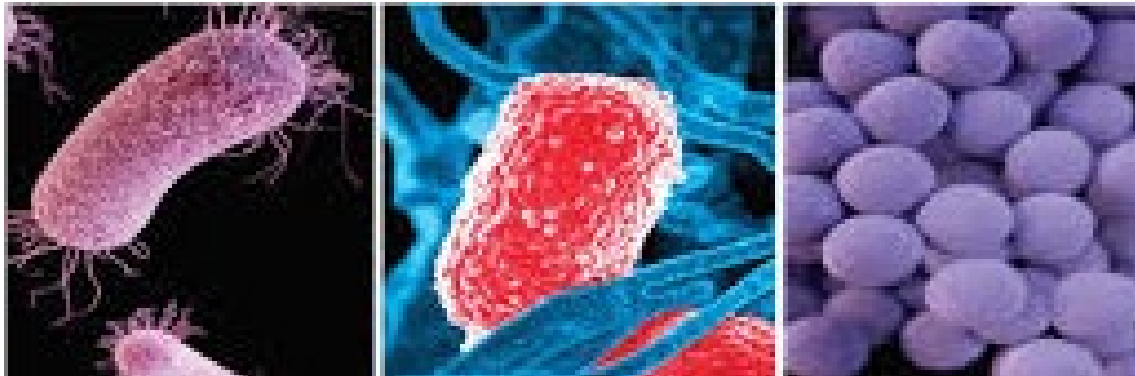


What are MDROs?

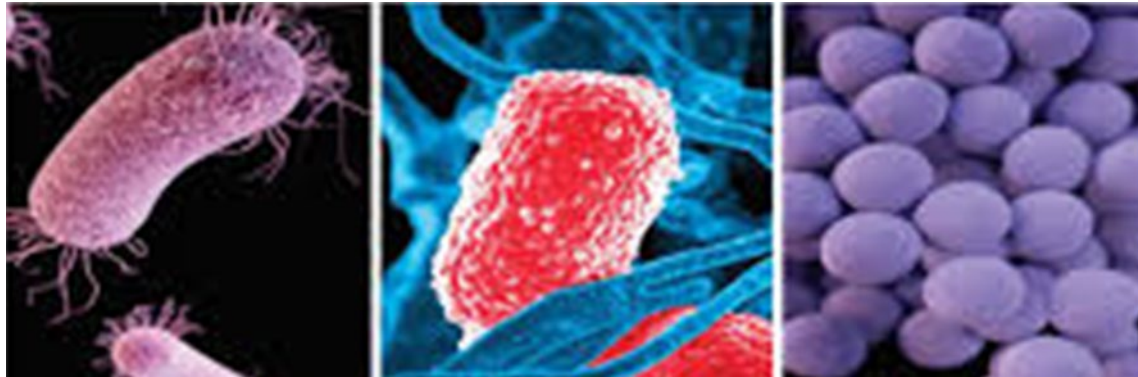


MDROs are defined as microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent like (MRSA and VRE), these pathogens are frequently resistant to most available antimicrobial agents.

What are the common MDRO's?



What are the common MDRO's?



- *Candida auris*
- Carbapenem-resistant Enterobacteriaceae or (CRE)
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- Vancomycin-resistant *Staphylococcus aureus* (VRSA)
- Vancomycin-resistant Enterococci (VRE)
- Methicillin-resistant *Staphylococcus aureus* (MRSA)

What is the difference between infection vs colonization?



What is the difference between infection vs colonization?



- **Colonization** is when microorganisms live on us without causing disease.
 - Coagulase negative staph, *Staph aureus*, *Candida*, etc.
 - May or may not be eradicable.
 - Ex. Skin swab grows *Candida auris*.
- **Contamination** is when colonizing bacteria show-up in cultures, but are not causing disease.
 - Does not require treatment.
 - Can be confused for infection & causes over-treatment.
 - Ex. *Candida* in urine culture.
- **Infection** is when microbes invade otherwise sterile sites and cause inflammation.
 - Only infections should be treated with antimicrobials.
 - Ex. Central line infection with *Candida auris*, UTI

How do MDROs spread?



How do MDROs spread?



- From person to person by the hands of the healthcare personnel.
- On objects or high touched surfaces such as bed rails, medication cart handles, bedside tables, IV tubes and catheters.
- From person to person through direct contact.
- Some people with MDRO in their body may not show any signs or symptoms of infection (called “colonized”) but can still spread it to others.

How can MDROs be prevented?



How can MDROs be prevented?



- Perform Standard and Transmission Based Precautions
- Hand Hygiene
- Don/doff PPE at the right moments
- Enhanced Standard Precautions (ESP)
- Contact Precautions
- Environment and Equipment Cleaning and Disinfection
- Education and Training of all healthcare personnel
- Conduct Surveillance
- Administrative Measures
- Implement an Antibiotic Stewardship Program
- Cohorting



What will you do?

Scenario 1:

A resident positive with CRE on enhanced standard precautions who is alert and ambulatory. He wants to join the group activity in the dining room. Can he leave his room?

What will you do?

- Yes. Residents are not restricted to their rooms and do not require placement in a private room, because Enhanced Standard Precautions do not impose the same activity and room placement restrictions as Contact Precautions. They are intended to be a longer-term approach to managing individuals colonized with targeted pathogens.
- [ESPGuidanceDoc](#) on page 6

<p>ENHANCED STANDARD</p> <p>Focus: Unidentified MDRO in residents with high-risk characteristics</p>	<ul style="list-style-type: none"> • Some SNF residents have high-risk characteristics for MDRO colonization and transmission whether or not MDRO status is known (Table 1, Appendix A) • Expanded use of gloves and gowns in SNFs based on resident risk, likelihood of MDRO colonization, and transmission during specific care activities with greatest risk for MDRO contamination of HCP hands, clothes and the environment • Meets need to provide a safe, clean, comfortable and <u>homelike</u> environment • High-risk residents who can be maintained in hygienic condition may leave room to participate in activities 	<p><i>Hygiene in room when activity is complete</i></p> <ul style="list-style-type: none"> • Resident assessment for MDRO colonization and transmission risk performed upon admission and when change in condition (Table 1, Appendix A) • Perform hand hygiene and don PPE within room, before beginning activity <ul style="list-style-type: none"> ○ Gloves to protect hands ○ Gown to protect body, clothes ○ Mask/goggles/shield to protect face, eyes • Remove, discard PPE, and perform hand hygiene in room when activity complete
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What will you do?

Scenario 2:

Resident on dialysis and was sent out to the hospital for surgery but came back positive of *C.auris*. What precautions will you tell the dialysis center to follow during dialysis?



What will you do?

- Inform the dialysis center to implement using Contact Precautions. All dialysis centers should have the capacity to care for any resident that needs to be on Contact Precautions.
- You're welcome to share the dialysis FAQ with the dialysis center, if needed.

http://publichealth.lacounty.gov/acd/docs/LAC_C.aurisFAQDialysisCenters.pdf



What will you do?

Scenario 3:

A resident who is positive for *C.auris* was discharged to the hospital and came back positive for VRE. Can you cohort this patient with a resident who is only positive for *C.auris*?



What will you do?

- LACDPH will no longer be recommending that MRSA and VRE require contact precautions nor isolation given their endemicity in the community.
- Each facility must decide whether this is in accordance with their own internal policies and procedures.
- LACDPH considers it acceptable for MRSA- and/or VRE-positive residents to be cohorted with MRSA- and/or VRE-negative/unknown residents given that each bed is treated as a separate room.
- Reinforce and ensure adherence to basic IC practices (i.e., HH, cleaning/disinfecting with a List P agent).

http://publichealth.lacounty.gov/acd/docs/LACDPH_TransferringGuidanceforMDROs.pdf



What will you do?

Scenario 4:

A resident positive for *C.auris* was admitted to your facility and the resident's daughter asked you if her Mom needs to use disposable plates and utensils because of C.auris? Would you inform dietary department to use disposable plates and utensils for that resident?



What will you do?

- *C. auris*-positive residents do not require any special considerations for food trays. It is important to follow your Infection Control and Dietary Policies and Procedures to determine when to use disposable plates.
- In general, when you're in doubt for what IC considerations to take for *C. auris*, you can follow the same policies you would for *C. difficile* (noting that alcohol-based hand rub (ABHR) is effective for *C. auris*, and that a disinfectant effective against *C. auris* must be used).

http://publichealth.lacounty.gov/acd/docs/LACDPH_C.auris_FAQsforHCFs.pdf

<https://www.cdc.gov/fungal/candida-auris/fact-sheets/cdc-message-infection-experts.html>



What will you do?

Scenario 5:

You just identified a sub acute resident positive for *C.auris* in the urine. This resident has been admitted for a few weeks and has been on enhanced standard precautions. No signs and symptoms of infection and has one roommate.



What will you do?

- Screen the roommate.
- See here for a screening decision tree:
https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Tier2_Pathogen_Screening_Decision_Tree_Oct_2020.pdf
- See here for a list of labs offering *C. auris* screening services, if yours is unable to:
http://publichealth.lacounty.gov/acd/docs/List_C.aurisLabs.pdf
- Determine if adherence to cleaning/disinfection protocols was high, and that an agent effective for *C. auris* (List P) <https://bit.ly/EPAListP> has been in use of the SAU.



Questions



Transforming Nursing Home Care Together Program

- Program developed to standardize and improve infection prevention across LA County by educating infection preventionists and other SNF staff on quality improvement and infection prevention.
- Starting July 5, 2022 and ending February 28, 2023, 3 units of 2 months each with 1 month breaks in between.
- During each unit: 1 hour of didactics per week, 1 small group per month, 1 optional office hours per week.

Goals of TNT

1. Provide comprehensive infection control education to SNF infection preventionists.
2. Standardize infection control practices across SNFs in Los Angeles County.
3. Provide a quality improvement structure and framework for SNFs.
4. Foster a culture of safety and accountability within SNFs.
5. Promote transparency in public reporting for SNFs through the use of NHSN.



What will SNFs receive if they successfully complete TNT?

1. \$16,000 for successfully completing the program.
2. Up to 3 individuals can receive continuing education units for all completed sessions.
3. Completion certificate and listing on LACDPH website for each SNF that successfully completes program.

