

Management of residents with CP-CRE or other resistant organisms

Supplemental Guidance for Long Term Care Settings

Standard Precautions – All Resident Care

Standard Precautions are used for all resident care. They are based on a risk assessment and use common-sense practices and personal protective equipment to protect healthcare providers from infection and prevent the spread of infection from resident to resident.

This includes:

- Performing hand hygiene according to [World Health Organization \(WHO\) 5 moments for hand hygiene](#);
- Using Personal Protective Equipment (PPE) whenever there is the potential for exposure to infectious material;
- Following respiratory hygiene/cough etiquette standards;
- Properly cleaning and disinfecting patient care equipment, devices, and instruments;
- Properly cleaning and disinfecting the patient environment (including laundry and textiles); and
- Following safe injection practices and ensuring healthcare worker safety.

Transmission-Based Precautions

Transmission-based precautions are the second tier of basic infection control and should be used to prevent infection transmission in addition to standard precautions for residents who may be infected or colonized with certain infectious agents.

Contact Precautions

Use contact precautions for residents with known or suspected infections that represent an increased risk for contact transmission according to the HICPAC Guidelines for Isolation Precautions (2007).

Contact precautions are as follows:

- In long-term and other residential settings, make room placement decisions balancing risks to other patients. Preferably, residents on contact precautions will be in a private room.
- Use personal protective equipment (PPE) appropriately when entering the room, including gloves and gown. Putting on PPE upon room entry and properly discarding before exiting the patient room will help contain pathogens.
- Consider limiting transport of residents outside of the room to medically-necessary purposes. When transport is necessary, cover or contain the infected or colonized areas of the resident's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting residents on contact precautions. Put on clean PPE upon arrival at the destination if patient care is needed.
- Use disposable or dedicated patient-care equipment (e.g. blood pressure cuffs). If use of shared equipment for multiple residents is unavoidable, clean and disinfect such equipment before use on another resident.

- Prioritize cleaning and disinfection of the rooms of residents on contact precautions (at least daily or prior to use by another resident), focusing on frequently-touched surfaces and equipment in the immediate vicinity of the resident.

Modified Contact Precautions

The Centers for Disease Control and Prevention (CDC) support modified contact precautions as outlined in the CDC CRE Toolkit for the management of Carbapenem-resistant Enterobacteriaceae (CRE) and Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE).

In long-term care settings, the use of contact precautions should be guided by the potential risk that residents will serve as a source of transmission, based on their clinical status and the type of care or activity that is being performed. Modifications to any form of transmission-based precautions should be reflected in the facility policies and procedures prior to being implemented into practice.

Modifications may include:

- Placing residents ideally in a private room. If a private room is not available, decisions on placement need to be balanced and reasons for decisions documented. Residents with the same carbapenemase or resistance mechanism may be cohorted (e.g. a KPC+ resident may be roomed with another KPC+ resident). If there is only one resident requiring management with no private room available, then the resident may room with a resident who is less dependent on healthcare personnel (i.e. has a lower risk for acquiring the resistant organism).
- Using gowns and gloves based on the type of care provided. This consists of using gowns and gloves when there is potential for exposure to body fluids or there is a risk of the healthcare provider contaminating their clothing. High risk activities include: bathing; toileting; changing residents' briefs or soiled bedding; changing a wound dressing; and manipulating devices (e.g., urinary catheter). Gowns and gloves might not be needed if there is minimal potential for cross-contamination such as delivering a meal tray or entering the room without touching the resident or their immediate environment.
- Not requiring residents to have restricted movement if their bodily fluids are controlled. These residents can participate in all therapies and activities without restriction. Management of patients with CRE and CP-CRE should not prevent participation in the therapeutic plan.
- Scheduling residents requiring use of equipment or certain therapies (e.g. physical therapy) for the last appointment of the day, when a terminal cleaning of the equipment can be done after the therapy is complete.
- Keeping the same cleaning and disinfection as outlined in non-modified contact precautions. Adhere to cleaning the patient environment and ensuring that high-touch surfaces are properly maintained is critical to reducing the spread of unusual resistance.
- **SPECIAL NOTE: Modified contact precautions are not recommended for the following: residents who are ventilator-dependent (even if not in a ventilator unit); are incontinent of stool that is difficult to contain; have draining secretions or draining wounds that cannot be controlled.**

For complete details on these precautions and guidance on droplet and airborne precautions, view the following resources: [HICPAC Guidelines for Isolation Precautions](#) and [CDC CRE Toolkit](#)