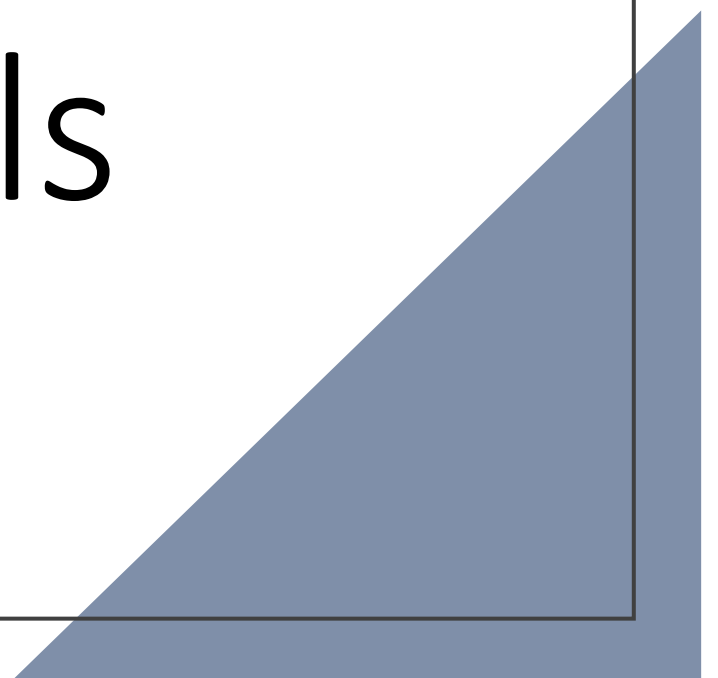


Multidrug Resistant Pathogens -- Prevention & Tools

Communication, Hand Hygiene, Enhanced Barrier
Precautions, and Environmental Services





Let's talk about
Communication

Life is Better with Effective Communication



To ensure safe patient or resident care, we need effective communication **at any and all transitions.**

Between:

- Facilities (interfacility)
- Units
- Staff
- Transport companies or EMS.

MDRO status is something we must communicate.

- Pending or confirmed status

Give what you wish to receive.

But Communication is often a Challenge

- Don't know when or what to communicate
- Don't know how to best communicate
- Don't know who to communicate with
- Don't have time to effectively communicate



What tools can help us in our challenge to communicate MDROs and Precautions needed?



Transfer Forms/Face sheets



Staff Meetings



EMR Notifications



Visible Precaution Signage



Asking the right questions prior to admission

MDRO Communication within our facilities:

Questions
your
Admissions
office
should be
asking for
each new
admit:

Contact precautions (CP) use
throughout the patient's entire ACH
admission.

Any, and all, culture reports

Antibiotics, current and past

Who is the contact connection? (IP to
IP if possible)

Between Facilities (Interfacility)

- **Interfacility Transfer Forms**

- Make information on MDROs and precaution needs a priority
- Consider adding a separate top sheet to the form with MDRO info
- Consider making that top sheet..

Eye catching...





Within your facility..

- EMRS
 - Work with your EMR provider to find a way to electronically flag the patient's chart.
- Face sheets
 - Consider making an Infection Control Face sheet that travels with the patient
- Consider making that sheet..
 - Eye catching...

SIGNAGE

For effective communication...

Signs should be:

- Visible
- Clear and informative
- Durable

What we often see...

- Signs at the top of a door; behind a caddy or covered by another sign
- Color coded with no information
- Paper copies





We Need You!

(All Facilities)

- To assess how you communicate an individual's MDRO status within your facility and with other facilities/providers
 - How is this done? Verbally? On Paper?
 - What is communicated?
 - Who is responsible for the communication?
 - How do you ensure the receiver and communicator of the information understands?
 - Who do you receive and transfer to the most?

Cleaning & Disinfecting

Including take-a-ways from recent facility visits



Project First Line Know Your Product

How to Read a Disinfectant Label

Read the entire label.

The label is the law!

Note: Below is an **example** of information that can be found on a disinfectant label

Active Ingredients:
What are the main disinfecting chemicals?

EPA Registration Number:
U.S. laws require that all disinfectants be registered with EPA.

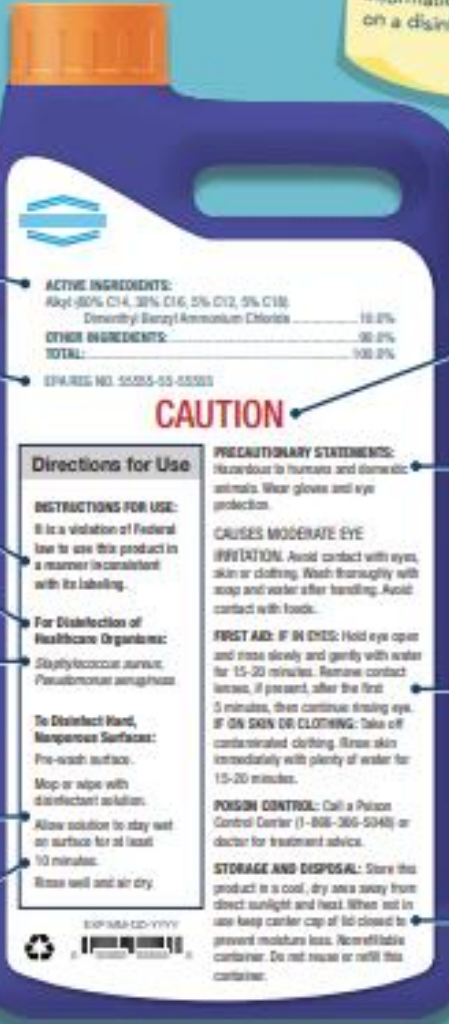
Directions for Use (Instructions for Use):
Where should the disinfectant be used?

What germs does the disinfectant kill?

What types of surfaces can the disinfectant be used on?

How do I properly use the disinfectant?

Contact Time:
How long does the surface have to stay wet with the disinfectant to kill germs?



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



WWW.CDC.GOV/PROJECTFIRSTLINE

Disinfectant Products Effective for *C. auris*

First choice:

- List P: Antimicrobial Products Registered with EPA for Claims Against *Candida auris*

- <https://www.epa.gov/pesticide-registration/list-p-antimicrobial-products-registered-epa-claims-against-candida-auris>

Second choice:

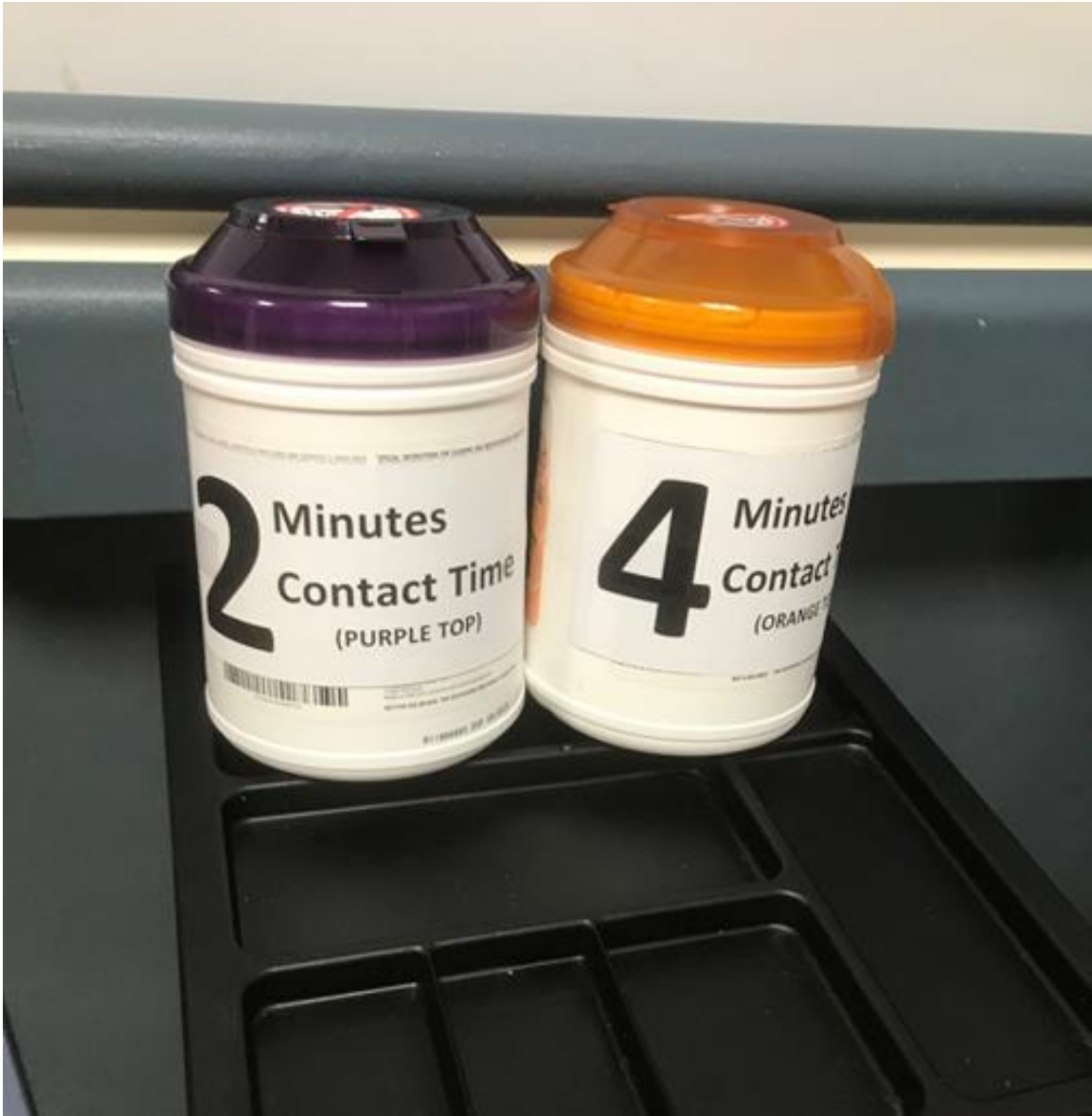
- List K: EPA's Registered Antimicrobial Products Effective Against *C. difficile* Spores

- <https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>

Environmental Cleaning and Disinfection

- **Effective cleaning and disinfection of healthcare facility surfaces, and equipment** is critical
- **At a minimum**, focus on daily cleaning and disinfection of **high touch surfaces**
- Clean and disinfect **non-disposable, non-dedicated equipment** after each use:
 - Vital sign machines
 - Glucometers
 - Mechanical lift equipment
 - Portable radiology other contractor equipment



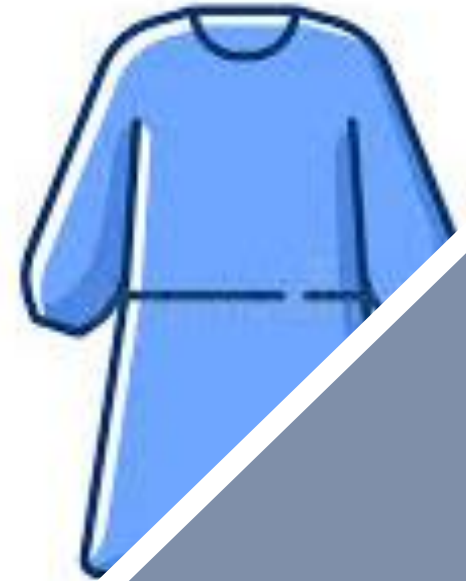
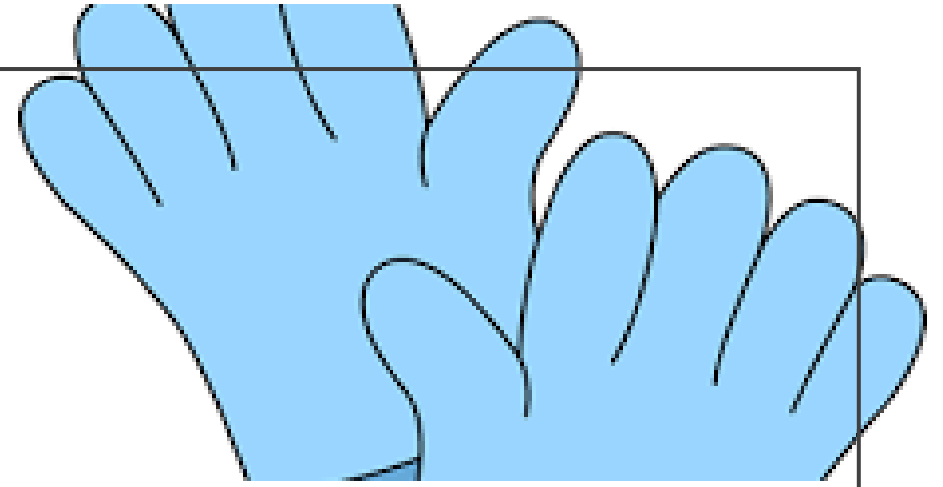


Environmental Cleaning and Disinfection

Ensure you are using the **correct cleaning/disinfection product** for the correct contact time

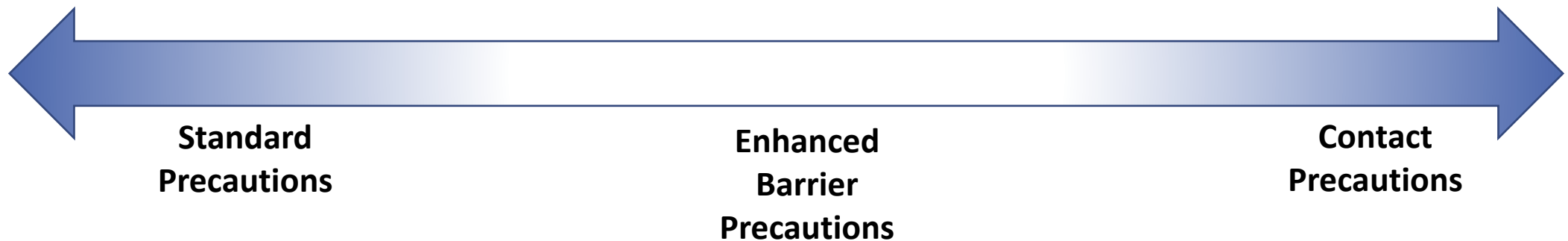
- **Contact time:** Is the amount of time a disinfectant must remain wet on a surface to be effective
- All staff with cleaning duties should know this time for each product they use
- Increase **availability**

Enhanced Barrier Precautions



Enhanced Barrier Precautions

- **Expands PPE use** in situations beyond blood and body fluid exposures (standard precautions), **when contact precautions do not otherwise apply**
- Gown and glove use during **high-contact resident care activities** that provide opportunities for transfer of MDROs to HCP hands and clothing









Enhanced Barrier Precautions

Criteria	Original EBP Guidance (2019)	NEW EBP Guidance (2022)
When to Implement	Part of a public health response to a targeted MDRO	Broad use, even in facilities where targeted MDROs have not been identified
Which MDROs	Targeted MDROs	Any MDRO
Which residents	<ul style="list-style-type: none">Residents with a targeted MDROResidents with wounds or indwelling device	<ul style="list-style-type: none">Residents with any MDROResidents with wounds or indwelling device
Where to implement	On units with residents with targeted MDROs	Facility-wide

The Large Burden of MDROs in Nursing Homes

Facility Type	Documented MDRO	Actual MDRO
Nursing Homes (n = 14)	17% 	58% 
Ventilator-Capable Nursing Homes (n = 4)	20% 	76% 



Risk Factors for MDROs in Nursing Homes



Indwelling devices

Ventilators

Urinary catheters

PEG tubes

Central lines



Wounds & decubitus ulcers



Antibiotic use



Recent healthcare exposures

Acute care

Long-term care

Outside US



Comorbid conditions



Functional dependence

EBP Are Part of an Overall MDRO Prevention Strategy



Hand Hygiene



Environmental
Cleaning and
Disinfection



Enhanced
Barrier
Precautions



Auditing &
Feedback



Communication



How to Be Successful in Implementing EBP



**Involve
Multidisciplinary
Champions**



**Make a Plan for
Implementation**



**Provide
Education for
HCP, residents,
visitors**



**Audit, Provide
Feedback,
Tweak**

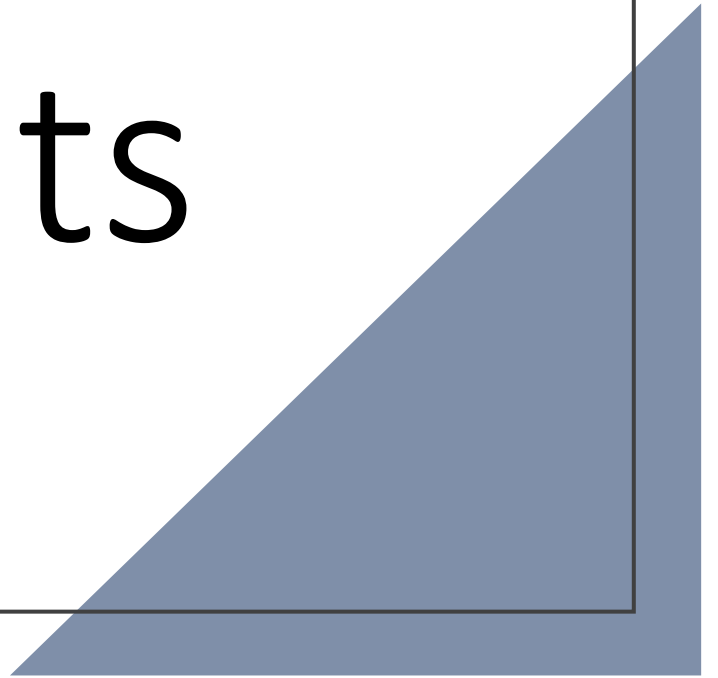
Enhanced Barrier Precautions (EBP)

- Utilized in **nursing homes only**
- Use of **gown and gloves**:
 - For **high touch** activities only
 - For residents with known **MDROs** (CRE, CRAB, CRPA, *C. auris*)
 - Or those who may be at **increased risk** (indwelling devices, wounds) if currently residing on the same unit as someone with a MDRO



Take-a-ways from
recent facility
visits

EBP Visit Highlights



Question:
Which
residents
should be
placed into
Enhanced
Barrier
Precautions?

EBP are indicated for any nursing home resident with any of the following:

- **Infection or colonization with an MDRO** *when Contact Precautions do not otherwise apply*
- **Wounds and/or indwelling medical devices**

Question:
What is the
definition of
“wounds”?

Emphasis on **chronic and large open wounds**

- Chronic decubitus ulcers
- Chronic venous status ulcers
- Open surgical wounds
- Other large open wounds

Additional guidance clarification forthcoming

**Question:
What is the
definition of
“indwelling
medical
device”?**

An indwelling medical device provides a direct pathway for pathogens in the environment to enter the body and cause infection

- Central vascular lines (including hemodialysis catheters)
- Indwelling urinary catheters
- Feeding tubes
- Tracheostomy tubes

Excludes devices fully embedded in the body

Question:
Are gowns and
gloves
recommended for
EBP when
transferring a
resident from a
wheelchair to
chair in the
dayroom or
dining room?

In general, gowns and gloves would **not** be recommended when performing transfers in common areas such as dining or activity rooms, **where contact is anticipated to be shorter in duration**

Outside the resident's rooms, EBP should be followed when **performing transfers** or assisting **during bathing** in a shared/common shower room and when **working with** residents in **the therapy gym**, specifically when anticipating close physical contact while assisting with transfers and mobility

Question:
How long
should a
resident
remain on
EBP?

Enhanced Barrier Precautions are intended to be used **for the duration of a resident's stay in a facility.**

A transition back to Standard Precautions, alone, might be appropriate for residents placed on Enhanced Barrier Precautions solely because of the presence of a wound or indwelling medical device **when the wound heals, or the device is removed.**

Take-a-ways from
recent facility
visits

Hand Hygiene Visit Highlights

Hand Hygiene



“Across a **12-hour shift**, the average nurse would be expected to touch **821 surfaces** with a **hand hygiene** adherence of **less than 40 percent.**”

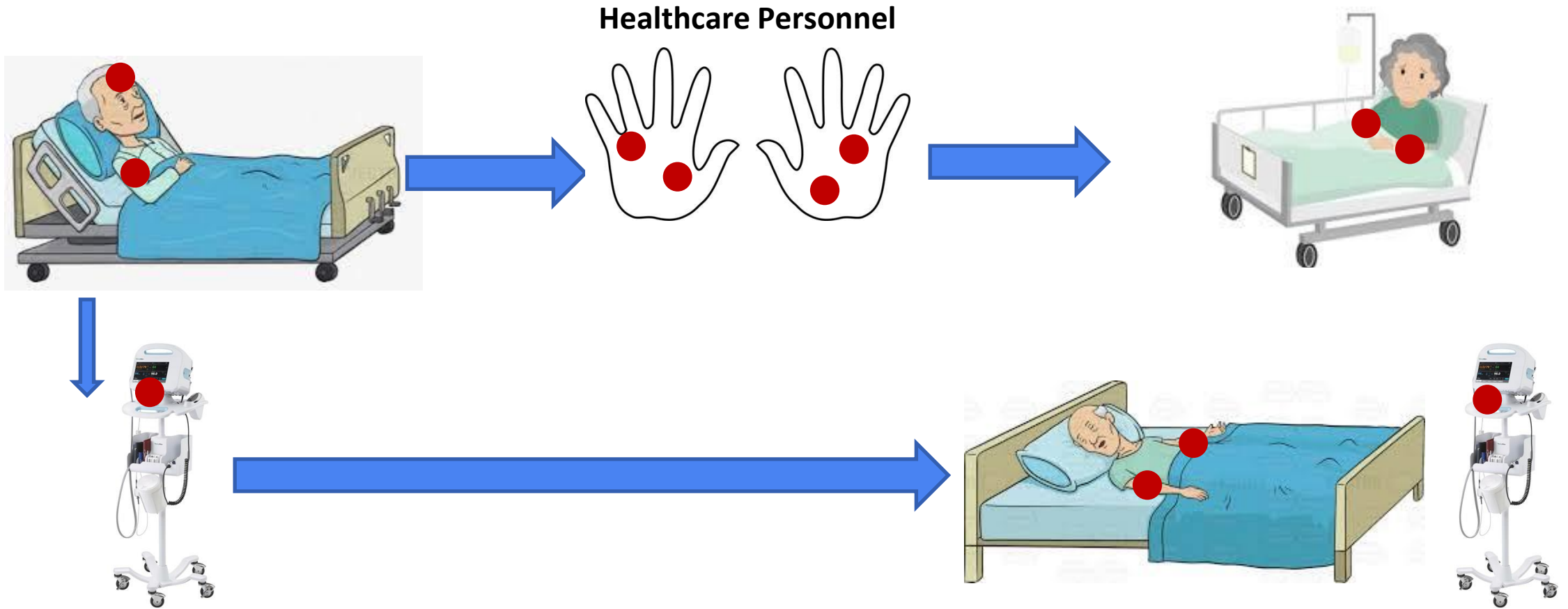
- Alcohol-based hand sanitizers are the **preferred method** of hand hygiene in most clinical situations
- Hand hygiene **observations and feedback** are essential to improving adherence

Placement of ABHS

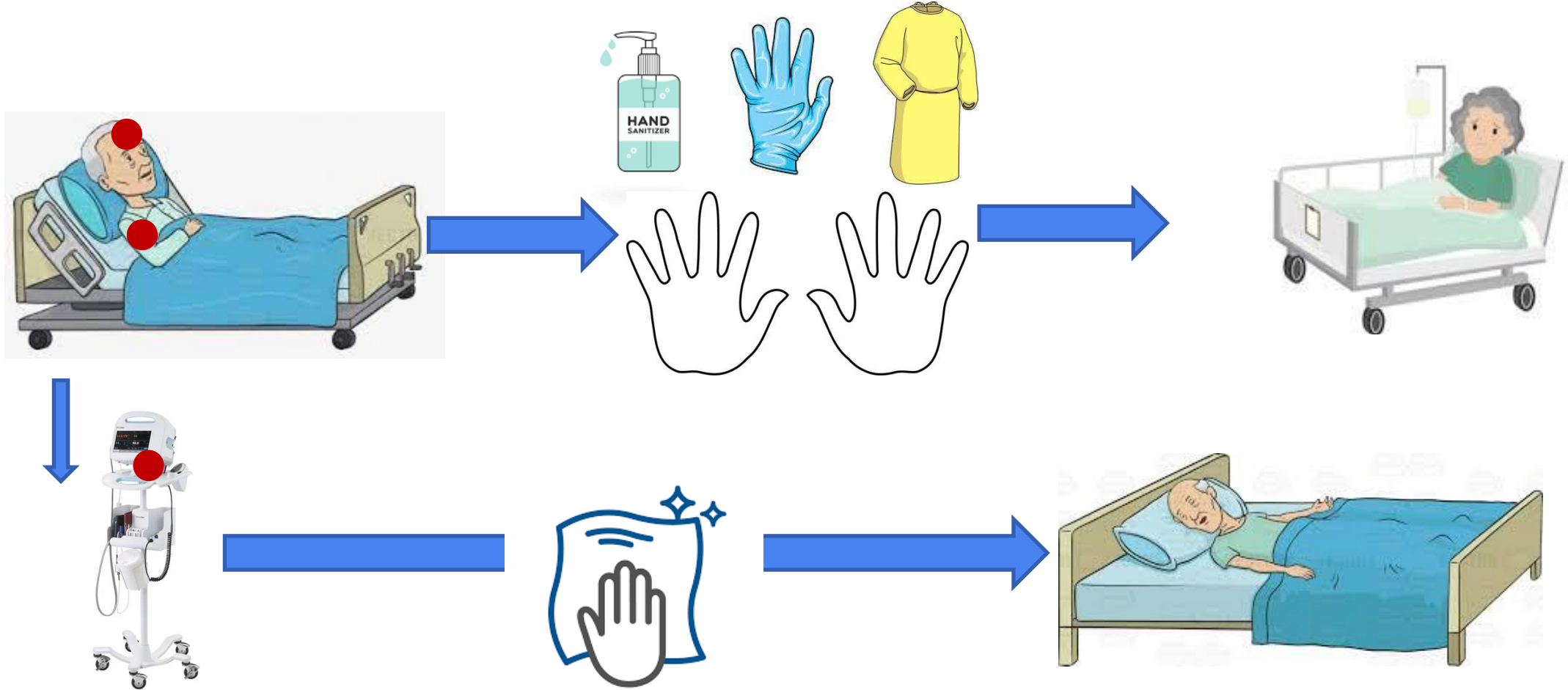
- Outside resident rooms
- Inside resident rooms
- Common areas
- Clean/Soiled areas
- Therapy gyms/rooms
- Med carts
- Entrances/Exits
- Isolation carts



Colonized Individuals and MDRO Transmission in Healthcare Facilities



Colonized Individuals and MDRO Transmission in Healthcare Facilities



Personal Protective Equipment


- Availability of PPE
- Hand Hygiene when donning/doffing PPE
- Thumb holes on gowns
- Removing PPE prior to leaving the resident's room
- Source control vs. Respiratory Protection



All Facilities . . .

Return to pre-COVID IPC practices

- **Changing** gloves and gowns **after each patient/resident encounter**
 - Gowns and gloves should be removed prior to room exit
- Placing environmental **disinfectant wipes** at points of use
- Use **disposable or dedicated patient care equipment** for patients on Contact Precautions
- Implement or return to **IPC observations** (auditing) and feedback
- Staff **reeducation --- BACK TO BASICS!**



**Utilize
Recommended
IPC Practices**

Thoughts & Questions

