

Infection Control Guidelines for Management of Multidrug-Resistant Organisms (MDROs) in Long-Term Care (LTC) Facilities

Administrative Measures	Staff Education	Judicious Antimicrobial Use	Surveillance	Infection Control Precautions to Prevent Transmission	Environmental Measures	Decolonization
<p>Make prevention and control of MDROs an organizational priority, as appropriate, on the basis of experience and local epidemiology.</p> <p>Identify experts who can provide consultation and expertise in analyzing data or devising effective control strategies, as needed.</p> <p>Implement a multidisciplinary process to monitor and improve healthcare worker adherence to recommended practices associated with standard and contact precautions.</p> <p>Implement systems to identify residents with MDROs on: admission, transfer, or discharge to another healthcare facility/setting.</p> <p>Assure that the presence of a MDRO in a resident is communicated to administrative point(s)-of-contact and staff providing direct resident care.</p> <p>Provide updated feedback to providers and administrators on infections caused by MDROs, especially changes in their prevalence and incidence, as part of a performance improvement (PI) plan.</p>	<p>Address MDRO prevention and control during staff orientation and ongoing education for all healthcare workers and ancillary staff that provide resident care or have close contact with residents or the residents' immediate environment.</p> <p>Staff training should include all of the institution's infection control policies and procedures.</p> <p>Emphasize compliance with standard precautions and hand hygiene. LTC staff should educate residents about hand hygiene and assist dependant residents with hand washing. Educate staff about criteria for implementing infection control precautions that go beyond standard precautions (i.e., contact precautions.)</p>	<p>Ensure that a process is in place to review local antimicrobial susceptibility patterns to foster appropriate antibiotic use.</p> <p>Carefully review bacterial culture and sensitivity reports to: ensure appropriate antibiotic use; identify epidemiologically important organisms; detect epi links, trends, clusters, and outbreaks; and identify new organisms not previously identified in the facility.</p> <p>In settings with the capacity to do so, prepare and distribute antimicrobial susceptibility reports and antibiograms to providers.</p>	<p>Initiate and maintain a line listing or log of residents known to be colonized or infected with MDROs. Ensure new admissions are included.</p> <p>Analyze surveillance data periodically to monitor changes in the prevalence of MDROs.</p> <p>Identify, when possible, residents who become colonized or infected with a MDRO and implement timely and appropriate control measures.</p>	<p>Policy and procedures should define the parameters for implementation of standard and contact precautions and address room placement, participation in group activities, environmental cleaning, use of dedicated equipment, and use of personal protective equipment (PPE).</p> <p>To avoid the transfer of MDROs to others or to environmental surfaces or equipment, standard precautions may be adequate for residents who have potentially infectious body fluids provided that these can be contained. If these body fluids cannot be contained implement contact precautions.</p> <p>Single-resident rooms are preferred. When not available, cohort with a resident who has the same MDRO. If this is not possible, place in a room with a resident who is at low-risk for acquiring infection (i.e., has intact skin, does not have invasive devices) and is likely to have a short length of stay.</p> <p>Decisions to allow a resident to participate in group activities should be made on a case-by-case basis and should consider the resident's level of activity and the degree to which potentially infectious material can be contained.</p>	<p>Housekeeping staff should adhere to the facility's procedures for cleaning and disinfection. Compliance with these procedures should be monitored.</p> <p>Cleaning and disinfection should include all environmental surfaces of resident living areas, including doorknobs, bedrails, and bedside commodes.</p> <p>When possible, dedicate noncritical patient-care equipment (e.g., BP apparatus, thermometer, IV pole, and commode) to a single resident known to be colonized or infected with a MDRO.</p> <p>Shared equipment must be cleaned and disinfected prior to use on another resident.</p>	<p>Not routinely recommended. May consult with experts on a case-by-case basis.</p>

Additional Resources:

1. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 (CDC), available at <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>
2. Investigation and Control of Vancomycin-Intermediate and –Resistant *Staphylococcus aureus* (VISA/VRSA): A Guide for Health Departments and Infection Control Personnel (CDC), available at http://www.cdc.gov/ncidod/dhqp/pdf/ar/visa_vrsa_guide.pdf