



**ANTIBIOTIC RESISTANT ORGANISMS
TOOLKIT FOR
ASSISTED LIVING FACILITIES
AND GROUP HOMES**

2007

Assisted Living Facilities and Group Homes

Antibiotic Resistant Organisms (AROs)

The three most common are:

MRSA	Methicillin-Resistant Staphylococcus Aureus
VRE	Vancomycin-Resistant Enterococci
ESBL	Extended Spectrum Beta Lactamase

These are germs that are resistant to some types of antibiotics. Antibiotic resistant organisms have been found in the community setting on persons and their surroundings. Antibiotic resistant organisms are no more dangerous than other normal bacteria that people carry on their skin and are exposed to every day.

In the Tenant's room:

The only time that routine precautions with gowns and gloves should be considered is when the employee is entering the personal space of the infected person and anticipate that their clothing will have substantial physical contact with the person, environmental surfaces or items in the person's room. If the person is incontinent of feces or urine, has diarrhea, an ileostomy, colostomy, or wound drainage not contained by a dressing the worker should wear protective clothing such as gown and gloves.

When considering spread of antibiotic resistant organisms the spread of infection is prevented by maintaining a clean, safe environment and by regular use of ***routine practices***.

Routine Practices are:

- Good hygiene used for the care of all tenants. Good hygiene entails thorough hand cleaning, either washing or use of waterless hand cleansers (containing 70% isopropyl alcohol and emollient) between contact with tenants and their surroundings. In addition, gowns and gloves, masks and eye covering are used for additional protection by staff when hands or clothing could become contaminated by blood or other body fluid or substance, or if tenant has open weeping or bloody areas.
- Routine practices are used with all tenants at all times when providing intimate hands-on care or if contamination is likely as you can't tell by looking who may carry infections in blood or other body fluids or substances.

1. Glove use:

Gloves are an additional protection and never take the place of thorough hand washing. Disposable gloves may leak and have tiny tears in them, especially after contact with chemicals or through prolonged use. If gloves are worn too long the hand bacteria multiplies in the warm moist environment under the gloves so that hands can be very contaminated when gloves are removed. Hands and wrists can become contaminated from the tenant's germs when gloves are removed, so staff members must be reminded to wash following glove removal.

Gloves must be worn when:

- There is contact with mucous membranes, non intact skin, blood or other body fluid or substance and if the tenant has undiagnosed rashes.
- Staff with skin breaks should cover these with a bandage and if skin on their hands is not intact should consult with a nurse or physician before providing tenant care.

2. Gown Use:

Gowns and aprons are not normally required when providing care in an AL residence.

Gowns and aprons are used:

- During care activities where contamination of the health care worker's clothes with blood or other body fluid or substance is likely to occur. Examples of this are when moving or lifting a person in bed especially if the tenant is incontinent or helping to clean up if the tenant has vomited.
- Plastic or rubber aprons or impermeable gowns are to be used when the expected amount of liquid contamination might otherwise soak through skin or clothes.

Meals, Recreation and Socializing:

- ❑ In general tenants infected or colonized by antibiotic resistant organisms may engage in ALL daily activities along with others and staff, without restrictions.
- ❑ Hand washing should be promoted to prevent any risk of cross-contamination.
- ❑ Skin lesions should be covered with appropriate dressings.
- ❑ They can share tables and condiments, such as salt, peppers, etc.
- ❑ No special precautions, such as disposable eating utensils or dishes, are needed.
- ❑ No restrictions in visitors or activities.
- ❑ Close family members who have regular physical contact with someone do not need to wear protective gowns or gloves.

Decolonization of Antibiotic Organisms:

- If the tenant wishes to have their ARO status reviewed, he/she can visit their GP and have swabs taken to assess if the ARO is still present.
- Note that there is no decolonization for VRE, ESBL, but MRSA – contact GP for help. The hospital requires that the patient has at least two separate swabs, at least a month apart before considering changing a patient's ARO status.
- For tenants exposed to AROs in the hospital – routine precautions should be followed, the tenant is to visit or call GP to notify that swabs are required one week later after discharge, to ensure tenant is negative.

EVERYONE should be encouraged and reminded of the importance of HANDWASHING, after using the toilet, and before eating food or participating in social activities.

Management of Equipment and the Environment When Using Routine, Contact or Droplet Precautions:

Item	Appropriate Infection Control Practices
Eating utensils	Routine care/ no special precautions; always need to clean utensils well in hot soapy water.
Laundry	Collect in a leak proof plastic bag. Use disposable gloves to collect soiled or contaminated linen Laundry may be washed using normal laundry detergent in hot water and dried in the dryer. Laundry may also be dry cleaned. Gross bowel movement on linen should be flushed down the toilet before clothing is laundered. Grossly soiled laundry should be washed separately from other laundry using water, detergent and household bleach.
Garbage	No special handling is necessary as long as bags are well tied and won't leak
Cleaning	See Principles of Good Housekeeping Handout below
Communal Bathing	Common bathing settings may be used, however, for tenants known or suspected to be infectious, (wherever possible) these tenants should be bathed last and not at the same time as other tenants.

Principles of Good Housekeeping

- It is important to clean areas that are frequently touched (doorknobs, handrails, elevator buttons, toilet flushers, toilet paper roll holders, etc.), and flat horizontal surfaces where dust and germs collect.
- Clean from cleaner areas (food preparation) towards dirtier areas (toilets and sinks).
- Clean well tenants' rooms first, followed by those of tenants who are ill.
- Cleaning cloths and mop heads must be changed frequently between areas being cleaned. These items must be laundered well enough so that they are free from contamination before reuse.
- The water and disinfectant used for cleaning must be the correct concentration, left for the recommended contact time and changed frequently.
- Toilet lids should be down when toilets are flushed. The flusher handle and sink taps should be disinfected as these are often soiled.
- Gloves used for cleaning must be removed prior to handling clean linen. Clean linen must be handled with clean hands and held away from the worker's uniform or clothes to prevent contamination.
- Soiled linen is held away from health care worker's uniform or clothes, and not shaken. When laundry bags are filled with soiled laundry, they are tied and removed. Soiled laundry is handled as little as possible, and never pulled out of partially filled laundry bags.
- Linen should not be sorted pre-wash. It needs to be laundered in hot water following commercial regulations or in separate loads for each tenant.

Suggested List of Supplies

A ready supply of bed linens and clean supplies should be stored in carts specific for this purpose, or lidded plastics cans or tubs. This provides ready access to supplies when they are needed, and ensures supplies remain clean and dry. When linen is provided by the tenant, it is a good idea to suggest that extra supplies be available for necessary unscheduled linen changes when there is an increased incidence of tenants ill. The following table will assist with having a ready supply of protective clothing and equipment for care staff.

Suggested List of Supplies			
Item	Stores Number/ Supply Company	Number of Items recommended	Number of items required to complete inventory
Disposable gowns			
Disposable water-resistant gowns			
Face masks			
Eye goggles			
Face Shields			
Gloves: small			
Gloves: medium			
Gloves: large/ extra large			
Waterless Hand cleanser			
Additional bucket and cleaning cloths for emergency clean up			
Emergency use containers for garbage and linen staff discard			
Other:			
Location of supplies: _____			
Person responsible for replacement of supplies: _____			
Date last updated: _____ Comment:			

Supplies can be purchased:

The supply company you currently use OR

Future Med

BC Stevens: Rep. Dave Gewett 380-1263 OR

Bowers: Rep. Bill Hollands 818-9301

References:

Infection Prevention and Control (2005). Infection Control Manual Continuing Care Facilities, Antibiotic Resistant Organisms

Infection Prevention and Control (2007). Toolkit for the Management of Gastroenteritis and Influenza in Residential Facilities.