

Management of Residents with Multidrug-Resistant Organisms (MDROs) including *Candida auris*

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 [CDC's Clean Hands Count for Healthcare Providers](#);
- 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).
- 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.

Enhanced Barrier Precautions

Use Enhanced Barrier Precautions for the management of residents colonized or infected with targeted or epidemiologically important MDROs and residents at risk of acquiring MDROs (e.g., wounds or indwelling devices present), where contact precautions do not apply, according to the Healthcare Infection Control Practices Advisory Committee (HICPAC) [Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities](#) (2021).

Enhanced Barrier Precautions include:

- Use of gowns and gloves during high-risk activities including:
 - Dressing
 - Bathing
 - Transferring
 - Changing linens
 - Providing general hygiene assistance
 - Toileting or changing briefs
 - During care and use of indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy tubes)
 - During wound care

Gowns and gloves are necessary when there is potential for exposure to body fluids through a splash or spray, or there is a risk of the healthcare provider contaminating their clothing.

- Placing residents ideally in a private room. If a private room is not available, decisions on placement need to be balanced. Residents may room with another resident who is less dependent on healthcare personnel (i.e., has a lower risk for acquiring the resistant organism).
- Allowing movement of residents throughout the facility if their bodily fluids are controlled. These residents can participate in all therapies and activities without restriction.
- 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 for residents placed on contact precautions, verifying the proper disinfectant is used for the associated MDRO. Adhere to cleaning the resident environment and ensuring that high-touch surfaces are properly maintained is critical to reducing the spread of unusual resistance.

For complete details on these precautions and guidance on droplet and airborne precautions, view the following resources: [HICPAC Guidelines for Isolation Precautions](#) and [CDC website for PPE in Nursing Homes](#).

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 residents. 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 resident 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 resident care is needed.
- Use disposable or dedicated resident-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.
- Because contact precautions require room restriction, a strategy for discontinuation or de-escalation should be part of the resident care plan.

Updated June 2023