Multi-resistant organisms

Residential care facilities

The issue of multiple resistant organisms (MROs) (“superbugs”) can be a source of real anxiety for staff and residents and cause inappropriate social and physical isolation and excessive infection prevention actions. Finding a balance between infection prevention strategies and not inadvertently limiting a resident’s activity level and engagement with the residential care community is important.

Residents who are at higher risk of spreading “superbugs” include those with diarrhoea; faecal incontinence; colostomy or ileostomy; large amounts of respiratory secretions or drainage from wound/abscess; presence of a urinary catheter; as well as residents who need assistance with their personal care.

Staff need to discuss what having a “super bug” means for the resident and discuss with them who can be informed of their condition (family, friends, visitors etc). Refer to the Department of Health Ageing and Aged Care Infection Control Brochure - Multi-resistant Organisms in the Community - MRSA, VRE and C difficile and consider providing a copy to the resident and their family.

The following table provides an overview of the measures to be considered when caring for a resident with an MRO. These interventions should only be implemented after conducting an infection risk assessment.

Advice regarding the management of residents with MRO’s in long-term care facilities.

Criteria	Advice
Hand hygiene	Hand hygiene is one of the most important infection control measures for preventing the spread of infectious organisms, particularly multi-resistant organisms. Staff should perform hand hygiene using alcohol based hand rub (ABHR), or with liquid hand soap and water if hands are visibly soiled: • before and after providing care to the resident • before clean/aseptic procedures • after body fluid exposures • before donning and after removing gloves • after contact with the resident’s environment or equipment used in their care • hand hygiene must be performed thoroughly on exiting the room. Residents should wash their hands whenever they leave their room, after going to the toilet, prior to communal activities and before eating food. If residents are not able to do this unassisted then staff should assist them as well as remind visitors to perform hand hygiene before and after visiting any residents in the facility. See the Hand Hygiene Australia website for more information <http://www.hha.org.au/>.
Personal protective equipment (PPE)	Wear appropriate PPE when it is anticipated that you may have contact with a resident’s blood or body fluid, mucous membranes, non-intact skin or other potentially infectious material or equipment. Depending on the activity or procedure being undertaken PPE required may include gown, gloves, mask or eye protection. Always perform hand hygiene before putting on PPE and immediately after removal of PPE. For example, single use, impervious disposable aprons must be utilised: • when entering the room and having contact with residents with MROs • if soiling is likely e.g. the resident has diarrhoea • if the resident has a discharging wound that cannot be covered by a simple dressing. Discard PPE appropriately when leaving the room and perform hand hygiene.

Shared equipment	MROs may be spread via equipment that has been shared between residents and has not been adequately cleaned (and disinfected or sterilised as required) between uses. • Wheel chairs and commodes should be dedicated for individual resident use whenever this is possible. • Following use, shared items must be adequately cleaned and disinfected between use. • Equipment that can be shared between residents must be cleaned and disinfected between residents. • Health care worker (HCW) items, including pagers, phones and stethoscopes, must be cleaned and disinfected when leaving the room.
Linen	Due to the risk of transmitting the organism through potentially soiled linen, care must be taken when handling it. AS/NZS 4146 includes general laundry practice requirements and recommendations for institutional and on-premise laundries. This Standard provides a common reference for acceptable laundry performance. In general, the management of linen should comply with the facility's linen management procedure. General principles include: • Used/soiled linen should be handled as little as possible and with minimal agitation to prevent gross contamination of the air and of the linen handlers, and should be put in bags at the point of generation. - Place a linen skip in the room or resident area to minimise transport of used linen. Linen skips should not be filled beyond ¾ full. - If linen is heavily soiled or wet, place it in a designated clear plastic bag before placing into linen skip. - Avoid putting used linen on bedside tables, floors or chairs and keep it away from your clothing and from clean linen. - If the outer surface of a linen bag is contaminated, it should be placed in a second bag (double bagged) and thereafter handled in the normal manner. • Hand hygiene must be performed between making beds. • Guidelines are available Codes of Practice for Public Healthcare Operated Laundries and Linen Services http://laundryanddrycleaning.com.au/wp-content/uploads/2015/05/Laundry-Standards-Codes-of-Practice-2012.pdf
Waste	No additional requirements needed.
Catering	• Meal trays can be delivered to the resident by catering staff. • Catering staff should perform hand hygiene when they are leaving the area and when their hands are contaminated. • No additional requirements for washing trays or eating utensils.
Cleaning	• Rooms and bathrooms of residents with a MRO should be cleaned daily. • Disposable cleaning cloths should be used and discarded after cleaning each room. • Used mop heads must initially be placed into a plastic bag then washed and dried after each use. • All reusable cleaning equipment must be washed and stored dry between uses. • Cleaning agents should be neutral detergent followed, by an appropriate disinfectant for all surfaces as per the advice of the infection control practitioner. • Use an appropriate disinfectant (refer to care facility's infection control policy). • Pay particular attention to cleaning frequently touched surfaces, e.g. bed rails, door handles, bedside tables and computer keyboards. • If a resident is transferred for treatment or therapy, this contact area must be cleaned following treatment or therapy session. • On discharge/transfer, all surfaces (including bed area) must be cleaned, window coverings changed and laundered, any disposable equipment discarded and reusable equipment cleaned before being placed back into general use.
Bedding	• Mattresses, pillows and mattress covers must be checked to ensure they are intact with no tears, splits or damage, and then thoroughly cleaned. Replace damaged articles if necessary.
Medical records	• Should not be taken in and out of the resident's room or bed area.

Transfer/Transport	• Minimise intra and inter facility transfer whenever possible • Notify receiving areas of required precautions if tests or investigations are scheduled. • If a resident is being transferred then their condition should be clearly documented in the transfer letter. Liaise with receiving facility with regards to any specific requirements prior to transfer. • Try to organise appointments at low activity times.
Diagnostic/Treatment Areas	• Treatments, therapy or appointments should not necessarily be stopped due to MRO presence. However, residents with diarrhoea, non-intact skin and respiratory tract infections must not attend hydrotherapy or the gym. • Booking information must include MRO status. • These residents should be scheduled for the end of the list – the schedule may need modification to accommodate this. • Equipment used for therapy should be cleaned between residents and in accordance with infection management practices and procedures.
Visitors	• Staff must ensure visitors to the resident room/area receive education on the specific MRO, transmission risk, and what actions they should take to protect themselves and others from further transmission, such as hand hygiene.
Resident education	• Staff caring for residents colonised or infected with an MRO should provide information and advice to the resident on their condition, the organism, treatment and transmission risk.

For further information or advice:

- Public Health Units: https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units
- Queensland Health Multi-resistant organisms (MRO) – information for residential care facilities: https://www.health.qld.gov.au/public-health/industry-environment/care-facilities/prevention
- Queensland Health information sheet - multi-resistant organisms for residential care facilities
- National Health and Medical Research Council:
  - Prevention and control of infection in residential and community aged care as well as posters and brochures: https://www.nhmrc.gov.au/guidelines-publications/d1034
  - Management of multi-resistant organisms: https://www.nhmrc.gov.au/book/australian-guidelines-prevention-and-control-infection-healthcare-2010/b3-management-multi-resi
  - Multi-resistant organisms in the community – MRSA, VRE and C. DIFFICILE: https://agedcare.health.gov.au/tools-and-resources/encouraging-better-practice-in-aged-care-ebpac/infection-control-brochure-multi-resistant-organisms-in-the-community-mrsa-vre-and-c-difficile
- Victorian guidelines and information for staff residents, families and carers on carbapenemase-producing Enterobacteriaceae (CPE) for long term residential aged care facilities: https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/carbapenemase-producing-enterobacteriaceae-management/cpe-for-ltrcf