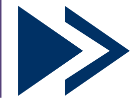
Recommendations for ARO Surveillance and Management

A Reference Tool for Long Term Care Homes and Retirement Homes

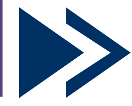
Who needs to be swabbed?



Swab all new admissions or re-admissions to your facility for MRSA or VRE that:
- Have a history of ARO colonization/infection
- Have been transferred from a hospital or a long term care home
- Have a history of in-patient hospital stay (>24hrs) less than 6 months prior to admission
- Have a history of frequent or lengthy antibiotic use

All residents who need to be swabbed should be assumed to be positive until negative screening results are obtained and Additional Practices should be implemented.

For the ARO Positive Resident:



- Continue or implement Additional Practices
- Obtain order for decolonization therapy from physician (if appropriate) and schedule follow-up swabbing (if indicated)
- Include information on ARO reporting form that is faxed monthly to the health department

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Health Services Department, Public Health
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If you have further questions please contact your Public Health Liaison or call Health Connection at ***1-800-361-5653***

Organism	Swabs & Requisitions		Lab Results	Decolonization Therapy	Follow-up Swabbing
MRSA Methicillin Resistant Staphylococcus Aureus	Site	- Nares - Rectum - Wound or Tube	Your lab should communicate both negative and positive results directly to your facility within approximately one week.	**Colonized in the Nares or Nares and Rectum*:** · Bactroban, tid, to nares for 5 days · Daily baths with 2% chlorhexidine soap during the time period that bactroban is being applied ***Decolonization of a resident with a wound or tube is not recommended. Once the area(s) is healed/tube removed, the MRSA often eradicates on it's own.** **Colonized in a Healing Wound:** · Bactroban may be applied to the wound to assist with healing as per physician order Please note that decolonization for MRSA is only effective in about 50% of cases.	**Follow-up after decolonization therapy:** · 48 hours after completion of decolonization therapy, swab all previously positive sites · If resident remains positive, no further decolonization therapy is recommended, and future screening frequency should be determined by the care team · If negative, take swab weekly for 3 weeks, then monthly for 3 months · After 3 consecutive weekly negative swabs, Additional Practices can be discontinued **Follow-up swabbing after wound has healed/tube is removed:** · 48 hours after wound is healed/tube is removed, swab all previously positive sites. If resident remains positive in nares/rectum attempt decolonization therapy
	# of Swabs	- 1 (both nares) - 1 (rectum) - 1 (ugliest tube or wound site)			
	Requisition(s)	YES (one per swab)			
VRE Vancomycin Resistant Enterococci	Site	Rectum	Your lab should communicate both negative and positive results directly to your facility within approximately one week.	· No decolonization therapy at this time · Conversion to negative often occurs with time	• Swab monthly until negative swab obtained, then screen weekly for 3 weeks, then monthly for 4 months • After 3 consecutive weekly negative swabs, Additional Practices can be discontinued
	# of Swabs	1 (same swab as MRSA rectum)			
	Requisition	YES (in combo with MRSA rectum)			
ESBL Extended Spectrum Beta-Lactamase producing bacteria	Site	Rectum or Stool	Prior to obtaining a swab for ESBL testing, please confirm with the lab availability for this test. MDS labs will only perform ESBL surveillance screening for outbreak investigations approved by the medical microbiologist.	· No decolonization therapy at this time · Conversion to negative often occurs with time	**Not Recommended** **However if lab services are available and it is requested by the physician:** · Test monthly until negative swab obtained, then screen weekly until 3 consecutive negative swabs obtained After 3 consecutive weekly negative swabs, Additional Practices can be discontinued · Continue to screen quarterly for 1 year
	# of Swabs	1			
	Requisition	YES			

INFECTION CONTROL PRACTICES

AT ALL TIMES the following practices should be implemented.

- **Handwashing facilities/hand sanitizers** should be located at all entrances, in all resident rooms, at the point of care (e.g. the medication cart, treatment cart, bed side), and throughout the facility
- **Ensure all handwashing sinks** in the facility have warm running water, liquid soap and paper towels (post the 6 step method for correct handwashing procedures in all staff and public washrooms and in areas where food is prepared or served)
- **All staff should be aware of the proper handwashing procedure** (6 step method) and be knowledgeable about when hands should be washed / hand hygiene performed (e.g. after visiting the washroom, before preparing or eating food, after removing gloves, before and after resident contact)
- **All residents should be assisted with hand hygiene** before and after communal activities (e.g. dining, recreational activities, PT/OT)
- **Ensure staff are using gloves properly** and discarding them at the appropriate times
- **Ensure all frequently touched surfaces** (e.g. hand rails, door knobs, counters, tables) **are cleaned and disinfected on a daily basis** (at a minimum) using the 2 step method - first clean surfaces with detergent and water, and then apply a low level disinfectant and allow it to dry on the surface for the recommended contact time as per the manufacturer's directions

ADDITIONAL PRACTICES should be implemented when there is an ARO positive resident in the facility.

- **Communicate** to all staff (e.g. sign on resident's door) that contact precautions should be used for contact with the resident or the resident's room (gloves if hand contamination is anticipated and a gown if clothing contamination is anticipated)
- **Enhanced environmental cleaning** of all high touch surfaces in the resident's room (e.g. bed rails, door knobs, call bell, light switches) should occur on a daily basis (at a minimum) and when visibly soiled using the 2 step method - as described above
- **Medical equipment/care items** should be left in the resident's room and not shared. If these items are removed from the room they should be cleaned and disinfected prior to use with another resident
- **The resident should be placed in a private room**, if possible. If the resident must share a room, avoid roommates with open wounds/indwelling tubes/catheters
- **Prior to the resident leaving their room**, staff should assist the resident to perform hand hygiene

Swabs should be delivered to the lab within 24 hours of collection.

Changes to these recommendations may occur. Updates will be given as needed.

References

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