# Additional Precautions for ARO Positive Residents In Continuing Care

#### In addition to Routine Practices

ARO status (Infection or colonization) SHALL NOT prevent admission, a return to, or continued residence in a continuing care setting.

 Consult your site specific or AHS Zone Infection Control Professional (ICP) or designate for assistance with challenging ARO positive resident placement.

ROUTINE admission testing or ROUTINE clearance testing for AROs is NOT recommended for Residents in Continuing Care.

**Note:** The following recommendations are intended for non-outbreak situations. In an outbreak or situations of suspected and/or confirmed increased transmission, additional precautions should be considered in consultation.with Infection Prevention and Control or designate, the site Medical Lead and Public Health.

#### Determining Additional Precautions for ARO Positive Residents

(Risk of Transmission of Microorganisms including Antibiotic Resistant Organisms: see Table 1)

- Use <u>Routine Practices</u> and the <u>Point of Care Risk Assessment (PCRA)</u> for all ARO positive residents including those with ARO colonization or infection of any body site or system when:
  - o Wound drainage and body fluids (e.g., sputum, feces, urine, blood, etc.) are contained.
  - The resident is cooperative with practicing good personal hygiene and hand hygiene, unless there is an assessed higher risk of transmission of the microorganism.
    - Link to AHS Routine Practices information: http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc
- Additional Precautions are recommended only when the <u>Risk of Transmission Table 1</u> to others is assessed to be higher.
  - o Factors to consider in deciding when Additional Precautions are needed:
    - resident's mental status, ability to cooperate, level of self-care and personal hygiene
    - · ability to contain secretions, drainage or excretions to prevent soiling of the environment
  - When a resident has been assessed as requiring Additional Precautions, follow the recommendations for the specific Additional Precaution as per the Diseases and Conditions Table. This includes when additional precautions can be discontinued.
  - Link to AHS Diseases and Conditions Table: http://www.ahsweb.ca/ipc/resource-manual-z0-rm-cc
- An ARO assessment and documentation will be completed upon admission or upon significant change of the
  resident's status. Any intervention that may be needed will be included in the Care Plan, which is reviewed
  annually and is accessible to the resident/legal representative. Screening or testing is not required to complete this
  assessment.
- Additional precautions that may be required in acute care are generally not appropriate in continuing care.
- Assessment of the ARO positive resident to determine the need for Additional Precautions will be performed by the
  person(s) designated by the site/facility. The continuing care facility is the resident's home and precautions must be
  balanced with maintaining quality of life. Each resident must be assessed individually, balancing the risk of
  transmission of the ARO(s) and the potential harm additional precautions may have on residents.
  - Risks can change over time and individuals must be reassessed regularly, and as conditions, behaviours and situations change.



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Table 1: Risk of Transmission of Microorganisms including Antibiotic Resistant Organisms

| RISK OF<br>TRANSMISSION | ASSESSMENT OF RESIDENT   | PLACEMENT AND PRECAUTIONS   |
|-------------------------|--|---|
| LOWER:                  | Cooperative (cognitively intact or impaired) but may need prompting/assistance with hand hygiene, toileting practices, changing soiled clothes, identifying when dressings or incontinence products are leaking AND     Contained drainage/body fluids                                       | Routine Practices with prompting/assistance as needed, no signs required.     Private room preferred.     If private room not available, place with resident with same organism or lower risk roommate.     Lower risk roommate: consistent good hand hygiene and good personal hygiene; intact skin; no invasive devices or open wounds; not dependent on staff for care; and no significant co-morbidities that make them vulnerable to infection.     Refer to: Infection Prevention and Control Considerations for Immunocompromised Patients  No restrictions in activities and dining room with clean clothing, clean hands and contained drainage/body fluids. |
| HIGHER                  | Uncooperative (cognitively intact or impaired) with prompting/assistance – e.g., unable or unwilling to perform hand hygiene, change soiled clothes or leaking dressings or incontinence products OR     Uncontained drainage or uncontained body fluids that regularly soil the environment | Additional Precautions may be needed in addition to Routine Practices     Additional Precaution sign required     Private Room     If private room not available, place with resident with same organism or lower risk roommate.     Lower risk roommate(s): consistent good hand hygiene and good personal hygiene; intact skin; no invasive devices or open wounds; not dependent on staff for care; and no significant co-morbidities that make them vulnerable to infection.  Attend group activities       Table 2 and dining room ONLY with clean clothing, clean hands and contained drainage/body fluids.   |

Table 2: May Resident Participate in Group Activities?

| ACTIVITY   | RESIDENT CONDITION AND BEHAVIOUR  |  |   |
|--|---|--|---|
|  | ARO positive resident (colonized or infected at any body site) and cooperative with performing hand hygiene and wearing clean clothes and body fluids or wound drainage are contained with clean dry incontinence products or clean dry dressings | ARO positive resident (colonized or infected at any body site) and uncooperative or unable to perform hand hygiene or change soiled clothes and body fluids or wound drainage are not contained and regularly soil the environment | ARO positive resident (colonized or infected at any body site) and with symptoms of an acute infection (e.g., infectious rashes, diarrhea, vomiting, coughing, runny nose, fever, etc.) |
| Dining room  | Yes   | Consult ICP or designate   | No  |
| Group<br>recreational,<br>physiotherapy or<br>occupational | Yes   | (Criteria for participation includes: ONLY with supervision and if cooperative with clean clothing, clean hands, and drainage/body fluids are contained)   | No  |
| Ambulate outside of room                                   | Yes   | a damaga booy nadas are contamody  | No  |
| Food handling activities                                   | Yes   | No   | No  |
| Comments   | All residents to perform hand hygiene (with assistance as needed) before leaving their room, before entering the dining room and before participation in each activity.   |  | Restrictions should be discontinued when symptoms of acute infection have stopped.  |

#### Accommodation

- Single room and bathroom recommended whenever possible for residents who are infected or colonized with an ARO.
- If a single room is not available, residents infected or colonized with the same organism may share a room with consideration to a Point of Care Risk Assessment (PCRA).
- Residents who are colonized or infected with 2 or more AROs should not be placed with a resident known to be colonized or infected with any ARO.
- If placement with a roommate with the same organism is not possible, assess ARO positive resident and potential roommate(s) for appropriate placement. Place ARO positive resident with a lower risk roommate(s).
- Lower risk residents include those:
  - with intact skin (no open wounds or pressure ulcers)
  - with excretions or secretions that are contained
  - whose personal or hand hygiene is not compromised
  - o without urinary catheters, feeding tubes, or other invasive devices
  - o without respiratory illnesses
  - without risk factors that make them more vulnerable to infection
     (Infection Prevention and Control Considerations for Immunocompromised Patients)
- Consult site specific or AHS Zone Infection Control Professional (ICP) or designate for assistance with challenging ARO positive resident placement.
- When a resident has been assessed as requiring Additional Precautions:
  - o **Additional Precautions** must be communicated to all persons entering the room or bed space (e.g., precaution signage, etc.).
  - Room door may remain open unless an <u>Aerosol-generating medical procedure</u> (<u>AGMP</u>) is in progress.
  - o If room-sharing (while on Additional Precautions):
    - maintain a minimum separation based on the type of precautions (e.g., 1 metre for contact precautions, 2 metres for droplet precautions)
    - provide a dedicated bathroom or commode for each resident
    - close privacy curtains between residents



## Resident Activity and Ambulation Outside Room, Bed Space

- ARO positive residents managed with <u>Routine Practices</u> and <u>PCRA</u> may attend all activities, including the dining room, with clean hands, clean clothes and contained drainage/body fluids.
- ARO positive residents who are expected to be on Additional Precautions for an extended period of time may have restrictions individualized based on an assessment of the Risk of <u>Transmission</u> Table 1.
- Refer to: Table 2: May Resident Participate in Group Activities?





#### Personal Protective Equipment: Gowns, Facial Protection, Gloves

- Follow routine practices.
- Refer to: <u>Point of Care Risk Assessment (PCRA)</u>.
- Gown:
  - to protect exposed skin and clothing during activities likely to cause splashes of fluids or contact with blood and body fluids (e.g., wound drainage)
- Facial (Mask and Eye) Protection:
  - to protect your mouth, nose and eyes during activities likely to spray or splash you with blood or body fluids
- Gloves:
  - o wear non-sterile gloves
  - to help protect your hands from contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin of residents
  - to handle dirty or potentially contaminated items
  - o to protect your hands if you have non-intact skin (e.g., open cuts, lesions or rashes)
- Refer to: <u>AHS Donning and Doffing PPE posters</u> for details on careful removal and disposal of PPE.



### Handling Resident Care Items and Equipment

- Use disposable care equipment when possible.
- If reusable equipment cannot be dedicated to a single resident, clean and disinfect it between residents.
- Clean and disinfect shared tubs and showers immediately after use as per facility procedures.
- Do not share items (e.g., puzzles, books, electronics, etc.) that cannot be cleaned and disinfected.
- Refer to: Equipment Cleaning, Disinfection and Storage Practice Guidelines:



# Laundry, Waste Handling, Sharps and Dishes

- Follow <u>routine practices</u> for handling laundry, waste, sharps and dishes.
- Double bag laundry and garbage only if leaking.
- Disposable dishes and utensils are not required.



#### **Transfer Outside Facility**

- Notify the receiving area, before departure, that the resident is ARO positive.
- Before residents leave their room, assist them with performing hand hygiene, putting on clean clothing, and ensuring dressings and incontinence products are able to contain any drainage.



#### **Environmental Cleaning**

- Refer to facility Environmental Services cleaning schedules and practices.
- All high touch surfaces in the resident's room, including bathrooms and commodes, must be cleaned and disinfected at least daily.
- Use AHS or facility approved products and procedures.



#### **Visitors**

- Encourage visitors to perform hand hygiene.
- Instruct family or visitors how to put on and take off PPE correctly if they are assisting with care (e.g. feeding, turning).
- Refer to: A Guide to Clean Hands in Health Care Facilities

