

IPC Collaboration with Aged Residential Care (ARC) in Southern Aotearoa New Zealand during a CPO outbreak

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Overview of the Session(s)

1. ARC and IPC in Te Whatu Ora Southern Aotearoa New Zealand
2. Challenges of Multi Drug Resistant Organisms (MDRO's) with a focus on Carbapenemase-Producing organisms (CPO's)
3. Standard precautions
4. How to identify a resident with an MDRO risk
5. The response to a CPO case
6. Environmental and observational audit findings
7. Managing residents colonised with CPO
8. Closing thoughts

Setting the scene



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Te Whatu Ora Southern geographical area

Ethnically the Southern district is predominantly European, at

81% 10% are Māori,
7% Asian and
2% Pacific

Beds total in region: 3189

- Psychogeriatric: 73
- Hospital: 1710
- Dementia: 401
- Rest home: 1005



84,110
presentations to
Emergency
Departments

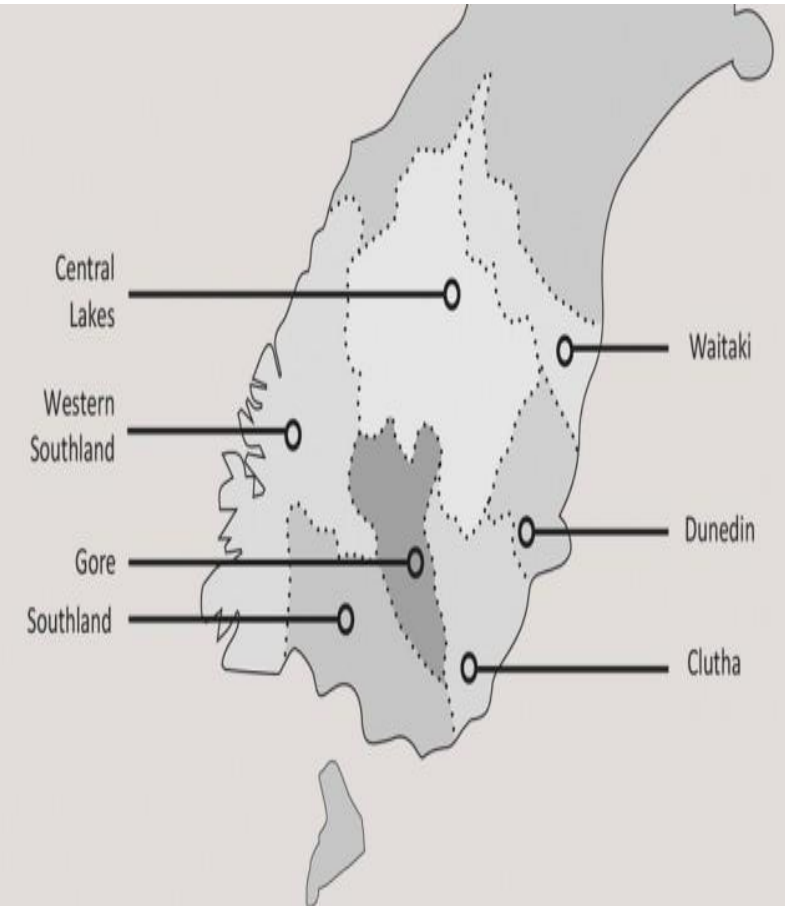
62,356km²

Our population is slightly older when compared to the national average



54,860
people are aged
65 +

The Southern district has a population of
326,280
residents, the majority living in Dunedin and Invercargill



Aged Residential Care

- 65 ARCS
- Four Levels of Care available:
 - Rest Home,
 - Secure Dementia,
 - Hospital (Continuing Care) and
 - Psychogeriatric
- Sizes vary from 5 to 161 beds
- Ownership
 - Corporates
 - Faith-based
 - Investors
 - Owner-operated



Ngā Paerewa Health and Disability standard NZS 8134:2021

- Section 5 Infection Prevention and antimicrobial stewardship
- The scope of this document includes hospitals and ARC
- One of the elements of the standard is outbreak management



The ARC Gaps identified during COVID preparedness Audit

- Often a poor understanding or implementation of Standard Precautions
- Inadequate hand hygiene facilities, often nil in bedrooms or communal areas
- Limited toilet facilities
- Lack of understanding with detergent and disinfectant products
- No hazardous waste stream
- Limited PPE stations, waste bins, dedicated monitoring equipment, signage

Your Moments for Hand Hygiene

Health care in a residential home



Challenges for the facility and staff....

- Significant staffing shortages, impacting on IPC measures
- Difficulty accessing PPE
- Challenges with isolating residents
- The existing ventilation of the facility
- High staff turnover, short staffing, extra shifts, exhaustion/fatigue
- Poor staff mix
- Staff working in multiple facilities

The relationship between IPC and ARC

- Acknowledgement of the importance to work closely between ARC and IPC
- There is not compulsion to work together
- Identifying roles and understanding boundaries
- IPC as a service needs to work across all health facilities
- Communication and relationships are key
- Trust

IPC ARC Resource

In December 2020, the SDHB appointed 3 Infection Prevention and Control Clinical Nurse Specialist into fixed term positions to support Aged Residential Care facilities in the Southern region for Covid-19 readiness

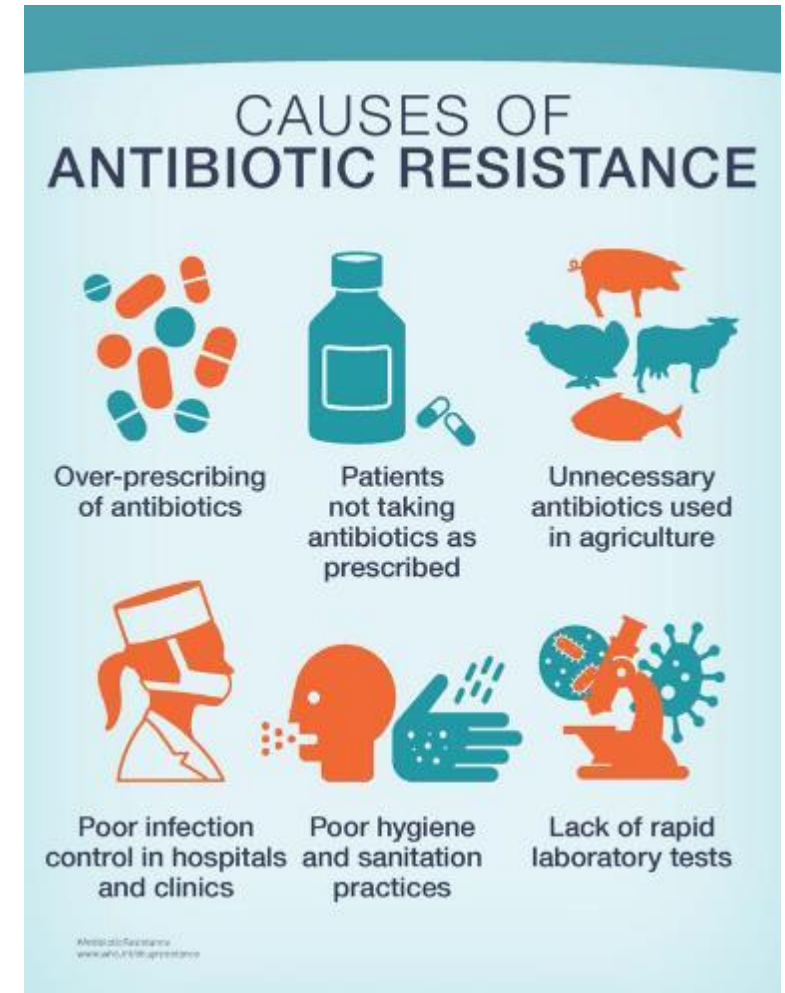
- Total of 2 FTE (permanent 2022)
- Located in Dunedin, Invercargill, Central Otago
- Integrated into the Southern IPC team

Antibiotic Resistance

World Health Organisation (2017) states:

“Antibiotic resistance is one of the biggest threats to global health, food security & development today”

2017 WHO publishes list of bacteria for which new antibiotics are urgently needed



New Zealand antimicrobial resistance action plan 2017

1. Awareness and understanding
2. Surveillance and research
- 3. Infection Prevention and Control**
4. Antimicrobial Stewardship
5. Governance, collaboration and investment

WORLD



AMR

AWARENESS WEEK

18-24 NOVEMBER

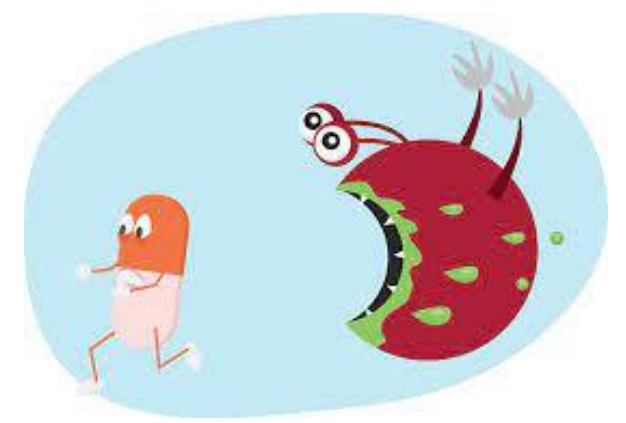
MDRO's with a focus on CPO's

What is a carbapenem?

- Carbapenems are an important *class* of antibiotic
- Most common example: **Meropenem**
- Given intravenously
- Typically used in ICU or Oncology wards
- Used to treat infections that haven't responded to the usual first line antibiotics.
- Considered a “top shelf” antibiotic - reserved for the most difficult infections



So what is a carbapenemase?



- Some bacteria produce **an enzyme** that can dissolve a carbapenem antibiotic – rendering it ineffective
- The enzyme is called a “carbapenemase”
- A bacteria that can produce this enzyme is called a “carbapenemase-producing organism” and is resistant to this antibiotic class.
- Abbreviated to “CPO” for short

- NB: Previously called Carbapenem-Resistant Enterobacteriaceae (CRE)
Sometimes termed CPE – Carbapenemase-producing Enterobacteriaceae.

Carbapenemase-Producing Organisms

- Increasing problem worldwide, particularly in developing countries
- Is a simple *E. coli* bacteria, like the *E. coli* that we all carry in our gut as part of our normal bowel flora.

...except this E. coli has learnt how to produce a Carbapenemase enzyme

- Asymptomatic when colonised
- Can lead to infection
- Faecal/oral transmission.
- Rarely found in New Zealand to date – so we are trying to keep it controlled for as long as possible.

CPO numbers from the institute of Environmental Science and Research (ESR)

- Only 2 clusters identified in Aotearoa New Zealand (Auckland and Wellington)
- Majority of isolates found in Southern from screens
- Burden of CPO higher in the North Island than the South Island
- No CPO ARC clusters identified through ESR

New Zealand situation

In New Zealand, the rate of CPE carriage and infection has increased sharply in recent years, and while until very recently nearly all CPE have been imported from overseas, however, we are now seeing carriers in the community and transmission in health care facilities.

Table 1.1 – No. of people per year identified having a positive CPE isolate

Year	Number of cases
2009-2014	30
2015	29
2016	38
2017	33
2018-Sept 2018	54

Transmission risk factors

- Transmission risk factors are anything that can increase the risk of the MDRO's transmitting to another resident or staff member.
- The most common transmission risk factors are diarrhoea, urinary or faecal incontinence, use of antibiotics
- This is not an exhaustive list- and there are many reasons why a resident is more likely to transmit an infection e.g., poor personal hygiene, dementia.

How are MDROs spread including CPO's?

- Direct contact with an infected/colonised person or their body fluids;
 - blood
 - drainage from a wound
 - urine
 - Faeces
 - sputum



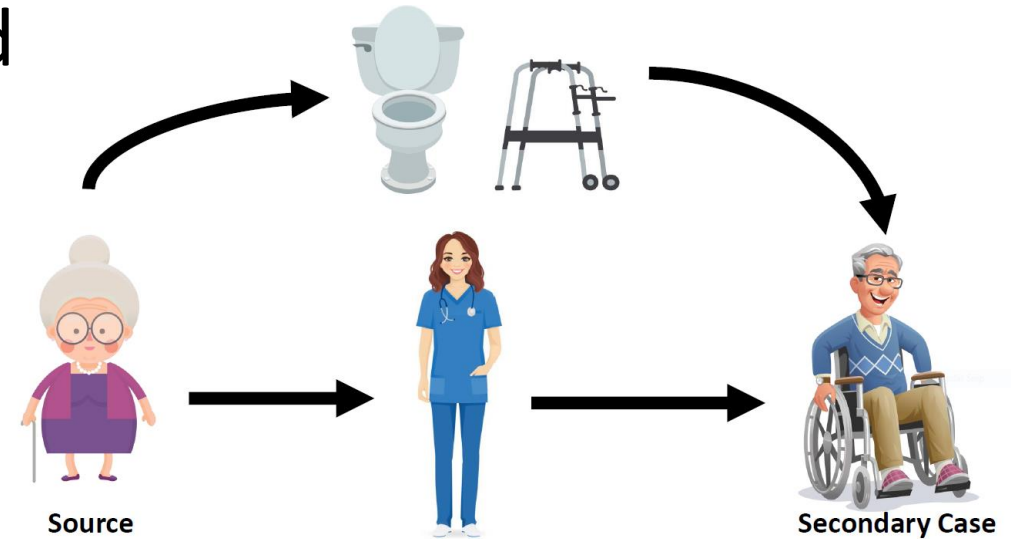
OR

- Contact with equipment or surfaces.

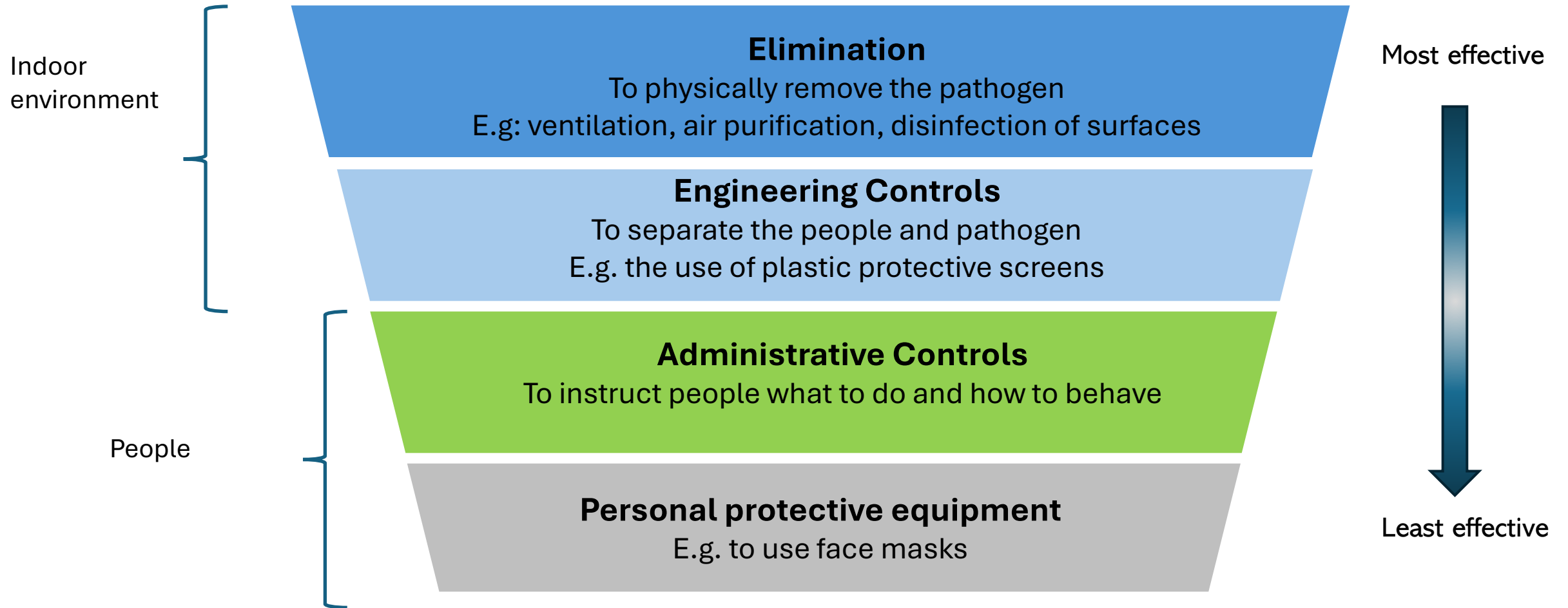


Stopping the spread

- The spread of CPO can be facilitated by contamination of healthcare providers' hands, shared resident equipment, and the facility environment.
- The measures to control transmission are therefore focused on these transmission pathways, which can transmit MDRO's from positive to negative residents.



Applying infection control principles



Reproduced from : Traditional infection control pyramid adapted from the US Centers for Disease Control (CDC, 2015)

How to identify Residents with an MDRO risk

Word of mouth across New Zealand

Often IPC teams will share news of outbreaks in the regional areas of New Zealand.

Te Whatu Ora may also notify about organisms of concern or trends

Transferring ARC facilities or HealthCare facilities should notify receiving facility of known MDRO status (or any infectious condition)

Lab notifications



Public Health notification of Outbreak

Health New Zealand
Te Whatu Ora

National Public Health Service - Southern
Aged Care Gastro/ILI/ARI Outbreaks Update

An outbreak of influenza-like illness (ILI) is occurring at
***** Dunedin.

Ongoing outbreaks:

- ***** ILI
- ***** Invercargill -
- *****
- ***** pital, Dunedin

Gastro and ILI resources:

- [Norovirus Guidelines](#)
- [Resource for Gastro Outbreak Management](#)
- [HealthPathways: Influenza-like Illness in ARCs](#)

If you have an outbreak of Gastro, ILI, or ARI at your facility, please contact the on-call Health Protection Officer at National Public Health Service - Southern to notify.

Dunedin 03 476 9800 | Invercargill 03 211 8500 |
Queenstown 03 450 9156

Health New Zealand
Te Whatu Ora

National Public Health Service - Southern
Aged Care COVID Outbreaks Update

Covid outbreak(s) reported over the past *seven (7)* days:

- ***** Dunedin

COVID resources:

- [Health NZ: Info on COVID for ARCs](#)
- [HealthPathways: COVID-19](#)

If you have an outbreak of COVID at your facility, please email notifyMOH@southerndhb.govt.nz. An outbreak is defined as:

- 3 residents or staff with COVID positive RAT across whole facility within 3 days; OR
- 4 residents or staff with a COVID positive RAT in the same area (ward/unit) within 7 days

Every COVID positive ARC resident must be notified using RATCatcher. For RATCatcher support, please contact ratcatchersupport@health.govt.nz.

For IPC guidance and support, please contact IPCARC@southerndhb.govt.nz.

Note: This update is sent out to participating facilities when an outbreak meeting the above definition is notified to National Public Health Service – Southern. As Public Health are not actively managing COVID outbreaks in ARC facilities, a follow up message is not sent when COVID outbreaks are declared over. ARC facilities are

Finding Alerts on HCS/HealthOne

Patient Demographics



[Suspect Duplicate...](#)

[View Contact Details...](#)

Primary Care Practitioner Information

Name Aurora Health Centre
Phone Number 03 455-0006
Address Aurora Health Centre , 70 MacAndrew Road, DUNEDIN 9012

Shared Care Plans

Stand-alone Advance Directive/Enduring Power of Attorney/Welfare Guardian Order documents are filed in "Clinical Documents - LEGAL" if they have been uploaded to HCS.

No shared care plans exist. If you wish to create a shared care plan, please go to Add New Document in the Clinical Documents menu on the left of your screen.

COVID Vaccination

Vaccination	Date
Pfizer BioNTech COVID-19 - 1	28-Jul-2021
Pfizer BioNTech COVID-19 - 2	02-Sep-2021
Pfizer BioNTech COVID-19 - 4	28-Aug-2022
Pfizer BioNTech COVID-19 - 3	24-Jan-2022

Waitlists (SIPICS only)

Date Waitlisted	Visit Reason	Type	Clinician	Specialty
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SDHB Local Alerts

MedChart	0
iSoft Healthviews	0

Alert Summary

EXTERNAL SOURCES (1)

NHI Medical Warnings (Last Refreshed 06-Jun-2024 16:24)

MDRO ESBL E.coli
, Date 02-Jun-2024

SIPICS Alerts (Last Refreshed 06-Jun-2024 16:24)

No problems received

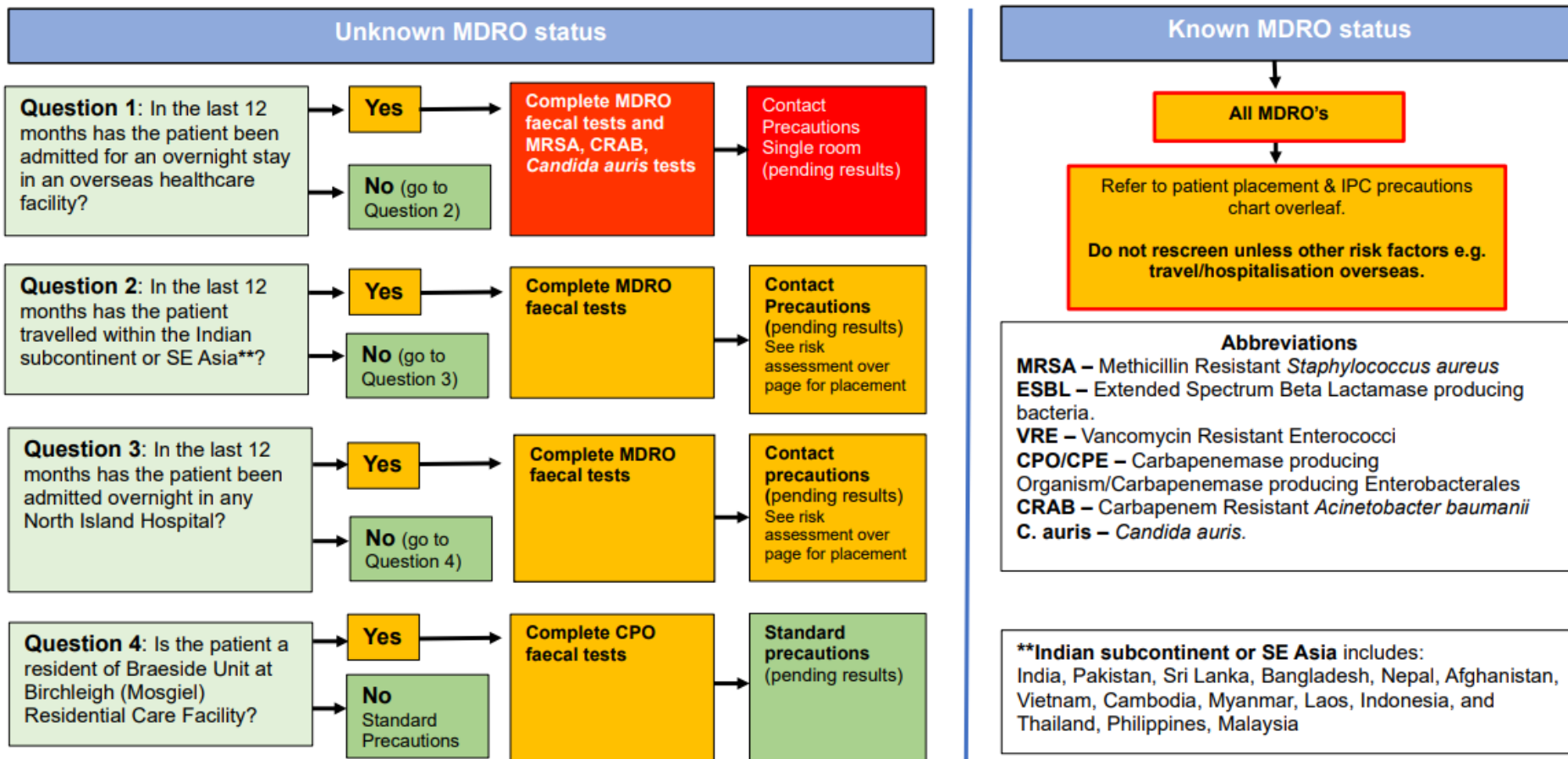
Legacy Alerts

No problems received

Multi-drug Resistant Organisms (MDRO) Admission Assessment Screening (District)

This applies to overnight admissions plus Dialysis & Oncology outpatients

Check HCS/SIPICS for MDRO Alerts



Specimen collection:

MRSA testing – IDUC urine specimen (if applicable). Separate purple top bacterial swabs from nose, perineum and any wounds & stoma. Moisten swabs in media prior to taking specimen.

MDRO faecal testing – Faecal specimen or purple top bacterial swabs from rectum with visible faecal matter present.

C. auris testing – Purple top bacterial swabs from bilateral groin and axilla. Use one swab to sample all **four** sites.

CRAB testing – Purple top bacterial groin swab. Tracheal aspirate or sputum for intubated patients, wound swab, IDUC urine (if applicable).

IPC Screening tool

Question A – Required for all overnight admissions, plus dialysis outpatients, and oncology outpatients.

A MDRO?

Multi Drug Resistant Organism
(e.g., MRSA, ESBL, VRE, CPO)

Yes **No** Has an MDRO alert (SIPICS/HCS) or been previously MDRO positive?

Yes **No** Been admitted overnight in any North Island hospital in the last 12 months?

Yes **No** Been admitted overnight to an overseas hospital in the last 12 months?

Yes **No** Resided/travelled to the Indian subcontinent or South-East Asia in the last 12 months? Refer to [MDRO-Admission-assessment-flowchart \(200982\)](#) for countries.

Yes **No** A resident of Braeside Unit at Birchleigh Residential Care Centre (Mosgiel)?

If answered yes Refer to [MDRO-Admission-assessment-flowchart \(200982\)](#) for testing & placement

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The importance of standard precautions

Stopping the spread

- The use of standard precautions is an essential infection control strategy to prevent transmission of micro-organisms from one resident to another, or to prevent a colonised resident from developing an infection
- Standard precautions will also protect staff from becoming colonised/infected.

Victorian guideline on carbapenemase-producing Enterobacteriaceae – for long term residential facilities version 1.1, May 2018 (updated October 2023)

**ALWAYS FOLLOW
STANDARD
PRECAUTIONS**

-  Perform hand hygiene as per 5 Moments
-  Use PPE to prevent exposure to blood, body fluid or respiratory secretions
-  Clean, disinfect or reprocess equipment shared between patients
-  Use aseptic technique when accessing invasive devices or wound care
-  Follow respiratory hygiene and cough etiquette
-  Perform regular environmental cleaning
-  Use and dispose of sharps safely
-  Handle and dispose of waste and used linen safely

Southern DHB 37545 V4 Released 28/09/2021

**Southern District
Health Board**
Piki Te Ora

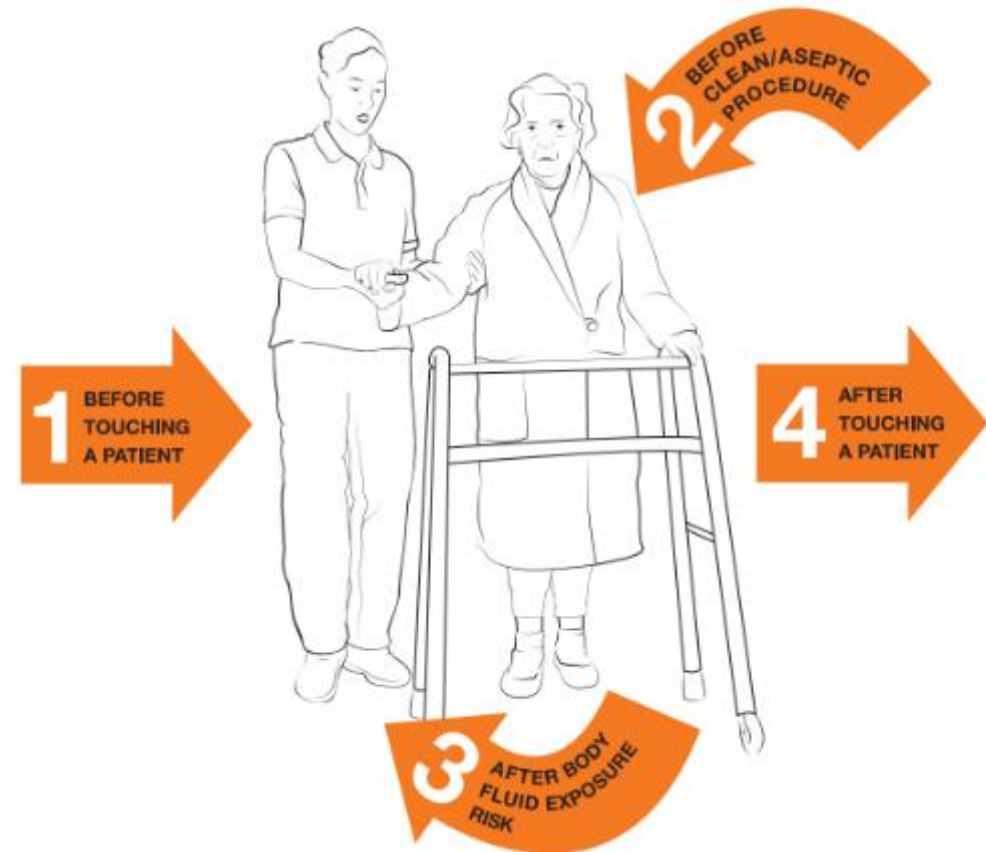
Hand Hygiene

How good is the hand hygiene in your facility?-

- This includes staff, residents and visitors
- An obvious focus

Your Moments for Hand Hygiene

Health care in a residential home



Hand Hygiene considerations

- Standard precautions should always be implemented for all resident interactions, regardless of if there is a known outbreak
- Location of hand gel and gloves in resident rooms to increase hand hygiene compliance
- Location of hand gel in dining room and on meal tables
- Education on 4/5 moments of hand hygiene
 - glove use, hand care & enabling resident hand hygiene
- Accessible staff moisturiser and plasters for skin care
- Hand gelling part of resident meal routine
- Healthcare worker performs hand hygiene before assisting with mealtimes

Ensure environment is cleanable

- **Check underneath commodes for cleaning**
- **Is furniture covered in wipeable covering i.e not fabric?**
- **What condition is the equipment in your facility? i.e no rust , intact surfaces**



Environmental Cleaning

Clean/ Disinfect:

- Touch points
- Commode cleaning
- Shared equipment



Laundry considerations

- Compliant with standards
- Clean dirty flow
- Processes to manage contaminated linen
- Ensure Laundry staff are included in education programme
- Identify any staff that work in more area of the facility

Disposal of body fluid safely

- Wear PPE
- Consider how you will dispose of contents of catheter, urinals & bedpans without contamination
- Take extra care with catheters, night bags etc
- If transferring receptacles to sluice room, enclose in paper bag and process items immediately
- Clean down sluice bench, sanitiser handle with an approved disinfectant



Excellent hand hygiene



The Response to a CPO case

That phone call.....

And of course it was
Friday



Laboratory report

- Often resistant to many other classes of antibiotics.
- Limited to antibiotics that have more and harsher side effects

URINE

MICROSCOPY

Leucocytes: > 1000 x10⁶/L Erythrocytes: 10-20 x10⁶/L
Epithelial cells: 10-20 x10⁶/L

CULTURE

>100 x10⁶ CFU/L of Escherichia coli

The presence of epithelial cells is consistent with contamination.

This organism produces a carbapenemase. Please contact Infection Prevention and Control AND the Clinical Microbiologist or Infectious Disease Physician.

Please consult Infection Prevention and Control Guidelines.

SUSCEPTIBILITIES

Amoxicillin	R
Cefuroxime (Parenteral)	R
Ciprofloxacin	I
Co-amox/Clav (Augmentin)	R
Cotrimoxazole	R
Gentamicin	S
Nitrofurantoin	S
Trimethoprim	R
Ceftriaxone	R
Cephalexin	R
Fosfomycin	S
Mecillinam	S
Meropenem	R

Carbapenemase-producing *Enterobacteriaceae* (CPO) case identification

- 19 May 2023 an 82 y/o resident tested positive for carbapenemase resistant E.coli in a routine urine test. The resident wasn't mobile, hadn't been in hospital in the last 6 months and no MDRO's seen in urine in previous 3 months.
- The lab alerted the Infectious Disease doctor, microbiologist and IPC team.
- This was the first CPO identified in our region, and to the best of the IPC team's knowledge, the first reported case in an Aged Care facility in New Zealand.
- 22 May Multi disciplinary team Outbreak group convened

IPC agreed actions

- Meeting with key staff to review and discuss response plan (Medical Officer of Health, laboratory manager, ID doctor, Microbiologist, Aged Care Planning and Funding, and the IPC team).
- Birchleigh manager and clinical lead contacted
 1. Positive CPO resident placed in contact precautions
 2. Residents in all units to have surveillance CPO screen- faecal swab or sample
 3. Admissions to Birchleigh put on hold
 4. Admissions from Birchleigh to hospital to be in contact precautions
 5. Residents transferred to other facilities and hospitals in last 3 months identified for CPO screening
 - 1 Dunedin hospital in 4 bed-room, 3 in other aged care facilities, 1 in Wellington aged care facility
- Public health and the ministry of health notified

Outbreak management partnership

Birchleigh outbreak group

- Staff representation from 3 units
- Lead by manager and clinical manager

Purpose:

- Update information
- Implement standard precautions audit action plan
- Monitor contact precautions

- Twice weekly meetings via Teams

Te Whatu Ora IPC Outbreak group

- Multidisciplinary team

Purpose:

- Review screening schedules and results
- Review risk management plan & make recommendations
 - Residential facility
 - Hospital and other health services

IPC ARC team

- Standard precautions audit & risk management recommendations
- Information and support

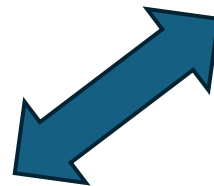
Communication

- Residents
- Family / whanau
- Staff
- Visitors / volunteers
- Facility owners

- Public Health
- Ministry of Health



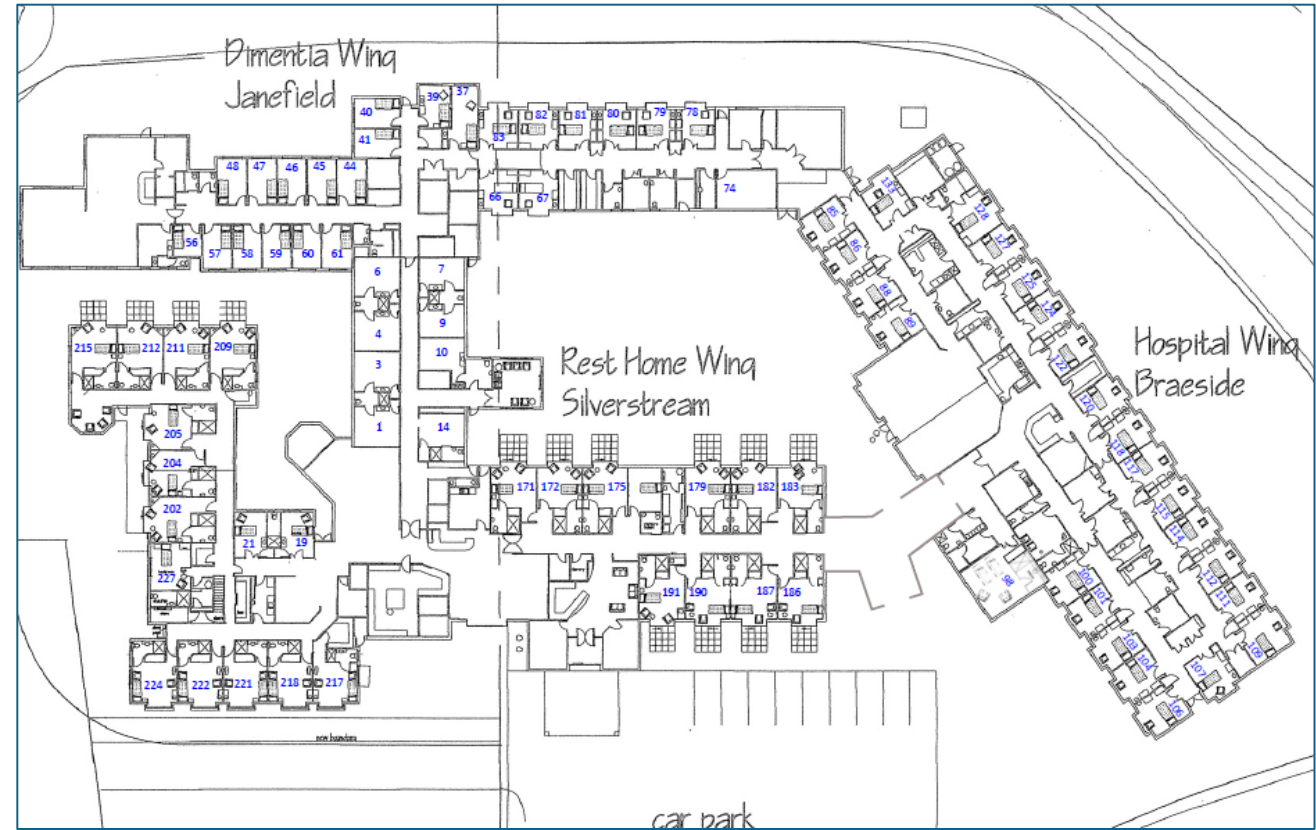
- Outbreak hospital group



- Anxiety among residents, staff, family/whanau
- Residents were colonised and asymptomatic.
- No defined infectious period like other organisms, contact precautions cannot be discontinued.
- CPO guidelines and resource material provide sample communication letters and information for resident's, family, staff and other health professionals.

Birchleigh

- Silverstream Rest Home Unit = 25 beds
- Braeside Hospital Unit = 26 beds
- Janefield Dementia Unit = 24 beds



Surveillance Screening of Residents for CPO Colonisation

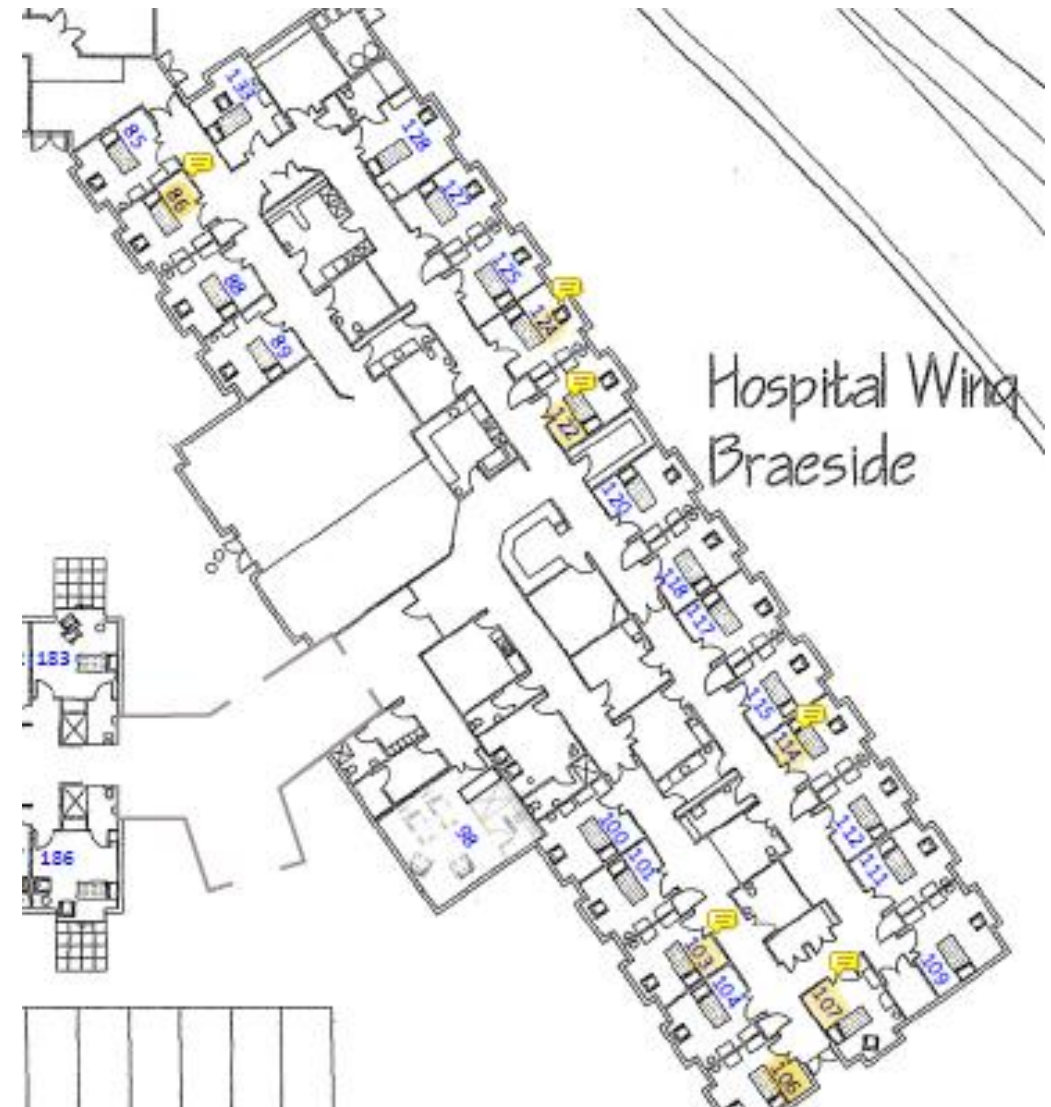
- Screening was undertaken of all residents in Birchleigh and the residents that had transferred in the last 3 months
- 8 residents were identified as colonised between May and July 2023
- 11 November 2023 a resident from Janefield (dementia unit) tested positive as part of screening in Dunedin hospital
- All subsequent testing has not identified any further positive cases

Carbapenemase-producing *Enterobacteriaceae* (CPO) case identification

Braeside Hospital Wing CPO case numbers

1. 21/5/2023 Urine - E. coli CPO
2. 30/5/2023 Faeces - E. coli CPO
3. 31/5/2023 Faeces - E. coli CPO
4. 6/6/2023 Faeces - E. coli CPO
5. 16/06/2023 Faeces - E. coli CPO
6. 28/6/2023 Faeces - E. coli CPO
7. 29/6/2023 Faeces - E. coli CPO
8. 25/7/2023 Faeces - E.coli CPO

Cross infection in Braeside was evident.



Environmental screening

- The guidelines recommend environmental screening to identify any transmission reservoirs
- 140 swabs taken
- Showerheads, drains, sinks, bed rails, door handles, call bells, hoists, commodes etc. (high touch points)
- All results were negative apart from a sink used for sluicing residents personal clothing

Acquiring CPO (info for staff)

- Normal *E.coli* lives in our bowel – it's in our faeces
- If a person ingests contaminated food or water, they may become colonised
- If on surfaces, then hand to mouth contaminated
- Carried between residents on the hands of staff and on equipment
- Communal toilets and bathrooms are a higher risk
- More likely to colonise people who are sick or frail, have indwelling devices, or taking antibiotics

Staff testing

- CPO guidelines do not recommend testing staff as this doesn't change the risk management requirements
- It was arranged for staff, should they wish to, that they could independently (at no cost to them) have a CPO screen with the results going to their GP and remain confidential
- Oversight by ID physician as no occupational health resource

Antimicrobial Stewardship Plan for Birchleigh Aged Care Facility (letter to GP's)

- Control Measures including a comprehensive IPC plan
- Strategies to achieve optimum antibiotic use:
- Limiting antibiotic prescriptions to a minimum
- Using as narrow a spectrum as possible – avoiding antibiotics with gram negative activity if possible, e.g. Augmentin, cefaclor, ciprofloxacin
- Shortening the length of any antibiotic courses to an absolute minimum

Environmental observational audit and findings

The Importance of using a preparedness tool (audit)

- Measures IPC practice currently in place
- Completed by someone with IPC understanding
- An opportunity to develop a plan to reduce transmission that is endorsed and agreed to.
- Review all parts of standard precautions.
- To be regularly reviewed and no surprises
- Repeat at the beginning of an outbreak

Focus of audit

- Standard precautions should always be implemented for all resident interactions, regardless of if there is a known outbreak
- Appropriate use of PPE including single use aprons for all resident cares to protect staff uniforms
- Location of hand gel and gloves in resident rooms, dining room, communal areas
- Understanding on 4/5 moments of hand hygiene
 - glove use, hand care & enabling resident hand hygiene
- Environmental cleaning
- Review of resident denture / mouth care cleaning

Standard precautions to reduce transmission risks

Cleaning

- Review cleaning policy and specifications
- Review cleaning staff hours
- What is cleaned; areas & equipment (commode cleaning, shared equipment, correct reprocessing of medical products e.g., scissors)
- How often
- Equipment & chemicals used
- Steam cleaning carpet when necessary
- Cleaning training & orientation

Sluice and Waste Disposal

- Separation of clean & dirty
- Ergonomics & design
- Disposal of body fluids
- Sanitizer machine functioning
- PPE availability & use
- Storage of commode bowls
- Waste bins; size, access, location

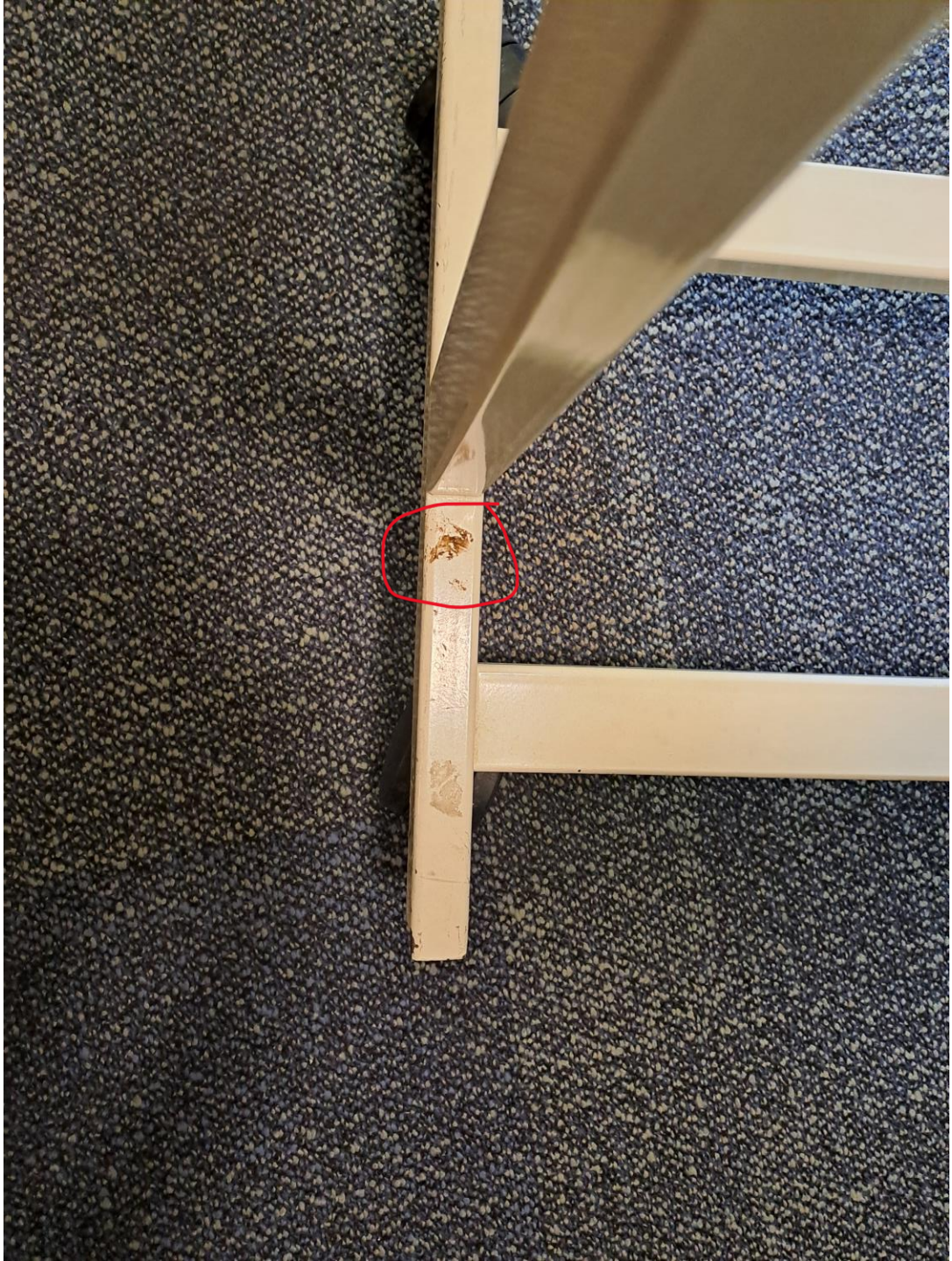
Standard precautions audit observations

- Hospital level care requires close contact with the healthcare worker for mobilising, toileting, washing, dressing
- Handling of faeces and urine via bedpans, commodes and urinals, disposal of contents and cleaning is a frequent task
- Residents not able to carry out hand hygiene without assistance
- Residents not able to carry out mouth / denture care without assistance
- Hand hygiene, gloves & aprons are important to reduce exposure to body fluids

Commodes

- 16/25 required cleaning
- 11/25 identified for replacement
- Unclear who had the responsibility for cleaning the commodes





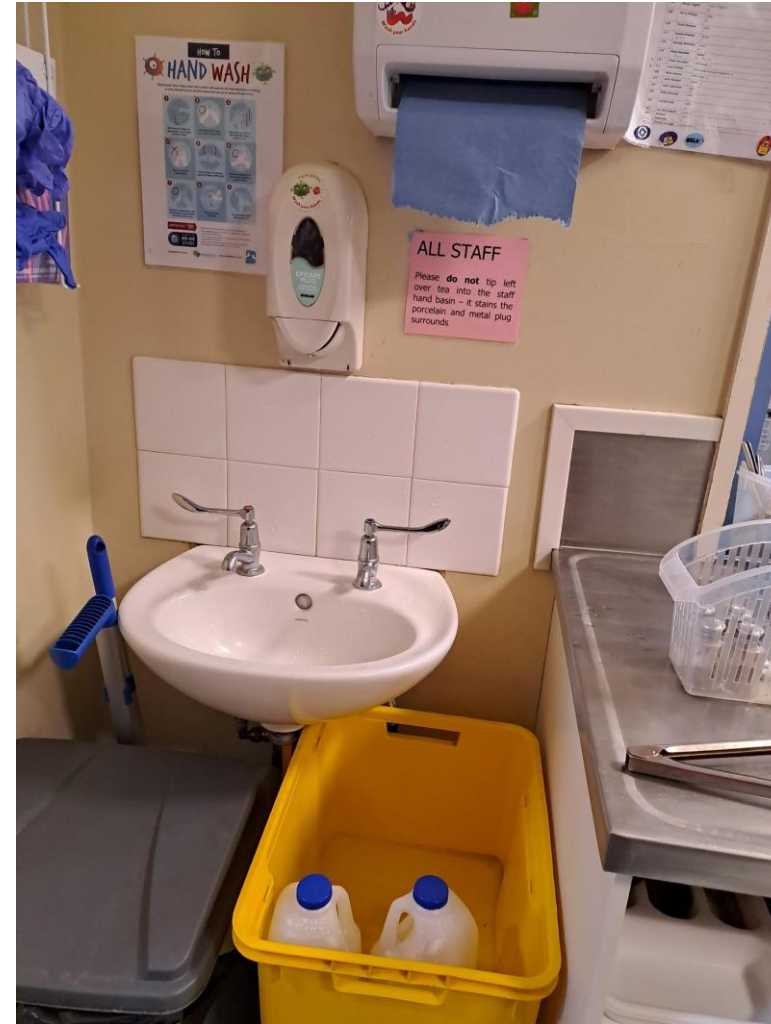
Ease of cleaning

- Ensure the surfaces are able to be cleaned
- Cleaning schedule in place
- When new equipment is purchased that IPC review and ensure that they can be cleaned
- Review products used for cleaning



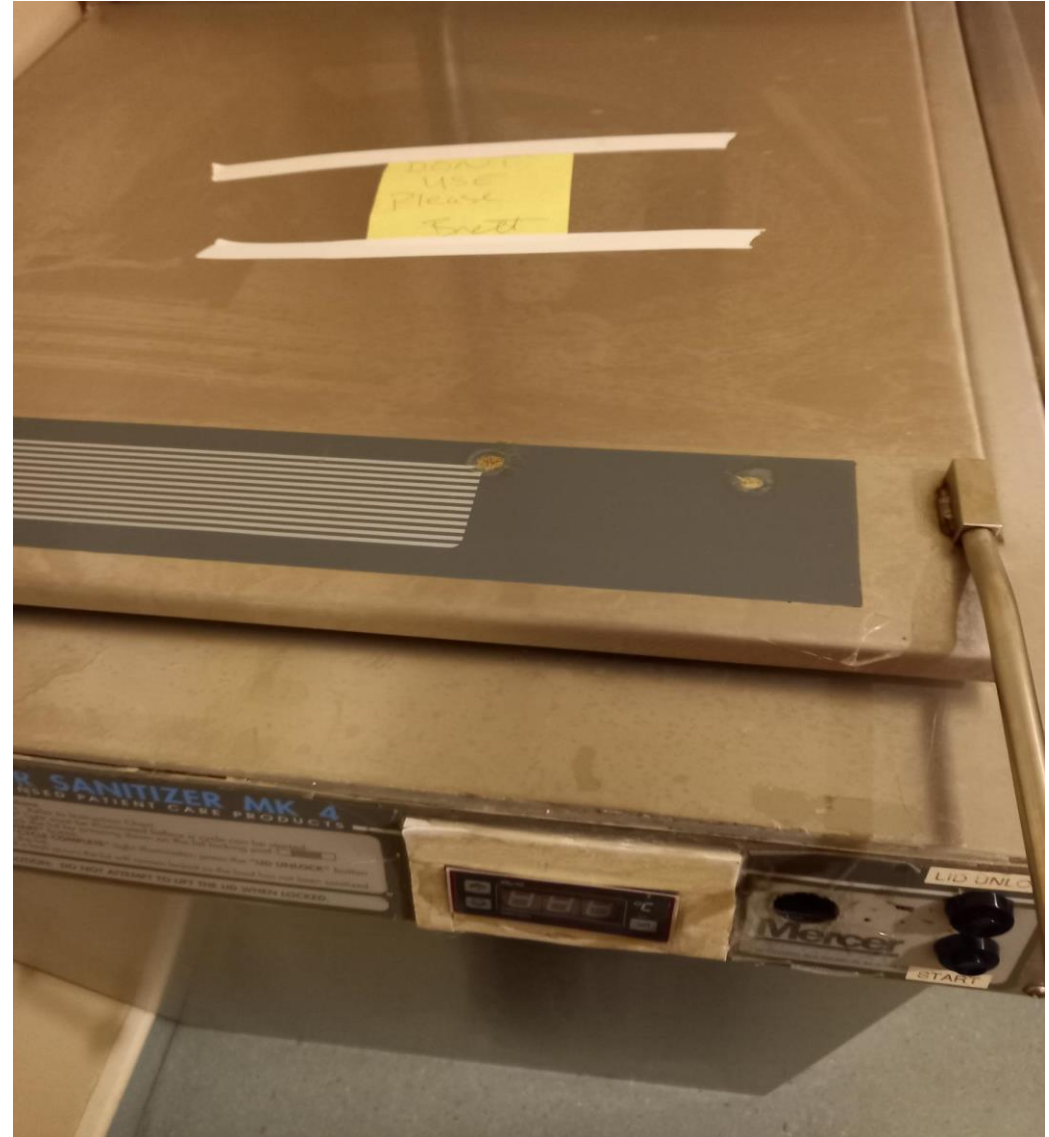
Clutter

- Review all areas for ease of access
- Keep items off the floor to allow cleaning
- Throw out all items that have expired and are not fit for purpose
- Ensure that each item has a purpose and that everyone knows what it is



Sluices

- Two sanitisers in facility; one at each end
- Sanitiser at red end had not been operational since January 2023
- Bed pans required transported to the other end
- Blue end sanitiser service sticker expired January 2023



Observational finding

- Placement of the denture cups
- Cleaning of the space
- Roles and responsibilities
- Not mixing tasks





Management of Residences Colonised with CPO

IPC Precautions for MDRO positive resident

- Standard Precautions
- Dedicated toilet and bathroom. If not possible, shower last for the day and thoroughly clean/disinfect.
- Gown/glove for high contact care activities
- Rigorous environmental cleaning
- Dedicated equipment
- Care plan to manage activities safely. Residents with suspected or confirmed colonisation or infection with an MDRO should be allowed to attend meals and activities provided hand hygiene is observed, wounds are covered, incontinence is managed.
- Exceptional hand hygiene



High-Contact Resident Care Activities

Residents *are not restricted to their rooms or limited from participation in group activities.*

However,

Outside the resident's room, PPE is required when:

- Assisting with transfers
- assisting during bathing/toileting in a shared bathroom
- In the therapy gym,
- specifically when anticipating close physical contact while assisting with transfers and mobility.

CONTACT PRECAUTIONS

in addition to Standard Precautions



VISITORS

Report to nursing station prior to entering this room.

- Perform hand hygiene (wash your hands or use the hand gel) before entering room and when leaving this room.
- Gloves and gown are not required by visitors.

ALL STAFF - before entering room:



Perform hand hygiene (ABHR or Soap & Water)



Put on gown or apron



Put on gloves

On leaving the room:



Remove gloves, gown or apron inside the room and perform hand hygiene



Clean patient related equipment



Perform hand hygiene

DOOR MAY BE OPEN

Use transmission-based precautions, as appropriate

Contact precautions for CPO residents

- Identify residents colonized with CPO
- Clear contact isolation signage placed on their doors
- Use contact precautions for all personal cares
- Frequent cleaning of high touch surfaces
- Dedicated toilets / bathrooms with clear signage. If not possible, use commodes, or shower last for the day and thoroughly clean/disinfect.
- Dedicated equipment e.g., monitoring equipment, hoist slings. Clean/disinfect after use.
- Dedicated wipeable seats in dining/lounge areas, followed by disinfection
- Exceptional hand hygiene
- Biohazard waste stream, sufficient waste receptacles
- Minimize antibiotic use

Contact precautions for a CPO resident

- In residential care, complete social isolation can have harmful psychological effects.
- Colonised patients with suspected or confirmed colonised with CPO should be allowed to attend meals and activities
- Provided appropriate risk mitigation strategies are in place – e.g., hand hygiene is observed, incontinence is managed, wounds are contained, footwear is worn.



Psychosocial needs of residents

- Lounge
- Activities
- Entertainment
- Van visits
- Hairdresser
- Family and visitors

Visitors

Visitors do not need any special precautions but must perform hand hygiene on exiting the room



Closing thoughts....

Ongoing Challenges – Outbreak review

- Opening hospital unit to resident admissions
- Ongoing screening surveillance
- What happens if transmission continues within the unit
- What happens if transmission occurs in the dementia and rest home unit
- How do you maintain standard precautions best practice
- Meeting the psychosocial needs of residents in a continuing outbreak

Ongoing Challenges – Outbreak review

- How do you manage the transmission risks to and from hospital
- High staff turnover
- Competing priorities
- Inconsistence messaging
- When is a CPO outbreak over

Impact on Birchleigh

- Lack of understanding from the community of CPO and the risk
- Ongoing screening of patients
- Reputational risk
- Student nursing placements
- Financial
- Sustaining the response

Tips for an outbreak journey – preparation

- Electronic map of your facility
- Include MDRO information guidelines in your outbreak pack
- Identify your resident activities IN ADVANCE and develop risk management strategies so as to continue when there is an outbreak
- Complete an audit prior to an outbreak
- **Ask and answer the question- what does standard precautions look like at my facility?**
 - Hand hygiene, cleaning, waste management, linen management, PPE

Where to from here?

- Final CPO screening in Braeside of their 21 negative residents (only 3 CPO positive remaining residents)
- Removal of Braeside from the IPC screening tool
- Identifying another participant for the Gold Hand hygiene auditor training and implement a hand hygiene programme
- Celebrate a successful response to a CPO outbreak and share the learnings



Anna Clinical lead
Braeside
Birchleigh

The IPC Team



Top row L-R: Leanne Graham (IPC Admin), Tina Nemeth (CNS Dunedin), Jo Stodart (CNM), Blair Donkin (CNS Dunedin), Nigel Barr (RN - Patient Safety & IPC)

Second row L-R: Adrienne Morgan (CNS Dunedin), Laura McDonald (CNS Dunedin), Sue Dillon (CNS Southland), Jill Gerken (CNS Lakes/ARC/Rural), Rachel Pannett (CNS Southland)

Absent: Nina Gallego

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- Birchleigh staff (in particular Malcolm Hendry)
- Public Health and Laboratory staff
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- The ACIPC conference 2024 organising committee
- Carrie Spinks

Any questions?



Resources

- Victorian guideline on carbapenemase-producing *Enterobacteriaceae* for long term residential facilities version 1.1, May 2018 (updated Oct 2023)
- Ministry of Health NZ Infection Prevention and Control Management of Carbapenemase-producing *Enterobacteriaceae* – Guidelines for health care providers in New Zealand acute and residential care facilities, 2018
- Facility Guidance for Control of Carbapenemase-resistant *Enterobacteriaceae* (CRE), CRE Toolkit, November 2015 (CDC)

Guide to improving the use of antibiotics in the management of urinary tract infections in aged residential care

14th October, 2022


Aged residential care

Multimedia


This guide was developed to support ARC multidisciplinary teams in implementing strategies to:

- improve symptom recognition and communication in the diagnosis of UTI
- reduce the rate of urinary antibiotic prescriptions for residents whose symptoms do not meet clinical criteria for UTI
- improve systems for review of antibiotic treatment following results of laboratory testing: urine microscopy, sensitivity and culture (MC&S).


Attachments

 [Guide to improving the use of antibiotics in the management of urinary tract infections in aged residential care](#)

PDF | 310 KB

 [Urinary tract infection decision-support tool for the treatment of medically stable residents in aged residential care](#)

PDF | 57 KB

 [Use of antibiotics for urinary tract infection - awareness presentation](#)


PPTX | 2.1 MB

 [Data collection template](#)


XLSX | 45 KB

 [Detailed data collection template](#)


XLSX | 50 KB

 [Implementation checklist](#)

DOCX | 30 KB

 [Measurement plan](#)

DOCX | 31 KB

 [Letter to prescriber](#)

DOCX | 31 KB