

## **Carbapenemase-Producing Organisms (CPO) Management of the Confirmed CPO Patient (Acute Care)**

### **Patient Care Coordinator (PCC)**

- Perform risk assessment prior to patient placement
  - Consider risk factors for dissemination:
    - Respiratory tract infection, secretions
    - Open areas/invasive devices
    - Wound drainage
    - Desquamating skin conditions
    - Incontinence
    - Cognitive impairment, poor hygiene, and instruction compliance
- Ensure consistent staff assignment
- Minimize patient movement
- Notify receiving Unit/Service when patient is mobilized, transported or transferred
- Ensure patient CPO status is communicated to Allied Health
- Request Infection Control education for staff
- Ensure '*ring screening*' for CPO occurs as directed by Infection Control
- Maintain adequate stock of personal protective equipment (PPE) and cleaning/disinfectants
- Ensure areas/equipment not cleaned by Environmental Services (EVS) are cleaned and disinfected daily by designated alternative
- Request UVC Therapy/RD Machine (where available) through EVS Call Centre at transfer or discharge following thorough isolation cleaning and disinfection

### **Health Care Provider (HCP)**

- Use private room and Contact precautions for CPO positive patients.
- If patient is also on droplet or airborne precautions, the patient must wear a surgical/procedure mask if out of room
- Ensure hand hygiene compliance
- Cover open wounds or lesions with clean dressing
- Bathe patient daily with neutral soap (or as advised by Infection Control)
- Daily change of linen (i.e. sheets, pillow cases, towels, facecloths)
- Clean gown or pajamas provided to patient daily
- Encourage and/or assist with patient hand hygiene before meals, after using washroom, and throughout day
- Minimize equipment/supplies in patient room and bathroom
- Use recommended hospital disinfectant to clean and disinfect all surfaces patient comes in contact with
- Dedicate equipment to suspect and confirmed CPO patients
- Clean and disinfect equipment after each use
- Clean and disinfect commode on all touched surfaces, from clean to dirty, after each use

### **Infection Prevention and Control (IPAC)**

- Ensure patient is flagged in patient care information system
- Ensure registry on CPO line list
- Communicate patient status to Infection Control Medical Microbiologist On-Call
- Provide staff education
- Initiate '*ring screening*'/point prevalence screens/spread sheet tracking
- Submit enhanced cleaning and disinfection request to EVS
- Review EVS schedule for prolonged patient stays
- Submit EVS discontinuation of enhanced cleaning to EVS when services no longer required
- Communicate with ICP from transferring health authority as required

### **Environmental Services (EVS)**

- Follow posted precaution signage
- Initiate and maintain enhanced cleaning and disinfection
- Promptly remove garbage and linen when 2/3 full
- Provide isolation cleaning and disinfection followed by UVC Therapy/RD Machine (where available) at Patient Care Coordinator (PCC) request