

## Care Plan for Management of the Resident with Carbapenemase-Producing Organism (CPO) or *Candida auris* Colonization

Date of Care Plan Initiation:		Date of Next Care Plan Review*:	
Resident Demographic Information:			
Date of Lab Confirmed CPO Sample (MM/DD/Year):			
<b>Identified Organism(s):</b> <input type="checkbox"/> Klebsiella <input type="checkbox"/> Enterobacter <input type="checkbox"/> Citrobacter <input type="checkbox"/> Morganella <input type="checkbox"/> Providencia <input type="checkbox"/> Salmonella <input type="checkbox"/> Serratia <input type="checkbox"/> Proteus <input type="checkbox"/> Hafnia <input type="checkbox"/> E. coli <input type="checkbox"/> <i>Candida auris</i>			
<b>Genotype:</b> <input type="checkbox"/> NDM <input type="checkbox"/> OXA <input type="checkbox"/> KPC			
<b>Identified Body Site(s):</b> <input type="checkbox"/> Nares <input type="checkbox"/> Wound <input type="checkbox"/> Groin <input type="checkbox"/> Tube/Line/Drain <input type="checkbox"/> Rectal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Ear Canal <input type="checkbox"/> Other: _____			
<b>For residents with an active infection due to CPO/<i>C. auris</i>, place the resident on the appropriate additional precautions. Consult ICP for removing additional precautions.</b>			
<b>Precautions for colonized residents:</b> <ul style="list-style-type: none"> <li>Enhanced Barrier Precautions</li> <li>Routine Practices</li> <li>Point of Care Risk Assessment</li> </ul> Additional PPE as required <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Mask (if colonized in sputum) <input type="checkbox"/> Eye protection (if colonized in sputum)		<b>Enhanced Barrier Precautions (Gown &amp; Gloves) for in-room "Close Contact Care" e.g.:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dressing and undressing</li> <li><input type="checkbox"/> Providing hygiene/personal care</li> <li><input type="checkbox"/> Changing briefs/assisting with toileting</li> <li><input type="checkbox"/> Transferring and repositioning</li> <li><input type="checkbox"/> Bathing/showering</li> <li><input type="checkbox"/> Changing linens</li> <li><input type="checkbox"/> Device care/management: central lines, urinary catheters, feeding tubes, trach. care</li> <li><input type="checkbox"/> Wound care and dressing changes</li> </ul>	
<b>Required Infection Prevention and Control Practices:</b>		<ul style="list-style-type: none"> <li>Clinical equipment must be dedicated to the resident (e.g. blood pressure cuffs; commodes etc.). Develop a schedule for cleaning/disinfecting resident equipment.</li> <li>Personal care items are resident specific (e.g. soap, shampoo, brush, comb, nail clippers, lotion).</li> <li>Clean and disinfect clinical equipment that cannot be dedicated (e.g. glucometer or vital sign machine) using a product effective against CPO or <i>C. auris</i>.</li> </ul> <input type="checkbox"/> Use disposable hygienic products to manage disposal of body fluids when dedicated toileting facilities are not possible.	
<b>Accommodation:</b>		<input type="checkbox"/> Private room with dedicated private washroom facilities: <ul style="list-style-type: none"> <li>➤ Washroom facilities are not shared with other residents.</li> <li>➤ Family and visitors should not use the resident's washroom facilities.</li> </ul>	
		<input type="checkbox"/> Cohorted accommodation:	

\*Care plan should be reviewed and updated:

- Annually
- If the resident develops an active infection caused by a CPO or *C. auris*
- Following resolution of an active infection caused by a CPO or *C. auris*

## Care Plan for Management of the Resident with Carbapenemase-Producing Organism (CPO) or *Candida auris* Colonization

	<ul style="list-style-type: none"> <li>➤ Roommates with the same CPO gene (KPC, OXA, or NDM) may share a room (e.g. <i>Klebsiella</i> spp. with KPC gene, may be cohorted with a resident having an <i>E. coli</i> spp. with KPC).</li> </ul>
	<input type="checkbox"/> Shared accommodation: <ul style="list-style-type: none"> <li>➤ Potential roommate is assessed for minimal risk factors for CPO (e.g. no open wounds, immunocompetent, bed bound, no indwelling devices)</li> <li>➤ ICP/Medical microbiologist is consulted for roommate suitability.</li> <li>➤ CPO colonized resident is provided with a bedside commode and disposable hygienic products are used for containment and disposal of body fluids.</li> </ul>
Resident Personal Care:	<ul style="list-style-type: none"> <li>• Post Enhanced Barrier Precaution sign inside resident’s room in a location visible to staff.</li> <li>• Provide personal hygiene (bath/shower/bed bath) daily.</li> <li>• Bed linens and resident clothing are changed daily.</li> <li>• As per routine practices all personal hygiene products, including barrier creams are designated for resident’s exclusive use.</li> <li>• Ensure resident’s hands are cleaned using alcohol based hand rub (ABHR) or soap and water, especially after they use the toilet, before meals and before leaving their room.</li> </ul>
Resident Movement Outside their Room	<ul style="list-style-type: none"> <li>• Residents may move freely outside their room and go to the dining room and participate in social and community activities.</li> <li>• Educate/assist residents with hand hygiene using ABHR or soap and water before they leave their room, before meals, after using the toilet and before participating in any social or community activities.</li> <li>• Residents should only use their own dedicated toileting facilities.</li> <li>• Public bathrooms may be dedicated for urgent resident use if required. Immediately after use staff should secure the bathroom until an isolation discharge clean is performed.</li> </ul>
Environmental Cleaning and Furnishings	<input type="checkbox"/> Routine daily cleaning of the resident’s room <ul style="list-style-type: none"> <li>• Clean and disinfect the bathtub/shower in between uses.</li> <li>• Mattresses and pillows should be intact with impervious covers.</li> <li>• Toilet brushes must be dedicated and disposable (discard when visibly soiled or damaged).</li> </ul>
Visitors	<ul style="list-style-type: none"> <li>• Perform hand hygiene upon entry/exit to facility.</li> <li>• Perform hand hygiene upon entry/exit to the resident room.</li> <li>• Provide family and visitor education when required.</li> <li>• A family member or visitor who provides personal care must perform hand hygiene and use appropriate personal protective equipment (e.g. gown, gloves, mask) as identified by the Enhanced Barrier Precautions signage.</li> </ul>
Consultations, Appointments or Transfer to Another Setting	<ul style="list-style-type: none"> <li>• Inform the receiving facility, transfer service when a resident known to be a CPO carrier is being transferred to another institution, facility or care unit in compliance with the facility’s established procedures.</li> </ul>

\*Care plan should be reviewed and updated:

- Annually
- If the resident develops an active infection caused by a CPO or *C. auris*
- Following resolution of an active infection caused by a CPO or *C. auris*