[INSERT LOGO/LETTERHEAD HERE]

[DATE]

[Name, Title] [Name of Facility] [Address 1]

[Address 2]

Dear [Addressee],

The Pennsylvania Department of Health (Department), Bureau of Epidemiology recently became aware of a report of a carbapenemase-producing organism (CPO) in a resident of your nursing home facility (hereafter referred to as index resident).

Containment of resistant organisms such as CPOs is a national problem and requires that health care facilities and public health agencies work together to prevent transmission. A CPO is particularly important to track, monitor and prevent due to its highly resistant nature, high mortality rates among infected persons, and increased likelihood of transmitting genetic material that confers antibiotic resistance to previously susceptible organisms. It is imperative to understand that identification of a CPO among a single resident requires public health action.

The Centers for Disease Control and Prevention (CDC) has published a [containment strategy](https://www.cdc.gov/hai/containment/index.html) specifically designed to reduce the transmission of CPOs and other high-concern healthcare-associated organisms in the United States (2022). The Department supports this strategy for the safety of Pennsylvania patients and residents. The containment strategy guides public health and facility interventions by categorizing novel and targeted multidrug-resistant organisms (MDROs) and resistance mechanisms into four different Tiers. The specific mechanism of interest, or carbapenemase, that was identified in a resident of your facility is known as [type] carbapenemase ([acronym for the mechanism]) and is considered a Tier 3 organism in Pennsylvania. In the index resident, this carbapenemase was identified in [bacteria genus/species].

The purpose of this letter is to provide you with recommended actions your facility should take in response to the identification of a resident with a Tier 3 organism. The Department recommendations emphasize the importance of infection control practices and other prevention activities to reduce the spread of CPOs in nursing homes. **Please see the attached facility-level recommendation checklist.** The purpose of the checklist is to assist facilities in the implementation of communication strategies, detection protocols, targeted screening practices and prevention activities.

**Both colonized and infected persons can spread CPOs, and colonization can persist for many years. Therefore, it is important to maintain infection prevention and control measures, including Enhanced Barrier Precautions (i.e., gown and gloves), for high contact resident care activities, for the duration of a resident’s stay.** There is no evidence that treatment will eradicate CPO colonization, and persons who are colonized should not receive treatment.

We appreciate your commitment to infection control and prevention and your dedication to the well-being of your residents and staff. If you have any questions regarding this information, please do not hesitate to contact [insert appropriate district staff names and contact info].

Thank you for your cooperation. Sincerely,

Authorized Representative Name

Title/Position

**Facility-Level Recommendation Checklist**

1. Communication strategies

 Promptly notify the index resident’s primary caregiver and other health care staff per facility policies/procedures. Inform the resident and family.

 Flag the medical chart with the resident’s CPO status. If possible, choose a CPO, MDRO, or other flag that indicates the resident should be on Enhanced Barrier Precautions while in the nursing home setting or contact precautions if transferred to an acute care facility.

 If the CPO is suspected to have been present on admission, notify the transferring facility so that appropriate review can occur at that facility.

 When transferring the index resident to another facility, notify the receiving facility of the resident’s CPO status so that they may implement infection control measures. Use of an Inter-Facility Transfer Form will assist in this effort. Examples are provided by CDC: <https://www.cdc.gov/hai/prevent/prevention_tools.html>

1. Detection protocols

 Conduct a retrospective microbiology review to identify any carbapenem-resistant [*organism*]*-*positive culture from a resident of the facility. Retrospective microbiology review should extend from the date of the index resident’s culture to at least three months prior [add date].

 Conduct prospective surveillance for three months from the date of the index resident’s culture [add date]. Track and report *any* carbapenem-resistant [*organism*]-positive culture from a resident of the facility. Instruct the laboratory to save the isolates for potential advanced testing at the public health laboratory.

1. Targeted screening practices

 Determine if the index resident, at any time during their stay at your facility, had a roommate, sexual partner, or shared a bathroom. Screening for CPO colonization in roommates, those who share a bathroom, and sexual contacts is recommended. Screening specimens will be collected and sent to the public health laboratory, at no cost to the resident or facility. Screening will be facilitated by the Department.

 Determine if the index resident was on contact precautions or Enhanced Barrier Precautions during his or her stay at your facility. Report this information to the Department. Additional colonization screening may be indicated.

1. Prevention activities

 Place index resident in private room, if possible.

 Use Enhanced Barrier Precautions for the index resident while performing high contact resident care activities such as bathing, toileting, care of indwelling medical devices, etc. Contact Precautions should be used for the index resident if he or she is incontinent of stool that is difficult to contain or has draining secretions or draining wounds that cannot be controlled. Please refer to the document entitled “[Management of residents with Multidrug-Resistant Organisms (MDROs) including *Candida auris*](https://www.health.pa.gov/topics/Documents/Programs/HAIP-AS/Management%20of%20Residents%20with%20Multidrug-%20Resistant%20Organisms%20including%20Candida%20auris.pdf)” for more information.

 Implement Enhanced Barrier Precautions for residents who are at risk of acquiring an MDRO such as those with indwelling devices or wounds.

 Provide formal re-education *to all staff* to include hand hygiene according to [CDC’s Clean](https://www.cdc.gov/handhygiene/providers/index.html) [Hands Count for Healthcare Providers,](https://www.cdc.gov/handhygiene/providers/index.html) as well as proper use of Personal Protective Equipment (PPE)/Enhanced Barrier Precautions and how to manage residents with Multidrug-resistant Organisms (MDROs) to reduce the likelihood of transmission. To aid in education effort, utilize the DOH Alcohol-Based Hand Rub (ABHR) memo to emphasize that ABHR is the preferred method for routine hand hygiene in healthcare settings, including LTCF.

 Ensure adequate opportunities exist to conduct hand hygiene (i.e., clean sinks that are not used for wastewater are available for hand washing and alcohol-based hand rubs) and adequate supplies (e.g. towels, soap, etc.). Regular inventory of supplies is critical.

 Perform monthly hand hygiene audits on each floor or unit. If possible, consider a “secret shopper” approach so that staff do not necessarily know they are being observed. Audits should occur during day, night, and weekend shifts.

 Provide formal education to environmental health staff to emphasize their critical role in disinfecting the environment and preventing transmission of CPOs.

 Perform daily environmental cleaning with an EPA-registered disinfectant among all high- touch surface areas (e.g., bed rails, phone or call bell, bathroom) to decrease the burden of organisms. It is critical to follow the manufacturer’s instructions of each product and to observe the appropriate contact time for the product to work effectively.

 A cleaning schedule should be available to ensure that all environmental health staff are aware of which persons are responsible for which items or areas and with what frequency items and areas are to be cleaned and disinfected.

* Waste containers may require more frequent disposal due to the amount of PPE that may be required during resident care with residents requiring Enhanced Barrier Precautions.

 Perform regular environmental cleaning audits on each floor or unit. Audits should occur during all shifts and include observation of routine and terminal cleaning. CDC has created an Environmental Cleaning Checklist to assist with the auditing process for terminal cleaning: [https://www.cdc.gov/HAI/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf.](https://www.cdc.gov/HAI/toolkits/Environmental-Cleaning-Checklist-10-6-2010.pdf)

 As adjuncts to having a direct observation audit program for the environmental services staff, supplemental tools may be utilized to ensure that thorough cleaning and disinfection was conducted and to identify any susceptible areas including:

* Blacklight monitoring with the use of Ultraviolet (UV) markers; and
* ATP Monitoring System, which allows for the detection of adenosine triphosphate (ATP), the universal unit of energy in all living cells.

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