

# Resident Admission, Discharge, and Transfer Considerations for Carbapenemase-Producing *Enterobacteriaceae* (CPE)

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## Background

There are many factors that long-term care homes (LTCHs) must consider when transferring, discharging and admitting a resident with a carbapenemase-producing *Enterobacteriaceae* (CPE).

Some of these factors are:

- communication between settings;
- education and training of staff, residents and visitors;

The following checklists have been developed as a guide for the safe admission, transfer, and discharge of residents who are colonized or infected with CPE.

## This checklist can be used:

In addition to a regularly reviewed and updated policy, to help organizations when they are planning for the safe admission, transfer, or discharge of residents who are colonized or infected with CPE.

While this checklist was developed for LTCHs, it may also be used in other types of health care settings. The following three sections provide important factors for health care settings to consider during the following situations:

- Preparing for and admitting a resident with CPE.
- Transferring a resident with CPE to another setting.
- Discharging a resident with CPE to their own home.

These checklists were informed by the documents listed under Sources.

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**Assessor Information**

First name:

Last name:

Position:

Date (yyyy-mm-dd):

**Resident Information**

First name:

Last name:

Date of birth (yyyy-mm-dd):

**1 - Considerations to Prepare for Admitting a Resident with CPE**

The following checklist may be completed by the receiving LTCH to make sure they are prepared for the admission of a resident with CPE. When preparing to admit a resident with CPE, it is important to ensure you already have in place, or are able to implement, practices that can reduce the risk of spreading CPE to other residents and staff. The below checklist can help you determine if you are ready to safely admit a resident with CPE, and identify areas where you can improve. The more of the below factors you have in place, or are able to implement, the lower the risk will be of spreading CPE at your LTCH.

Staff who interact with residents have received education and training in the management of CPE with respect to:<sup>5</sup>

|     |    |  |
|-----|----|--|
| Yes | No | Personal protective equipment (PPE) requirements and how to put on and take off PPE.   |
| Yes | No | Routine Practices and Contact Precaution requirements including hand hygiene.  |
| Yes | No | Staff are comfortable putting on and taking off PPE.   |
| Yes | No | Alcohol-based hand rub or hand hygiene sinks available in all areas where hand hygiene should take place (e.g., at the point of care).   |
| Yes | No | PPE is available (or can it be made available) where it is needed to care for the resident (i.e., at the point of care/entry to the resident's room).  |
| Yes | No | An IPAC risk assessment has been conducted to determine the risk of transmission of CPE, to assist with the resident care plan and placement decisions. <sup>4</sup>   |
| Yes | No | A resident care plan has been developed that will minimize the risk of CPE transmission, while still promoting a high quality of life for the resident.  |
| Yes | No | The resident and family is involved in the development of the plan of care. <sup>1</sup>   |
| Yes | No | A private room is available for the resident. <ul style="list-style-type: none"> <li>• Note: If not, a single roommate is preferred over multiple roommates. Roommates should be at low risk for getting CPE.<sup>4</sup></li> </ul> |
| Yes | No | A washroom/commode can be dedicated to the resident with CPE.  |
| Yes | No | There is a process in place for regular cleaning and disinfection of shared showers and tubs.  |

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**2 - Considerations for Transferring a Resident with CPE to another Setting**

The following checklist may be completed by the transferring LTCH to track important factors that must be completed prior to a transfer, and as a communication tool with the receiving setting. When preparing to transfer a resident with CPE, it is important to ensure that you communicate all necessary information to the new setting so that they may prepare for a safe admission. The more of the below factors you carry out, the more ready the new setting will be for reducing the spread of CPE.

|     |    |  |
|-----|----|--|
| Yes | No | Education (verbal and printed, as applicable) has been provided to the resident (and family as required) on their CPE status <sup>1</sup> and about the steps they can take to prevent transmission to others. |
|-----|----|--|

The receiving setting been notified of resident CPE status, including:

|     |    |  |
|-----|----|--|
| Yes | No | The type (location on body) of all positive specimens.   |
| Yes | No | The last positive specimen date (and location on the body) and any subsequent negative specimens.  |
| Yes | No | If the resident was colonized or infected, and if infected, any treatment they were given, and whether the infection has resolved.   |
| Yes | No | Resident's CPE status has been included on transfer forms.   |
| Yes | No | All staff (e.g., porters/resident transfer staff, transport staff) involved in the transfer of the resident been notified of the CPE status and are aware of personal protective equipment (PPE) requirements. |
| Yes | No | A discharge/transfer clean of the resident's room is completed.  |

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Position:

Date (yyyy-mm-dd):

### Resident Information

First name:

Last name:

Date of birth (yyyy-mm-dd):

### 3 - Considerations for Discharging a Resident with CPE Home or for a Leave of Absence

The following checklist may be completed by the LTCH prior to discharging a resident with CPE to their own home or for a leave of absence. When preparing to discharge a resident with CPE, it is important to make sure you prepare the resident and the family for managing their CPE at home and in the community. The more of the below factors you complete, the more ready the resident and family will be for stopping the spread of CPE in the community.

|     |    |   |
|-----|----|---|
| Yes | No | Education (verbal and print, as applicable) has been provided to the resident (and family, as required) on managing CPE at home and in the community. <sup>1</sup> and their questions have been addressed.   |
| Yes | No | The resident (and family, as required) knows that they should notify health care providers, including their home health care provider of their positive CPE status when they visit any health care settings. <ul style="list-style-type: none"> <li>• Note: You may consider providing the resident with a note of their CPE positive status that they may present to health care providers.</li> </ul> |
| Yes | No | For discharges, a discharge clean of the resident's room is completed.  |

## 4 - Helpful Resources

1. Frequently Asked Questions Information about CPE for Long-term Care Residents, Family and Visitors.
2. Annex A – Screening, testing and surveillance for antibiotic-resistant organisms
3. Infection Prevention and Control for Long-Term Care Homes
4. At A Glance: Identifying Transmission Risk for Patients with Carbapenemase-producing *Enterobacteriaceae*
5. IPAC Core Competency Modules

## Sources

1. Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Annex A – screening, testing and surveillance for antibiotic-resistant organisms (AROs). Annexed to: Routine practices and additional precautions in all health care settings. Toronto, ON: Queen's Printer for Ontario; 2013.
2. Ontario Agency for Health Protection and Promotion. IPAC core competencies. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: <https://www.publichealthontario.ca/en/education-and-events/online-learning/ipac-courses>

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