**Healthcare Facility Staff Education for Rare Antibiotic-Resistant Germs in a Patient or Resident**

**Instructions to Health Departments and Healthcare Facilities:**

The following FAQs is for health departments and healthcare facilities to use to provide just-in-time education to healthcare staff when a targeted multidrug resistant organism or rare antibiotic-resistant germ is identified in a facility patient or resident. Content is provided in an editable format so it can be tailored for different settings and scenarios. Review the yellow highlighted sections and edit for your particular situation. *If you need assistance with editing, please ask local or state public health to help.*

Facilities that have questions about antibiotic resistance or patients or residents who are, or are suspected to be, infected or colonized with a rare antibiotic resistant germ should contact their local health department. The Washington State Department of Health Healthcare Associated Infections and Antimicrobial Resistance Program is also available at 206-418-5500.

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**Frequently Asked Questions about Rare Antibiotic-Resistant Germs in a Patient or Resident**

 [*Insert name of healthcare facility, e.g., hospital or nursing home*] has identified a person with a type of bacteria (a kind of germ) that is resistant to important antibiotic drugs that are used to treat infections. When bacteria are resistant to an antibiotic, it means that the drug will not work to treat infections caused by those bacteria.

**What is the bacteria?**

The bacteria is called *[select the proper choice and delete the others]*

* Carbapenem-resistant Enterobacteriaceae (CRE)*—Escherichia coli*
* Carbapenem-resistant Enterobacteriaceae (CRE)*—Klebsiella pneumoniae*
* Carbapenem-resistant Enterobacteriaceae (CRE)*—Enterobacter*
* Carbapenem-resistant Enterobacteriaceae*—[Insert the name]*
* Carbapenem-resistant *Pseudomonas*
* Carbapenem-resistant *Acinetobacter*

The name of the resistance mechanism is *[select the proper choice and delete the others]*

* KPC—Klebsiella pneumonia carbapenemase
* NDM—New Delhi metallo-β-lactamase
* IMP—Imipenemase
* VIM—Verona integron-encoded metallo-β-lactamase
* OXA-48—Oxacillinase
* [Insert the name]

“Carbapenem-resistant” means that it is resistant to some of the strongest antibiotics available.

**Why am I being informed?**

To make sure this type of resistant bacteria does not spread further, we are reminding our health caregivers about the importance of infection prevention at work and at home. All of the usual infection prevention activities—including hand hygiene, use of personal protective equipment, cough etiquette, and environmental cleaning—are needed to keep other patients/residents safe. Following proper infection prevention will also prevent you from getting infected or colonized and possibly spreading it to your loved ones.

**What kind of germ is this?**

These germs are bacteria that live in the intestines, on the skin or in wounds, or around indwelling devices, like a tracheostomy tube, central line, urinary catheter, etc. They are common causes of healthcare associated infections and usually occur in people who are chronically ill or have spent a lot of time in healthcare facilities. Sometimes they can be acquired during international travel to a place where they are more common.

These germs are resistant to very strong antibiotics, are hard to treat, and can lead to severe illness or even death. These germs can also cause colonization. Colonization or being colonized means the person has the bacteria in or on their body but it’s not causing any symptoms. However, people who are colonized can still spread the germ through close contact, or from dirty hands or equipment. *Since we usually don’t know if someone is colonized, it’s important to use proper infection prevention with all patients or residents.*

**What does our organization do when one of these germs is found in one of our patients or residents?**

Your infection preventionist will work with the public health department to try to learn where the patient or resident got the germ and if it has spread to others. Screening is sometimes performed on patients or residents who were in the same area of the facility as the positive case. Screening is performed by taking a rectal swab and having it tested at the public health laboratory. This testing is free of charge.

**Why is it important for patients or residents to be tested for these bacteria?**

It is important for some patients or residents to be tested for this germ so that the healthcare facility and health department can prevent it from spreading. Preventing the spread of these bacteria is very important so that these resistant bacteria don’t become common in our facility or in the community.

**Will healthcare workers be screened too?**

Public health does not usually recommend screening healthcare workers for these germs unless there is an unusual risk or a definite link between a certain healthcare worker and several patients or residents with the same organism.

**What is the risk to me as a healthcare worker?**

It is unlikely for healthcare workers to get infected or colonized from taking care of patients or residents. Since these organisms are in stool, drainage, or secretions (like sputum or wound discharge), you would have to get germs from the body fluid into your mouth, nose, eyes, or other opening in the body in order to get exposed to the germ. It is not spread through the air. Using all the right infection prevention practices will keep you from becoming infected or colonized with this organism.

**What happens if more patients or residents are found to have these bacteria?**

If two or more patients or residents have the same germ, it might mean that your facility is having an outbreak. Each new case would need to be placed on the same infection prevention precautions. The health department might review your facility’s infection prevention program and provide recommendations for improvement.

**For each patient or resident with a positive test, who should be told?**

* All caregivers in your own facility so that they will know how to protect themselves and other patients or residents.
* Each person who is infected or colonized should be educated about how they can prevent spreading it to their loved ones. They should also be told to inform any future healthcare providers about the results so that providers can make the best treatment decisions and take steps to prevent spreading the germ to others.
* Any healthcare facility that is receiving the patient or resident in transfer should be informed so they can implement proper infection prevention interventions to prevent spread within the new facility. It is very important to ensure that when patients or residents are transferred to another facility or discharged to home, the information about antibiotic resistant germs is included on the transfer or discharge paperwork so that future caregivers are aware of the need for special infection prevention measures.
* Visitors to the patient or resident should be informed what to do during their visit to prevent picking up the germ and taking it home. Family and visitors should wash their hands well before and after visiting to decrease the chance of getting the germ. In some situations, they should also wear personal protective equipment.

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