



Antibiotic Resistant Organisms (ARO's) How You Can Prevent and Control the Spread

Objective

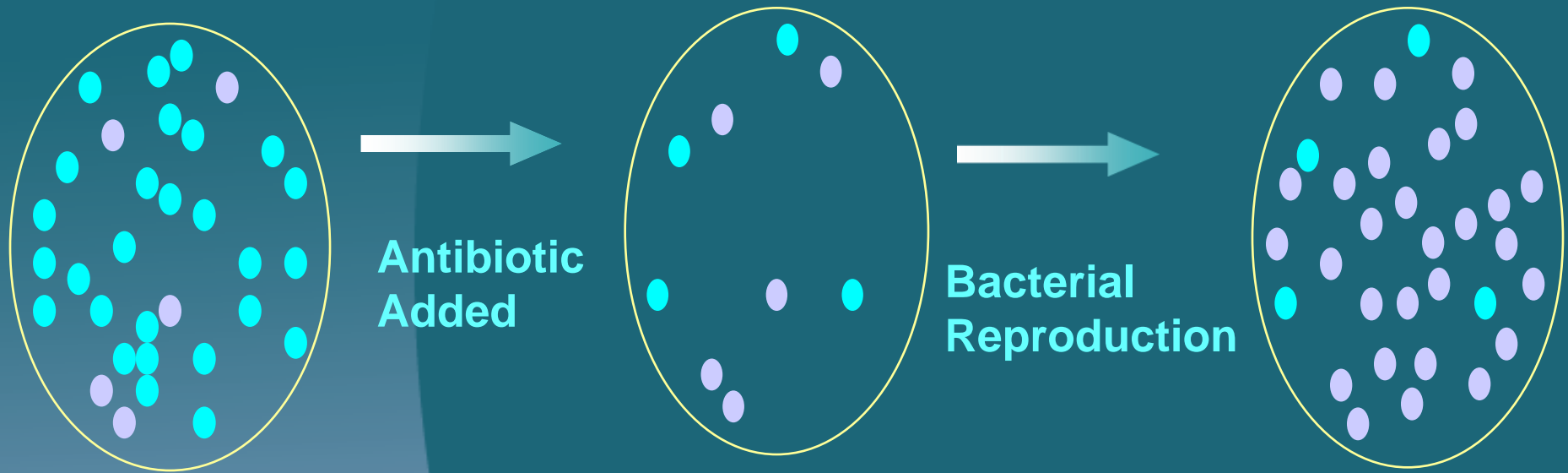
- ◆ Learn about Antibiotic Resistance
- ◆ Learn about different Antibiotic Resistant Organisms (AROs) and how they are spread
- ◆ Discuss how we can stop the spread of ARO's by using Routine Practices



Resistance to Antibiotics

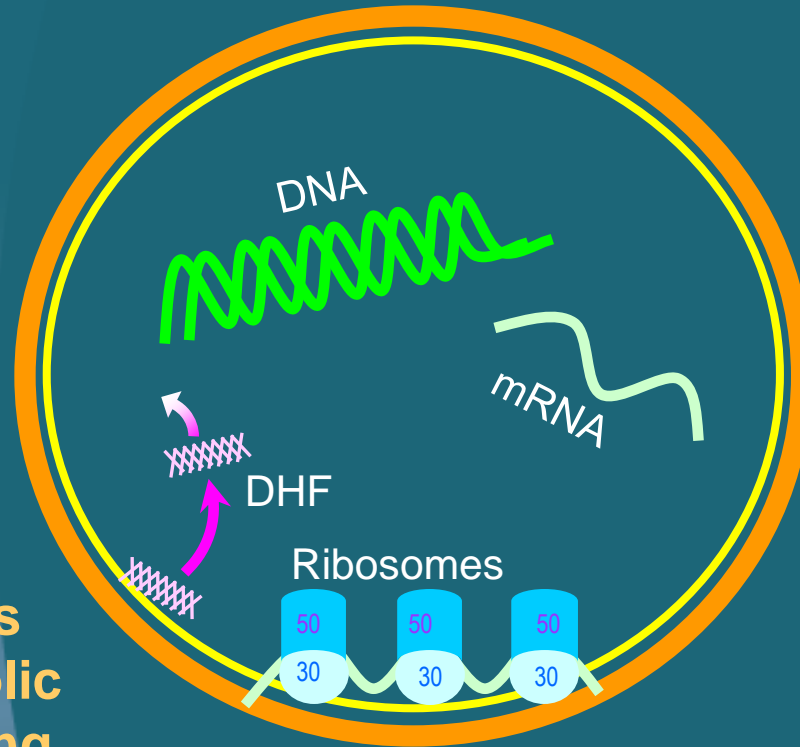
1. Miscoded genetic information: errors create mutations
2. Natural defensive mechanism: passed down
 - ◆ Transfer antibiotic resistant genes to the next bacteria via plasmid transfer (bridge between two bacteria)
 - ◆ Pick up DNA released into environment from dying bacteria (same species)
 - ◆ Insertion of (gene with code) into DNA
3. Antibiotic use

Creating Resistance



Resistance to Antibiotics

① The antibiotic is inactivated before reaching the cell



② Cell becomes impermeable so the target cannot be reached

③ The cell acquires the ability to pump back out the antibiotic

⑤ The cell acquires alternative metabolic pathway, by-passing the antibiotic's site of action

④ The target is altered, no longer recognizable by the antibiotic

Some Definitions

Colonization

- ◆ Bacteria is in or on our body without causing injury to tissue or cells.

Infection

- ◆ Bacteria entry and multiply in the body and cause infections.

Decolonization

- ◆ Use of antimicrobial ointments/body wash and oral antibiotics to remove colonization of resistant bacteria.

Who should be decolonized?

- ◆ During outbreaks with the same strain that has caused the outbreak
- ◆ Staff who are linked and colonized with an outbreak strain.
- ◆ PIDAC: Routine decolonization is not currently recommended

Resistant Staphylococcus aureus (MRSA)

- ◆ 60 % of us are colonized with Staphylococcus aureus (NOSE, SKIN)
- ◆ Infections of skin (iGAS), and lungs (pneumonia)
- ◆ Some Staph carry resistance to Beta-lactum classes: Penicillin and Cephalosporin's
- ◆ Spread via colonized hands of people who come in direct contact with infected patients or contaminated equipment/surfaces
- ◆ Hand hygiene and environmental surface cleaning

Resistant Enterococci (VRE)

- ◆ Enterococcus faecium or Enterococcus faecalis
- ◆ Naturally live in the gastrointestinal track
- ◆ Resistant to Vancomycin
- ◆ Infections of wounds, ulcers and medical devices
- ◆ Spread via colonized hands of people from colonized or infected patients or after handling equipment
- ◆ Hand hygiene and environmental cleaning

Extended-Spectrum Beta Lactamase (ESBL)

- ◆ Enterobacteriaceae Escherichia coli (E.coli) and Klebsiella pneumoniae
- ◆ Found in the gastrointestinal tract
- ◆ Causes infections in the urinary tract (UTI) and blood (bacteraemia)
- ◆ Produce enzymes (beta-lactamase) that break down the antibiotic (i.e. penicillin, cephalosporin, carbapenem)
- ◆ Spread via hands
- ◆ Hand hygiene

Carbapenemase-producing Enterobacteriaceae (CPE)

- ◆ Escherichia coli (E.coli) and Klebsiella pneumoniae
- ◆ Found in the lower gastrointestinal tract
- ◆ Produce carbapenemase enzymes hydrolyzing the antibiotic. (also all first, second and third generation penicillin's)
- ◆ Spread via direct and indirect contact
- ◆ Hand hygiene

Clostridium difficile (CDI)

- ◆ Ingestion of *C. difficile* spores
- ◆ In the environment and colonizes up to 3-5% of adults without causing symptoms.
- ◆ Risk = loss of normal flora (antibiotics, GI surgery, proton pumps, drugs that suppress the anti toxin antibody)
- ◆ Spores become living bacteria and toxins are released that damage colon and cause watery diarrhea.
- ◆ Appropriate and adequate treatment - reoccurrence will occur.
- ◆ Hand hygiene after glove use and environmental cleaning using a sporicidal disinfectant

Who is at Risk of getting ARO's

- ◆ Residents of LTC facilities
- ◆ Clients with a history of long/frequent hospital stays
- ◆ Babies admitted to the nursery from other hospitals will be screened for MRSA, VRE and Serratia.
- ◆ Patients previously identified as positive for ARO's or exposed from previous admissions are flagged electronically.
- ◆ Health Care Workers
- ◆ Prior use of antibiotics
- ◆ People with existing surgical wounds, or devices

Routine Practices and Additional Precautions for ARO's

Hand Washing

Hand hygiene to be conducted:

- ◆ Before entering a patient's environment and after (ground, vehicle, house, back of ambulance)
- ◆ Before direct contact with the patient and after (skin, fluids, devices)
- ◆ before and after glove/PPE
- ✓ Have ABHR at Point of Care

PPE

- ◆ Gloves and gowns at Point of Care-symptomatic
- ◆ Taken off when care is complete, immediately discard and hand hygiene conducted

Laundry

- ◆ Regular wash/dry cycles are sufficient to destroy ARO's
- ◆ Soiled linens must be bagged wearing gloves

Routine Practices and Additional Precautions

Equipment

- ◆ Disposable items/dedicated equipment
- ◆ Response bags cleaned/disinfected after each use or sent to laundry if heavily soiled or contaminated with blood/body fluids
- ◆ CLEAN items with soap and water and then DISINFECTED with an approved disinfectant. (Pressure cuffs, Stethoscopes, stretchers, mattress and belts, clip boards)

Environment

- ◆ All high touched and horizontal surfaces: routine cleaning with a broad spectrum bactericide (follow contact time)
- ◆ Handle garbage as per routine – use gloves
- ◆ For CDI and norovirus the back of the vehicle is cleaned twice
- ◆ VRE no double dipping of cloth
- ◆ Ensure a “cleaning” checklist is used to adequately clean and disinfect the vehicle after each and every client transport
- ◆ All items (cloths, mops) laundered or discarded

Citations

- ◆ Public Health Agency of Canada Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings 2012
- ◆ Ontario Public Health PIDAC Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms (AROs) In all Health Care Settings 2013
- ◆ Ontario Public Health PIDAC Best Practices for Environmental Cleaning For Prevention and Control of In all Health Care Settings 2012
- ◆ Public Health Agency of Canada (March 2001). Material Safety Data Sheet – Infectious Diseases: *Staphylococcus aureus*. Retrieved on 2007-05-23 from the world wide web at: <http://www.phac-aspc.gc.ca/msds-ftss/msds143e.html>
- ◆ Madigan, M.T.; Martinko, J.M. & Parker, J. (2003) Brock Biology of Microorganisms, (10th ed). New Jersey: Pearson Education, Inc.
- ◆ Alcamo, I.E. (2001) Fundamentals of Microbiology, (6th ed). London: Jones & Bartlett Publishers International.
- ◆ Jensen, M.M.; Wright, D.N. & Robison, R.A. (1997) Microbiology for the Health Sciences, (4th ed). New Jersey: Prentice Hall.
- ◆ Mims, D.; Dockrell, H.M.; Goering, R.V.; Roitt, I.; Wakelin, D. & Zuckerman, M. (2004) Medical Microbiology, (3rd ed). Edinburgh: Mosby.
- ◆ Alberts, B; Johnson, A.; Lewis, J; Raff, M.; Roberts, K. & Walter, P. (2002) Molecular Biology of the Cell, (4th ed). London: Taylor & Francis Group. p. 1261.

Public Health Ontario

- ◆ Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health
- ◆ They provide expert scientific and technical advice and support relating to:
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- ◆ They operate the public health labs
- ◆ Main clients are local public health units, government and health care providers and institutions.

Public Health Ontario

- ◆ <http://www.publichealthontario.ca>

Important Topics

- ◆ Hand Hygiene: Just clean your hands program
- ◆ PIDAC: Best Practice Documents
- ◆ Regional Infection Control Networks – Located in Orillia
- ◆ IPAC Core Competencies Online Learning Course
- ◆ Ontario Health Profiles –using data to describe the health status of Ontarians