

## Cohorting Guidance for Residents Infected or Colonized with Multidrug-resistant Organisms for Skilled Nursing Facilities (SNF)

Multidrug-resistant organisms (MDRO) are bacteria or fungi resistant to multiple classes of antimicrobials. When there is more than one resident colonized or infected with MDRO in a facility,<sup>1</sup> cohorting those with the same MDRO into dedicated units or areas of the facility is a strategy that is known to prevent transmission. MDRO targeted for cohorting include *Candida auris* (*C. auris*), carbapenemase-producing organisms (CPO), and other emerging MDRO. This guidance does not apply to more common organisms including MRSA, VRE, and ESBL.<sup>2</sup>

SNF should implement Enhanced Standard Precautions as a general MDRO prevention strategy in the absence of known MDRO transmission.<sup>3</sup> Facilities may not refuse to provide care for residents who are known to be infected or colonized with an MDRO per AFL 22-21.<sup>4</sup> Additionally, inability to implement comprehensive cohorting guidance is not a basis for refusing admission of residents with MDRO.<sup>3</sup>

MDRO cohorts include residents who are known to be infected or colonized with the same MDRO. Two types of MDRO cohorts can be implemented in a healthcare facility:

1. **A within-room cohort** is where residents with the same MDRO or carbapenemase<sup>5</sup> (e.g., KPC, NDM) are placed within one room, regardless of specimen source, infection, or colonization status.
2. **A multi-room cohort** is a designated area of the facility that contains multiple within-room cohorts with the same MDRO or carbapenemase; e.g., multiple within-room cohorts are placed together at the end of a hallway, unit, or floor.

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<sup>1</sup> MDRO colonization = identification of an MDRO at a body site with no signs or symptoms of infection; MDRO infection = clinical signs and symptoms of disease that are attributable to an MDRO that is isolated from a body fluid associated with the infection and requires targeted antimicrobial therapy to treat the infection, (e.g., respiratory tract culture and pneumonia, blood culture and sepsis, urine and urinary tract infection).

<sup>2</sup> VRE=vancomycin-resistant Enterococcus; MRSA=methicillin-resistant *Staphylococcus aureus* MRSA, ESBL=extended-spectrum  $\beta$ -lactamase-producing organisms.

<sup>3</sup> [CDPH Enhanced Standard Precautions webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)

<sup>4</sup> [CDPH All-Facilities Letter 22-21](http://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx) (www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx)

<sup>5</sup> Common carbapenemases can include KPC=*Klebsiella pneumoniae* carbapenemase; IMP=imipenemase; VIM=Verona integron-encoded metallo- $\beta$ -lactamase; OXA=oxacillinase; NDM=New Delhi metallo- $\beta$ -lactamase

## Considerations for Resident Cohorting

- 1. Contact your local health department for guidance when developing cohorting strategies and any questions.**
- 2. Cohort residents by their MDRO status for the duration of their admission.**
  - Consider the specific organism (e.g., *C. auris*; carbapenem-resistant Enterobacterales (CRE), *Pseudomonas aeruginosa* (CRPA), *Acinetobacter baumannii* (CRAB)) when creating the MDRO cohort.
  - Consider carbapenemase type (e.g., KPC, NDM, VIM, IMP, or OXA-48) if known.
  - Residents can be colonized with MDRO for many months or longer, and infection prevention and control (IPC) measures should be implemented for the duration of the residents' admission.
  - There are currently no decolonization methods for *C. auris*, CRE, CRPA, or CRAB.
- 3. Only cohort residents together if their MDRO status matches EXACTLY.**
  - E.g., resident with CRE and CRAB would be cohorted with another resident with CRE and CRAB.
  - Identify any other communicable disease status that needs to be considered when creating cohorts (e.g., COVID-19, *Clostridioides difficile*).
  - Create cohorts within cohorts as necessary (e.g., within the COVID-19 resident cohort, create a cohort of residents who have both CRE and COVID-19).
- 4. Residents can be cohorted together regardless of whether they have a known infection or symptoms from the MDRO, or source of the original specimen.**
  - E.g., a resident with carbapenem-resistant *E. coli* in the blood from a clinical specimen can be cohorted with a resident who had carbapenem-resistant *E. coli* identified through colonization screening in the stool.
- 5. Maintain a running log of residents known to be infected or colonized with MDRO.**
  - Include information about the specific MDRO (organism and carbapenemase type).
  - Reference the MDRO log when residents are admitted or readmitted to the SNF to ensure continuity of care and implementation of IPC measures.

## Resources

- [CDPH Enhanced Standard Precautions Webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)  
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)
- [CDPH Carbapenem-resistant and Carbapenemase-producing Organisms Webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CRE_InfectionPreventionStrategies.aspx)  
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CRE\_InfectionPreventionStrategies.aspx)
- [CDPH \*C. auris\* Webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx)
- [CDPH Preventing Healthcare-Associated Infections in SNFs Webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI_in_LTC_Facilities.aspx)  
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI\_in\_LTC\_Facilities.aspx)