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, cohooring 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.2

SNF should implement Enhanced Standard Precautions as a general MDRO prevention strategy in the absence of known MDRO transmission.3 Facilities may not refuse to provide care for residents who are known to infected or colonized with an MDRO per AFL 22-21.4 Additionally, inability to implement comprehensive cohorting guidance is not a basis for refusing admission of residents with MDRO.3

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 carbapenemase5 (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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1 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).
2 VRE=vancomycin-resistant Enterococcus; MRSA=methicillin-resistant *Staphylococcus aureus* MRSA, ESBL=extended-spectrum β-lactamase-producing organisms.
3 CDPH Enhanced Standard Precautions webpage (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)
4 CDPH All-Facilities Letter 22-21 (www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx)
5 Common carbapenemases can include KPC=*Klebsiella pneumoniae* carbapenemase; IMP=imipenemase; VIM=Verona integron-encoded metallo-β-lactamase; OXA=oxacillinase; NDM=New Delhi metallo-β-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 (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)
- CDPH Carbapenem-resistant and Carbapenemase-producing Organisms Webpage (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CRE_InfectionPreventionStrategies.aspx)
- CDPH *C. auris* Webpage (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Candida-auris.aspx)
- CDPH Preventing Healthcare-Associated Infections in SNFs Webpage (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI_in_LTC_Facilities.aspx)