What Certified Nursing Assistants Need to Know and Do About Multidrug-Resistant Organisms – Common Questions from Infection Preventionists

Questions & Answers

Please review the following list of questions and answers related to multidrug-resistant organisms (MDROs) and infection prevention and control (IPC) practices from the webinar held on Wednesday, August 27, 2025. For additional questions or more information, please email ProjectFirstline@cdph.ca.gov.

What the California Department of Public Health's view on alcohol-based hand wipes. Are they appropriate for hand hygiene?

Answer Alcohol based hand wipes are convenient for household use, but in healthcare, these may be too dry or not used for the required 20 seconds to kill germs on hands.

Do you have a resource for information on MDRO outbreaks and the need for contact precautions instead of enhanced barrier precautions (EBP)?

Answer:

Enhanced Barrier Precautions: Additional Considerations for California Skilled Nursing Facilities (PDF) | California Department of Public Health (CDPH) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH Document Library/EBP_AdditionalConsiderationsForCA_SNF.pdf)

If a resident has a history of an MDRO, do they need to be on EBP indefinitely or while they are actively being treated?

Answer: If a resident is actively being treated for an MDRO, they are placed in Contact Precautions. Once the treatment is successful, the resident would return to EBP unless there is an outbreak of MDROs continuing in the facility. In that case, the resident would stay in Contact Precautions until the outbreak has stopped.

Do patients with a history of MDRO(s) or patients with ostomies need EBP?

Answer: An ostomy in a resident without an associated indwelling medical device would not be considered an indication for Enhanced Barrier Precautions.





If a patient is already colonized with an MDRO, what type of isolation should the patient be put on when they are discharged and transferred to another facility?

Answer: The resident should be maintained on Contact Precautions in the nursing home if he or she has acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained or for a limited period of time during a suspected or confirmed MDRO outbreak investigation. If none of these are present, Enhanced Barrier Precautions would typically be appropriate for the management of this resident, unless otherwise directed by public health authorities.

I know that after using hand sanitizer multiple times in a row, it no longer becomes effective. When should we switch from using hand sanitizer to hand washing in order to protect ourselves and patients?

Answer: Many studies have found that sanitizers with an alcohol concentration between 60–95% are more effective at killing germs than those with a lower alcohol concentration or non-alcohol-based hand sanitizers.

There is no limit on the number of times you can use alcohol-based hand rub. However, if you find that your hands are becoming sticky due to multiple uses of alcohol-based hand rub, it is recommended to wash your hands with soap and water. Additionally, you want to make sure to wash your hands with soap and water if your hands are visibly soiled.

If a previously non-positive *Candida auris* (*C. auris*) patient gets admitted to a bed where a previous *C. auris* patient was, can they screen positive within 2 days?

Answer It would be very unlikely that C. auris would screen positive in that short of a timeframe. More likely, the screen of the negative patient was a false negative result.

Can you give examples of products that clean and disinfect at once?

Answer: Refer to the Environmental Protection Agency (EPA) website to view list EPA registered one-step products that both clean and disinfect at once. For example, List P offers guidance on what product to use against *C. auris*.





When using hand sanitizer for hand hygiene, how long do I wait before I can put on a new set of gloves?

Answer: Allow alcohol-based hand rub to dry completely before putting on or donning a new set of gloves.

Would we place a resident on contact precautions when they have an active MDRO infection?

Answer: Enhanced Barrier Precautions are recommended for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Standard Precautions still apply while using Enhanced Barrier Precautions. For example, if splashes and sprays are anticipated during the high-contact care activity, face protection should be used in addition to the gown and gloves.

During an MDRO outbreak, Contact Precautions are generally indicated for residents known to be colonized or infected with the outbreak MDRO. SNFs should consult their local health department for guidance on transitioning to EBP following an outbreak

Do you have a list of conditions where contact precautions are preferred over EBP? For instance, if a resident has an active C. auris infection, should they be put on contact precautions or EBP?

Answer: Contact Precautions are used for residents who have an active infection with an MDRO, and those at risk for MDRO acquisition (i.e., has an indwelling medical device) during an MDRO outbreak in a facility. Residents in Contact Precautions are not allowed to leave their room unless medically necessary. EBP can be used if there is no outbreak of MDROs like C. auris in the facility, and for residents who screened positive with MDROs but have no active infection, or have an indwelling medical device. Those in EBP can leave their room for communal dining and activities, which is why EBP can be a benefit over keeping residents in Contact Precautions in their room.

Should residents with active ESBL, VRE, or MRSA infections be placed on EBP?

Answer: Some local health jurisdictions require ESBL, VRE, and MRSA infections to be placed in Contact Precautions. Any resident with an active infection should be evaluated





to look at the risk of transmission of these pathogens to others to determine if they require EBP or Contact Precautions.

Should residents with urostomies be placed on EBP?

Answer: An ostomy in a resident without an associated indwelling medical device, would not be considered an indication for Enhanced Barrier Precautions.

Is urine considered a "controlled" secretion when a brief or diaper is used? What about foley catheters?

Answer: EBP is recommended with incontinence, with PPE use when changing diapers or briefs. EBP is recommended for those with a foley catheter, and PPE used when handling a foley catheter, such as during perineal care or emptying the drainage bag.

References

- About Hand Hygiene for Patients in Healthcare Settings | Centers for Disease
 Control and Prevention (CDC)
 - (www.cdc.gov/Clean-Hands/About/Hand-Hygiene-for-Healthcare.html)
- Enhanced Barrier Precautions: Additional Considerations for California Skilled
 Nursing Facilities (PDF) | CDPH
 - (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH Document Library/EBP_AdditionalConsiderationsForCA_SNF.pdf)
- FAQ Module 1: Standard Precautions (PDF) | CDPH
 (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/PFL_Module1StandardPrecautions_FAQ.pdf)
- <u>Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | Centers for Disease Control and Prevention (CDC)</u>
 (www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html)
- <u>Hand Sanitizer Facts | CDC</u>
 (www.cdc.gov/clean-hands/data-research/facts-stats/hand-sanitizer-facts.html)
- Selected EPA-Registered Disinfectants | United States Environmental Protection Agency (EPA)
 - (www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants)



