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| Screening for carbapenemase-producing organisms (CPOs) |
| Information for residential and aged care staff |
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## What is the issue?

A type of bacteria called carbapenemase-producing organisms (CPOs) that are resistant to many commonly used antibiotic medications has been identified at this residential care facility.

This fact sheet provides information for staff on CPO and explains the actions being taken by the Department of Health (the department) and the facility’s management to address this issue.

## What are CPOs?

CPOs are a group of bacteria (germs) that are resistant to many antibiotics, including a type of antibiotic called carbapenems. This means that many antibiotics no longer work against these bacteria, which can make infections difficult to treat.

## Who is at risk of acquiring CPO?

CPO infections are rare in Australia and are usually associated with overseas hospital admissions or healthcare, particularly in parts of Europe, North America, the Middle East and Asia. In Victoria there has been some CPO transmission linked to acute care hospitals.

Groups at increased risk of acquiring CPO include:

* people have had prolonged admissions to hospitals
* people who have received medical care or aged care overseas in the previous 12 months
* people who have been treated with multiple or repeated courses of antibiotics
* people with a weakened immune system or underling long-term medical conditions
* people with an indwelling medical device such as a urinary catheter.

## How is CPO spread?

CPO is usually spread person to person through contact with hands or equipment and environmental surfaces contaminated with CPOs.

CPO is not spread through the air by coughing or sneezing.

## What does it mean to carry CPO?

Some people may carry CPO in their bowel or in a wound and have no symptoms. This is called ‘colonisation’. People who are colonised with CPO are at risk of CPO infection or spreading the bacteria to others.

Most people exposed to CPO do not develop infection or illness. However, it can cause illness, such as urinary tract infections, pneumonia, bloodstream infections, and wound infections in people with a weakened immune system.

## Is there treatment for CPO?

Infections caused by CPO can be very difficult to treat as many commonly used antibiotics are not effective against it. Treatment should be directed by the treating clinician and guided by an infectious diseases specialist.

People who are colonised with CPO without having illness do not require antibiotic treatment.

## Why are residents being screened for CPO?

To help with planning for future care and in line with both the department’s and your facility’s infection prevention and control (IPC) measures, residents are being screened for CPO as a precaution.

## How will residents be screened for CPO?

All residents being screened for CPO should have a **faecal specimen** collected. In addition, the following specimens should also be considered:

* residents with wounds: a swab of each wound
* residents with a urinary catheter: a urine sample.

The results will be reported back to the residents’ General Practitioners who will help implement a care plan. Results may take up to two weeks to be finalised.

## As a staff member, am I at risk of acquiring CPO?

Healthy people are usually not at risk of acquiring CPO. The most effective way to prevent you from picking up CPO is to follow basic infection prevention and control precautions such as hand hygiene. Hand hygiene is one of the most important ways of preventing the spread of infections. Hand hygiene can be either washing your hands with soap and water or using an alcohol-based hand rub. Always perform hand hygiene before and after providing personal care to residents, after going to the toilet and before eating.

## How can I help prevent the spread of CPO?

To help prevent the spread of CPO there are basic IPC precautions that all staff should use at all times for all residents. These are called **standard precautions**. Sometimes additional precautions are required to prevent the spread of an infection or organism, these are called **transmission-based precautions**.

Transmission-based precautions are used in ***addition*** to standard precautions to prevent the spread of certain infectious organisms. **Contact precautions** are the additional IPC precautions required for residents confirmed as having CPO (colonised or infected).

For further information on the IPC precautions required for residents with a CPO, see the [Victorian guidelines on CPO for long-term residential care facilities (2023)](http://www.health.vic.gov.au/infection-control) <www.health.vic.gov.au/infection-control>.

## Will residents’ activities change while testing is underway?

No. Residents will still be able to undertake normal activities including contact with specialists and allied health practitioners. If a resident is identified as having CPO it is important that healthcare providers are informed of this diagnosis prior to them visiting so that they can ensure they take appropriate IPC precautions.

## Where can I get more information?

For further information refer to the department’s [Victorian guidelines on CPO for long-term residential care facilities](http://www.health.vic.gov.au/infection-control) (2023) <www.health.vic.gov.au/infection-control> or contact your facility manager or local IPC lead nurse.

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