

## FREQUENTLY ASKED QUESTIONS

# Information about CPE for Long-Term Care Homes Residents, Family and Visitors

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## Introduction

These frequently asked questions provide information to residents, family members and visitors of residents who are colonized or infected with carbapenemase-producing *Enterobacteriaceae* (CPE) in long-term care homes (LTCHs). It may also be used to support the education of residents and visitors who are on a unit with a resident(s) who have a CPE.

**Remember to always ask a health care provider for information if you are uncertain.**

## About CPE

### Q1. What are CPE?

CPE are bacteria that can cause infections that are hard to treat because the antibiotics we normally use no longer work. Because of this, treatment for a person with a CPE is very difficult and often takes longer. A person can be **colonized or infected** with a CPE. A person who is colonized may become infected.

**Colonization** means that CPE is present on the body, but does not make the person sick. Residents are most commonly colonized in the urine and in the gut. Residents can remain colonized for a very long time (e.g., months to years).

**Infection** means that CPE is making the person sick and they have signs and symptoms of infection. For example, a urinary tract infection, can cause painful and frequent urination, or a skin infection can cause pain and swelling. Infections that are caused by CPE can lead to death in severe cases.

### Q2. Can CPE hurt me or my family?

While CPE can cause infections and even lead to death in some cases, healthy family and visitors have a lower risk of catching CPE or getting an infection.

### Q3. How are CPE spread from one person to another?

CPE spreads from person-to-person by your hands, or by touching things (e.g., table, door knob, light switches) that have not been properly cleaned and disinfected. This is known as **contact** transmission.

### Q4. How is CPE treated?

Residents who have a CPE **infection** will be treated with antibiotics. It is important to follow the doctor's instructions for the antibiotics.

People who are colonized will not be given antibiotics because antibiotics treat infection, not colonization. Using antibiotics for colonization or any time when they are not needed can cause harm, such as bad side-effects, or more bacteria that are hard to treat.

# Stopping the Spread of CPE

## **Q5. What practices will the LTCH put in place to prevent CPE from spreading to others?**

The LTCH will put Infection Prevention and Control (IPAC) practices in place to decrease the spread of CPE to other residents, staff and visitors. Even with these practices in place, the home will still give your loved one the same level of care.

In order to stop the spread of CPE, you may see some of these changes at the LTCH:

- Dedicating a washroom/commode and re-useable equipment to the resident (e.g., blood pressure monitor).
- Increasing cleaning on the unit.
- Posting a sign at the resident's door that identifies the personal protective equipment (PPE) everyone needs to use when entering the room. PPE for CPE includes a gown and gloves.
- Reminding staff, residents, and visitors about the proper times to wash their hands.
- Encouraging activities that avoid direct contact or sharing items.
- Not sharing personal items (e.g., soaps, brushes) and labelling with the resident's name.

## **Q6. How can I help to stop CPE from spreading to others?**

There are many ways you can help stop the spread of CPE through your own actions and by reminders to your loved one. These include:

- Washing your hands with soap and water or alcohol-based hand rub (ABHR) regularly, including:
  - Before entering the home and your loved one's room.
  - After any possible contact with blood or body fluids (e.g., after changing your loved one's briefs, emptying a urinary catheter, or changing a wound dressing).
  - After leaving your loved one's room.
  - Before and after eating.
- Participating in training on how to properly put on and take off PPE.
  - Wear the proper PPE when entering your loved one's room and throw it out (or place in a laundry basket) before leaving the room. Do not save your PPE for later use.
- Asking health care staff to take your loved one's urinary catheter out as soon as they no longer need one. Urinary catheters are a risk factor for CPE.
- Not putting any body fluids or other fluids down a hand washing sink (e.g., urine from a catheter or leftover drinks).
- Not entering other resident's rooms while visiting your loved one.
- Not using your loved one's washroom.

**Q7. Can a resident with CPE still participate in activities at the long-term care home?**

Yes! Social engagement and group activities are an important part of quality-of-life for many residents. These must be balanced with IPAC practices that decrease the spread of CPE to other staff, residents and visitors. You can help support your loved one by:

- Encouraging them to wash their hands and wear clean clothes prior to joining activities or entering shared areas.
- Encouraging activities that do not involve direct contact or sharing items (instead using items that may be cleaned and disinfected after use).

**Q8. How can I help if my loved one cannot understand or follow instructions?**

If your loved one has difficulty understanding, remembering or following instructions, it is important to speak with their health care providers to develop a plan. Some ways you can support them are:

- Going with them when they leave their room and directing them based on the plan developed with their health care team. For example, discouraging them from touching surfaces outside of their room.
- Directing them to ABHR or a hand washing sink and helping them follow the steps.
- Helping them to keep good hygiene (e.g., proper care of a urinary catheter, regular bathing, covering open wounds, wearing clean clothes).
- Helping to keep their room clean and clutter-free.
- Reminding them to not share their things, and to not store personal items in shared areas.
- Using cues to help their memory (e.g., written instructions, ABHR at their bedside).

**Q9. Is it safe for my loved one to visit me in my home?**

Yes, it is safe for your loved one to visit! When your loved one visits you at home, practice good hygiene (e.g., washing your hands before preparing food or eating, and after using the washroom), and encourage everyone in your home to do the same.

You do not need to do any special cleaning of items, such as dishes or laundry, as typical cleaning with dish/laundry soap and warm water is enough to kill or remove CPE.

Following the visit, you should clean surfaces and items your loved one touched using a regular household cleaner.

## References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Annex A – screening, testing and surveillance for antibiotic-resistant organisms (AROs). Annexed to: Routine Practices and Additional Precautions in All Health Care Settings. Toronto, ON: Queen’s Printer for Ontario; 2013.

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