

Steps for a Single Confirmed Invasive Group A *Streptococcus* (GAS) Infection in a Long-term Care Facility (LTCF)

Investigation steps

1. Look for additional symptomatic cases:
 - a. Conduct one month retrospective chart review of facility residents, looking for persons with invasive or noninvasive group A streptococcal infection (e.g., bacteremia, septic arthritis, osteomyelitis, wound infection, etc.).
 - b. Maintain active surveillance for additional invasive or noninvasive cases in LTCF residents or staff for four months from onset of the most recent GAS case. Report either weekly or monthly to the local health department.
 - c. Survey facility direct care staff for current symptoms of strep infection (including sore throat, fever, swollen or tender lymph nodes, skin or wound infection). Include external clinical staff such as contracted wound care nurses.
 - i. To encourage transparency, explain to staff why they are being asked about symptoms and that there are no punitive consequences. Facility should maintain non-punitive sick leave policies.
 - d. Culture throat and skin lesions¹ of any symptomatic persons. Those with positive cultures should be treated as clinically indicated by their primary care provider.
 - e. If additional cases are identified, notify NC DPH for further instructions.
2. Look for asymptomatic carriers:
 - a. Culture close contacts of ill resident, including roommates, sex partners, and close friends. Obtain specimens from throat, skin lesions/wounds, and ostomy sites.
 - b. Any asymptomatic contacts with a positive culture should be treated with an [antibiotic regimen to eliminate GAS carriage](#) (note: differs from treatment for clinical cases, regimens listed on lower half website). Notify NC DPH of any positive cultures.
3. Review importance of careful hand hygiene, environmental cleaning, and wound care practices with facility.
 - a. Ask about facility policies in place and how staff are educated/audited. Consider increasing observations/auditing.
 - b. Facility should review infection prevention practices outlined below on page 2 directly with staff.
 - c. Facility should educate staff on GAS symptoms (sore throat, fever, swollen or tender lymph nodes, and skin or wound infections) to watch for in themselves and residents. Changes noted in residents should be reported to the appropriate staff.
4. Implement appropriate Transmission-Based Precautions:

¹ Skin lesions and wounds should be cultured using a culturette that has been moistened with sterile saline or sterile water prior to swabbing the affected area. Rinse wound with normal saline and remove excess with a sterile gauze pad. Select a 1 cm² area of clean viable wound tissue, rotate swab for 5 seconds while applying pressure downward to express fluid from wound surface. Do not culture non-viable tissue, eschar, or exudate already present on wound surface.

- a. Place any patients with GAS infection or colonization on Droplet Precautions. Patients with a wound infection or uncontrolled wound drainage should also be placed on Contact Precautions.
- b. Droplet Precautions may be discontinued for patients with GAS 24 hours after initiating effective antibiotic treatment. Contact Precautions may also be discontinued 24 hours after initiating antibiotic treatment if the wound drainage stops or can be contained with a dressing.
- c. For patients that have a major wound with significant drainage, Contact Precautions should continue until drainage stops or can be contained by a dressing. (Standard Precautions should always be taken which may mean additional PPE is needed during wound dressing changes.)
- d. Patients who reside in nursing homes who have indwelling medical devices or any wounds requiring a dressing, regardless of infection status, should remain on [Enhanced Barrier Precautions](#) per CDC guidance.

Infection Prevention Practices to Review

Hand hygiene:

1. Wear gloves during any procedure that involves potential exposure to blood or body fluids, including bathing or showering residents.
2. Change gloves between patient contacts.
3. Change gloves that have touched wounds or objects potentially contaminated with blood or body fluids and perform hand hygiene before touching clean surfaces.
4. Remove and discard gloves in appropriate receptacles after every procedure that involves potential exposure to blood or body fluids and perform hand hygiene.
5. Perform hand hygiene immediately after removal of gloves and before touching other supplies intended for use on residents.
6. Hand hygiene should be performed prior to and after resident contact.
7. Alcohol-based hand rub is the preferred method of hand hygiene unless hands are visibly soiled, in which case they should be washed with soap and water.

Wound care:

1. Disinfect work area with an EPA-approved disinfectant per manufacturer's instructions (including allowing appropriate contact time) prior to performing wound care.
2. Dedicated wound dressing supplies and equipment should be gathered before starting.
 - a. For residents with GAS or during GAS outbreaks, ensure each resident receiving wound care has a dedicated pair of scissors that are not used on other residents or for other purposes, or use disposable scissors if available. Scissors should be disinfected between each use and before use on any clean materials.
3. Multi-dose wound care medications (e.g., ointments, creams, cleansers) should be dedicated to a single resident whenever possible. If not dedicated to a single resident, a small amount of medication should be placed into a clean container for single-resident use just before the dressing change. Multi-dose medication containers that are used for multiple residents should never enter resident rooms.
4. Remove dirty gloves, perform hand hygiene, and put on clean gloves when moving from dirty to clean wound care activities.

5. Wound care supply carts should never enter the resident's immediate care area and should never be accessed without removing gloves and performing hand hygiene.
6. Any clean supplies that are brought into a resident's room and not used should be dedicated to the resident or disposed of.
7. Reusable medical equipment and any surface in the resident's immediate care area contaminated during a dressing change should be cleaned and disinfected.
8. Use of additional wound care resources from [NC SPICE](#) is encouraged:
 - a. [Wound care observation tool](#)
 - b. NC SPICE webinar: [Wound Care in the Elderly](#)

General infection control and education

1. Encourage rigorous hand hygiene among employees, residents, and visitors.
2. Provide specific infection control education to employees on the importance of hand hygiene and adherence to sick leave policy.
3. Provide specific education to employees on cleaning and disinfection procedures including appropriate contact times.
4. Employees who have exudative lesions or weeping dermatitis shall refrain from all direct resident care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.
5. Ensure appropriate cleaning and disinfection of shower room between residents with an EPA approved disinfectant.