## Precautions

**Outside room privileges:** Restrict patient to their room, except for tests or treatments that are deemed necessary.

- Adherence to hand-hygiene, continence status, wound containment etc. should be assessed.
- If patient is given outside room privileges, the nurse is responsible to ensure:
  - The patient understands hand hygiene
  - Gloves and gowns are NOT worn by patient
  - Patient is not allowed to visit other hospitalized patients

**Screening/Frequency**

- Admission: Screen nares x 1 if + confirm x1 then q 3 month
- Known positive readmitted: screen nares x 1
- Length of stay (LOS) screens: q 14 days
- Exposure roommates: screen x 2 post exposure after the index patient is removed from the room (day 0-1)
- Transfer from other units or other hospital: screen x1
- Outbreak: weekly ward screens for a minimum of 3 weeks without any new cases, then screen per LOS.

### Discontinuation of Contact Precautions

<table>
<thead>
<tr>
<th>Category</th>
<th>Admission Day-1 Nares</th>
<th>Day-2 Nares</th>
<th>Day-7 Nares</th>
<th>Day-14 Nares and Perianal</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA + (previously known)</td>
<td>Screen</td>
<td>NO</td>
<td>Screen</td>
<td>Screen</td>
</tr>
</tbody>
</table>

If all the following screening are negative AND patient is off Anti-MRSA antibiotics for 1 week prior to collecting samples AND it has been at least 3 months from the last positive screen.

- Treatment may be removed if these conditions are met:
  - Treatment has ended for 7 days
  - No history of relapse/diarrhea resolved
  - Patient performs adequate hand hygiene (soap and water)
  - Complies with basic hygienic measures
  - Continent of stool
  - No Outbreak on unit
  - Level of care is not intense

### Cleaning Policy

- HSKP: Frequently touched surfaces and dedicated areas must be cleaned daily using a 2-step process.
- NRSG: All equipment must be disinfected with hospital approved disinfectant before use
- When isolation precautions removed, terminal cleaning is required.

### Hand Washing

- Alcohol hand rinse or soap and water.

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## MRSA

**Contact Precautions:**

- Known positive patients
- Exposed roommates when exposure > 48 hrs.
- Patient transferred from LTC or another hospital.
- Internal transfers within the MUHC from unit with an outbreak.

**Outside room privileges:** Restrict patient to their room, except for tests or treatments that are deemed necessary.

- Adherence to hand-hygiene, continence status, wound containment etc. should be assessed.
- If patient is given outside room privileges, the nurse is responsible to ensure:
  - The patient understands hand hygiene
  - Gloves and gowns are NOT worn by patient
  - Patient is not allowed to visit other hospitalized patients

### Screening/Frequency

- Admission: Rectal Screen x 1 (if + confirm x1 stool) then q 3 month
- Known positive readmitted screen x 1
- Length of stay (LOS): Screen x 14 days
- Exposure roommates: screen x2 post exposure after the index patient is removed from the room (day 0-3)
- Transfer from other units or other hospital: screen x1
- Outbreak: weekly ward screens for a minimum of 3 weeks without any new cases then screen per LOS.

For neutropenic patients: a stool specimen (not a rectal swab).

### Discontinuation of Contact Precautions

- Treatment may be removed if these conditions are met:
  - Treatment has ended for 7 days
  - No history of relapse/diarrhea resolved
  - Patient performs adequate hand hygiene (soap and water)
  - Complies with basic hygienic measures
  - Continent of stool
  - No Outbreak on unit
  - Level of care is not intense

### Cleaning Policy

- HSKP: Frequently touched surfaces and dedicated areas must be cleaned daily using a 2-step process.
- NRSG: All equipment must be disinfected with hospital approved disinfectant before use
- When isolation precautions removed, terminal cleaning is required.

### Hand Washing

- Alcohol hand rinse or soap and water.

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## VRE

**Contact Precautions** (Green dot for housekeeping) for

- Known positive patients
- Exposed roommates when exposure > 48 hrs.
- Patient transferred from LTC or another hospital.
- Internal transfers within the MUHC from units with an outbreak.

**Outside room privileges:** Restrict patient to their room, except for tests or treatments that are deemed necessary.

- Adherence to hand-hygiene, continence status, wound containment etc. should be assessed.
- If patient is given outside room privileges, the nurse is responsible to ensure:
  - The patient understands hand hygiene
  - Gloves and gowns are NOT worn by patient
  - Patient is not allowed to visit other hospitalized patients

### Screening/Frequency

- Admission: Screen nares x 1 if + confirm x1 then q 3 month
- Known positive readmitted: screen nares x 1
- Length of stay (LOS) screens: q 14 days
- Exposure roommates: screen x 2 post exposure after the index patient is removed from the room (day 0-1)
- Transfer from other units or other hospital: screen x1
- Outbreak: weekly ward screens for a minimum of 3 weeks without any new cases, then screen per LOS.

### Discontinuation of Contact Precautions

- Treatment may be removed if these conditions are met:
  - Treatment has ended for 7 days
  - No history of relapse/diarrhea resolved
  - Patient performs adequate hand hygiene (soap and water)
  - Complies with basic hygienic measures
  - Continent of stool
  - No Outbreak on unit
  - Level of care is not intense

### Cleaning Policy

- HSKP: Frequently touched surfaces and dedicated areas must be cleaned daily using a 2-step process.
- NRSG: All equipment must be disinfected with hospital approved disinfectant before use
- When isolation precautions removed, terminal cleaning is required.

### Hand Washing

- Alcohol hand rinse or soap and water.

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## C. difficile

**Contact Precautions**

- Known positive patients or suspected cases with symptoms of diarrhea.
- Exposed roommates: No precautions are necessary, monitor for signs and symptoms of C. difficile particularly when placed on antibiotics.

**Outside of room privileges:** Patients with active diarrhea who are incontinent/wearing diapers should not be given this privilege.

- Adherence to hand-hygiene (soap and water), continence status, wound containment etc. should be assessed.
- If patient is given outside room privileges, the nurse is responsible to ensure:
  - The patient understands hand hygiene
  - Gloves and gowns are NOT worn by patient
  - Patient is not allowed to visit other hospitalized patients

### Screening/Frequency

- Send one stool specimen for an acute onset of diarrhea (at least 3 diarrhea in 24 hrs)

The test can be repeated if negative and patient remains asymptomatic for > 3 days and no other cause identified (i.e. laxatives).

### Discontinuation of Contact Precautions

- Treatment may be removed if these conditions are met:
  - Treatment has ended for 7 days
  - No history of relapse/diarrhea resolved
  - Patient performs adequate hand hygiene (soap and water)
  - Complies with basic hygienic measures
  - Continent of stool
  - No Outbreak on unit
  - Level of care is not intense

### Cleaning Policy

- HSKP: Frequently touched surfaces and dedicated areas must be cleaned daily using a 3-step process.
- NRSG: All equipment must be disinfected with bleach wipes
- When isolation precautions removed, terminal cleaning is required.

### Hand Washing

- Only with soap and water.
MRSA / VRE / C.DIFF SUMMARY

MRSA/VRE/C.difficile known or suspected admitted patients:
- Dedicate all patient care equipment (BP, thermometer, commode…) to each patient
- Isolate patient in a private room, if possible. Cohort patients only with other patients with the same multi-drug resistant organism.
- Discard all stored and unused supplies that cannot be cleaned or re-sterilized (packaged gauze, tape, syringes, Kleenex boxes etc.) from the isolation rooms

Transportation:
- Patient is not required to wear a gown and gloves during transport.
- Patient must perform hand hygiene before leaving the room and before re-entering the room.
- The transport attendant and/or HCW are not wearing gown and gloves during transport, unless the HCW is providing direct care (refer to section on Transportation in the MRSA policy).

General activities:
- Patients should stay in their room, except for tests or treatments that are deemed necessary. Inform the receiving department of the patient’s positive status.
- Patients need to be informed about “out of room” privileges and restrictions.
- The patient’s adherence to hand hygiene, continence status, and wound containment must be assessed by the staff (physician and/or nurse) prior to giving the patient outside room privileges.

Additional information:
- Remove gloves when exiting the room and perform hand hygiene immediately.
- Medical charts are not permitted in the patient’s room or in the patient’s environment.

Information for the patients, families, visitors, and volunteers:

Patients:
- Hand hygiene should be performed before entering and leaving the room.
- Patients should be taught not to share personal belongings or furniture with other patients unless cleaned and disinfected.

Family, Visitors, & Volunteers:
- Should receive instructions regarding Infection Control measures that are applicable.
- Perform hand hygiene upon entering and leaving the area.
- Follow instructions as noted on signage.
- Remove personal protective apparel (gown, gloves, etc) leaving the room - even when walking down the hallway.
- Should be given the MRSA/VRE and C. difficile patient pamphlet as required.

Please contact Infection Control for additional information.