Subject: Antibiotic Resistance Precautions

Policy: 1) Appropriate isolation techniques will be implemented promptly following diagnosis of an antibiotic resistant microorganism to reduce the risk of transmission to others. These organisms include but are not limited to:
   - Carbapenem resistant Enterobacteria Ceae
   - Methicillin resistant Staphylococcus aureus (MRSA)
   - Vancomycin intermediate/resistant Enterococci (VIE/VRE)
   - Vancomycin intermediate/resistant Staphylococcus aureus (VISA/VRSA)

2) These patients will be placed in Contact and Antibiotic Resistant Precautions whether infected or colonized and regardless of infection site.

3) These patients will also be placed in Droplet Precautions if the resistant organism is cultured from the respiratory tract.

Antibiotic Resistance Precautions: (includes Standard and Contact Precautions)

1) Patient Placement:
   a) Private room with private handwashing and toilet facilities whenever possible to reduce opportunities for transmission of microorganisms.
   b) When a private room is not available, place the patient in a room with a patient who has an infection with the same organism, but with no other infection (cohorting).

2) Hand hygiene:
   a) When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
   b) If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Alternatively, wash hands with an antimicrobial soap and water in all clinical situations.
   c) Do not wear artificial fingernails or extenders when having direct contact with patients at high risk (e.g., those in intensive care units or operating rooms).

3) Gloves:
   a) When entering the room (clean, non-sterile gloves are adequate).
   b) A change of gloves might be necessary after contact with infective material.
   c) Remove gloves before leaving the patient’s environment and decontaminate hands immediately.
   d) After gloves are removed, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient’s room.
   e) A dry paper towel should be used to turn off the water and open the door.
   f) Refer to Infection Control Policy 2.IC.03 on Hand Hygiene for proper hand decontamination policy.

4) Gowns:
   a) Remove the gown before leaving the patient’s environment.
   b) After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.

5) Mask, Eye Protection, Face Shield – during procedures likely to generate splashes or sprays.
6) Patient transport:
   a) Limit the movement and transport of the patient from the room for essential purposes only.
   b) If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment by placing gown and gloves on the patient.

7) Patient Care Equipment:
   a) Dedicate the use of non-critical patient care equipment (e.g. a stethoscope, sphygmomanometer or thermometer) to a single patient or cohort of patients infected or colonized with resistant organisms.
   b) If such devices are to be used on other patients, adequately clean and disinfect these devices after use.

8) Discard infected articles in a plastic bag.

**DROPLET PRECAUTIONS** will be implemented if the organism is identified in the respiratory tract. These precautions include Standard precautions plus:

- Patient placement – Private room or cohort if necessary.
- Mask – must be worn when in the room.
- Patient transport – Limit the movement for essential purposes only.

**Additional Information:**

1. Microbiology Department or the Physician’s office will notify hospital staff promptly when a resistant microorganism is detected.

2. Nursing will place the patient in **Contact and Antibiotic Resistant Precautions** as well as droplet if the resistant organism is cultured from the respiratory tract.

3. Visitors should be instructed to put on gloves and gowns before entering the patient’s room. Visitors should always perform hand hygiene before leaving the patient’s room.

**MRSA specific precautions:**

1. Nasal or wound cultures can be done to check patients for colonization or infection.

2. A MRSA positive patient may leave his/her room if his/her body fluids are contained and managed. Such patients should wash their hands after using the toilet and before leaving their room for common areas.

**VRE specific precautions:**

1. A VRE positive patient may leave his/her room if his/her body fluids are contained and managed. Such patients should wash their hands after using the toilet and before leaving their room for common areas.

2. A patient whose body fluids cannot be contained should remain in his/her room until there is evidence that:

   - The patient is no longer harboring VRE or Body fluids can be contained.

3. Stool culture or rectal swab may be obtained from roommates of patients newly found to be infected or colonized with VRE to determine their colonization status and initiate isolation precautions as necessary. Perform additional screening of patients on the unit at the discretion of the infection control co-workers.

4. VRE patients can be considered non-infectious when there are VRE-negative results on at least three consecutive occasions (>1 week apart) for all cultures from multiple body sites (including stool or rectal swab, perineal area, axilla or umbilicus, and wound, Foley catheter and/or colostomy sites if present). This is optimal as VRE colonization can persist indefinitely.