	MRSA	VRE	C. difficile
PRECAUTIONS	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. Contact/droplet: indicated for respiratory secretions and/or respiratory infections (Patient known MRSA in sputum, COPD, intubated and tracheostomy patients) 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 • 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 • Exposed roommates: screen x 2 post exposure after the index patient is removed from the room (day 0-1)	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 /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 Admission: Rectal Screen x 1 (if + confirm x 1 stool) then q 3 month) Known positive readmitted screen x 1 Length of stay (LOS): Screen q 14 days Exposed roommates: screen x2 post exposure after the index patient is removed from the room (day 0-3)	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 • Send one stool specimen for an acute onset of diarrhea (at least 3 diarrhea in 24 hrs)
FREQUENCY	 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. 	 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). 	• The test can be repeated if negative and patient remains symptomatic for > 3 days and no other cause identified (i.e. laxatives).
DISCONTINUATION OF CONTACT PRECAUTIONS	If all the following screening are negative AND patient is off Anti-MRSA antibiotics for 1 week prior collecting samples AND it has been at least 3 months from the last positive screen. Admission Day-2 Day-7 Nares and Perianal MRSA + (previously Screen NO Screen Screen known Screen Screen Screen	If all the following screening are negative AND patient is off Anti-VRE antibiotics for 1 week prior to collecting samples AND it has been at least 3 months from the last positive screen Category Admission Day-3 Stool Day-14 Stool	 Contact precautions 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. NRSG: All equipment must be disinfected with hospital approved disinfectant before use When isolation precautions removed, terminal cleaning is required.	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	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	Alcohol hand rinse or soap and water.	Alcohol hand rinse or soap and water.	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.