

DEPARTMENT: Infection Control

POLICY: IC-345

SUBJECT: Multi-drug Resistant Organism in the Healthcare Setting

PURPOSE:

To provide a comprehensive plan to prevent and/or eliminate exposure of Multi-drug Resistant Organisms (MDRO) to employees, physicians, visitors and other patients in Frances Mahon Deaconess Hospital.

The General Recommendations for Routine Prevention and Control of MDROs in Healthcare Settings will be followed. For Critical Access Hospital follow Universal Precaution as per the CDC's (Centers for Disease Control) Healthcare Infection Control Practices Advisory Committee (HICPAC) ruling document, "**Management of Multidrug-Resistant Organisms In Healthcare Setting, 2006**".

General Recommendations found at this site

http://www.cdc.gov/hicpac/mdro/mdro_0.html

<http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf>

The ICP will perform an annual MDRO risk assessment and plan/strategize efforts based on the results of the risk assessment. This risk assessment will be part of the annual infection control report that is completed each fall.

REVIEW AND REVISION STATEMENT:

A. This policy will be reviewed and revised as necessary and at least annually by the Infection Control Practitioner, Physician Advisor, CEO, and an FNP. (Original document 12/2007).

Appendix

Tier 1 General Recommendations for Routine Prevention and Control of MDROs in Healthcare Settings. Prevention of transmission of Multidrug Resistant Organisms:

The CDC/HICPAC system for categorizing recommendations is as follows:

1. **Category IA** Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.
2. **Category IB** Strongly recommended for implementation and supported by some experimental, clinical, or epidemiologic studies and a strong theoretical rationale.
3. **Category IC** Required for implementation, as mandated by federal and/or state regulation or standard.
4. **Category II** Suggested for implementation and supported by suggestive clinical or epidemiologic studies or a theoretical rationale.
5. **No recommendation** Unresolved issue. Practices for which insufficient evidence or no consensus regarding efficacy exist

1. Administrative Measures/Adherence Monitoring

- a. Make MDRO prevention/control an organizational priority. Provide administrative support and both fiscal and human resources to prevent and control MDRO transmission. (IB)
- b. Identify experts who can provide consultation and expertise for analyzing epidemiologic data, recognizing MDRO problems, or devising effective control strategies, as needed. (II)
- c. Implement systems to communicate information about reportable MDROs to administrative personnel and State/local health departments. (II)
- d. Implement a multi-disciplinary process to monitor and improve HCP adherence to recommended practices for Standard and Contact Precautions.(IB)
- e. Implement systems to designate patients known to be colonized or infected with a targeted MDRO and to notify receiving healthcare facilities or personnel prior to transfer of such patients within or between facilities. (IB)
- f. Support participation in local, regional and/or national coalitions to combat emerging or growing MDRO problem. Provide updated feedback at least annually to healthcare providers and administrators on facility and patient care unit MDRO infections. Include information on changes in prevalence and incidence, problem assessment and performance improvement plans. (IB)

2. MDRO Education

Provide education and training on risks and prevention of MDRO transmission during orientation and periodic educational updates for HCP; include information on organizational experience with MDROs and prevention strategies. (IB)

3. Judicious Antimicrobial Use

- a. In hospitals and LTCFs, ensure that a multi-disciplinary process is in place to review local susceptibility patterns (antibiograms), and antimicrobial agents included in the formulary, to foster appropriate antimicrobial use. (IB)
- b. Implement systems (e.g., CPOE, susceptibility report comment, pharmacy or unit director notification) to prompt clinicians to use the appropriate agent and regimen for the given clinical situation. (IB)
- c. Provide clinicians with antimicrobial susceptibility reports and analysis of current trends, updated at least annually, to guide antimicrobial prescribing practices. (IB)
- d. In settings with limited electronic communication system infrastructures to implement physician prompts, etc., at a minimum implement a process to review antibiotic use. Prepare and distribute reports to providers. (II)

4. Surveillance

- a. Use standardized laboratory methods and follow published guidelines for determining antimicrobial susceptibilities of targeted and emerging MDROs. Establish systems to ensure that clinical micro labs (in-house and outsourced) promptly notify infection control or a medical director/designee when a novel resistance pattern for that facility is detected. (IB)
- b. In hospitals and LTCFs (long term care facilities):
 - i. Develop and implement laboratory protocols for storing isolates of selected MDROs for molecular typing when needed to confirm transmission or delineate epidemiology of MDRO in facility. (IB)
 - ii. establish laboratory-based systems to detect and communicate evidence of MDROs in clinical isolates (IB)
 - iii. Prepare facility-specific antimicrobial susceptibility reports as recommended by CLSI; monitor reports for evidence of changing resistance that may indicate emergence or transmission of MDROs (IA/IC)
 - iv. Develop and monitor special-care unit-specific antimicrobial susceptibility reports (e.g., ventilator dependent units, ICUs, oncology units). (IB)
 - v. Monitor trends in incidence of target MDROs in the facility over time to determine if MDRO rates are decreasing or if additional interventions are needed. (IA)

5. Infection Control Precautions to Prevent Transmission

- a. Follow Standard Precautions in all healthcare settings. (IB)
- b. Use of Contact Precautions (CP):
 - i. In acute care settings : Implement CP for all patients known to be colonized/infected with target MDROs.(IB)
 - ii. In LTCFs: Consider the individual patient's clinical situation and facility resources in deciding whether to implement CP (II)
 - iii. In ambulatory and home care settings, follow Standard Precautions (II)
 - iv. In hemodialysis units: Follow dialysis specific guidelines (IC)

- c. No recommendation can be made regarding when to discontinue CP. (Unresolved issue).
- d. Masks are not recommended for routine use to prevent transmission of MDROs from patients to HCWs. Use masks according to Standard Precautions when performing splash-generating procedures, caring for patients with open tracheostomies with potential for projectile secretions, and when there is evidence for transmission from heavily colonized sources (e.g., burn wounds).
- e. Patient placement in hospitals and LTCFs: When single-patient rooms are available, assign priority for these rooms to patients with known or suspected MDRO colonization or infection. Give highest priority to those patients who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions. When single-patient rooms are not available, cohort patients with the same MDRO in the same room or patient-care area. (IB)
- f. When co-horting patients with the same MDRO is not possible, place MDRO patients in rooms with patients who are at low risk for acquisition of MDROs and associated adverse outcomes from infection and are likely to have short lengths of stay. (II)

6. Environmental Measures

- a. Follow recommended cleaning, disinfection and sterilization guidelines for maintaining patient care areas and equipment. Dedicate non-critical medical items to use on individual patients known to be infected or colonized with an MDRO.
- b. Prioritize room cleaning of patients on Contact Precautions. Focus on cleaning and disinfecting frequently touched surfaces (e.g., bed rails, bedside commodes, bathroom fixtures in patient room, doorknobs) and equipment in immediate vicinity of patient

7. Decolonization

Not recommended routinely