

Guidelines for Management of MRSA/VRE Infections					
Acute Care	Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)	Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)	Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)	Home Care	Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)
<b>Room Assignment*</b>					
<b>1<sup>st</sup> Choice</b>					
Private room with private handwashing and toilet facilities. A private room is essential for patients that are unable to contain body secretions or excretions (i.e., large draining wound, cough, tracheostomy, diapered & incontinent).	Private room with private handwashing and toilet facilities. A private room is essential for patients that are unable to contain body secretions or excretions (i.e., large draining wound, cough, tracheostomy, diapered & incontinent).	Private room with private handwashing and toilet facilities. A private room is essential for patients that are unable to contain body secretions or excretions (i.e., large draining wound, cough, tracheostomy, diapered & incontinent).	Private room with private handwashing and toilet facilities. A private room is essential for patients that are unable to contain body secretions or excretions (i.e., large draining wound, cough, tracheostomy, diapered & incontinent).	Not applicable in home care. Not necessary to rearrange sleeping arrangement unless there are large open wounds or drainage that cannot be contained.	Clients/students infected or colonized who are unable to control secretions, excretions or drainage should be considered for exclusion from activities where direct contact may occur. (i.e., wrestling).
<b>2<sup>nd</sup> Choice</b>					
Cohort persons with the same organisms (MRSA, VRE) colonized/infected patients if private room not available. <b><u>Do not place people with MRSA and VRE together.</u></b>	Cohort persons with the same organisms (MRSA, VRE) colonized/infected patients if private room not available. <b><u>Do not place people with MRSA and VRE together.</u></b>	Cohort persons with the same organisms (MRSA, VRE) colonized/infected patients if private room not available. <b><u>Do not place people with MRSA and VRE together.</u></b>	Cohort persons with the same organisms (MRSA, VRE) colonized/infected patients if private room not available. <b><u>Do not place people with MRSA and VRE together.</u></b>	Not Applicable	Not Applicable

**\*VRE: Careful consideration needs to be made for VRE placement because of role of VRE in environmental contamination.**

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<b>3<sup>rd</sup> Choice</b>					
When a private room or cohorting cannot be achieved, place the infected/colonized patient with another patient who does not have underlying immunocompromising illness, open wounds, or indwelling devices.	When a private room or cohorting cannot be achieved, place the infected/colonized person with another person who does not have underlying immunocompromising illness, open wounds, or indwelling devices.	When a private room or cohorting cannot be achieved, place the infected/colonized patient with another patient who does not have underlying immunocompromising illness, open wounds, or indwelling devices.	When a private room or cohorting cannot be achieved, place the infected/colonized person with another person who does not have underlying immunocompromising illness, open wounds, or indwelling devices.	Not Applicable	Not Applicable
		Schedule patient at the end of the day if possible. Place patient in room; avoid waiting room. Decrease areas of contamination by bringing services to patient (i.e., EKG, Lab, etc.)		Schedule home visit at the end of the day if possible.	Not Applicable

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<b>Handwashing/Hand Hygiene*</b>					
<p><b>Employee:</b> Perform hand hygiene before and after environmental contact with person or glove removal. Utilize an antimicrobial soap (i.e., soaps or agents containing Iodophor, chlorhexidine gluconate, PCMX or triclosan) and water for at least 15 seconds when hands are visibly soiled or contaminated with blood and body fluids.</p>	<p><b>Employee:</b> Perform hand hygiene before and after environmental contact with person or glove removal. Utilize an antimicrobial soap (i.e., soaps or agents containing Iodophor, chlorhexidine gluconate, PCMX or triclosan) and water for at least 15 seconds when hands are visibly soiled or contaminated with blood and body fluids.</p>	<p><b>Employee:</b> Perform hand hygiene before and after environmental contact with person or glove removal. Utilize an antimicrobial soap (i.e., soaps or agents containing Iodophor, chlorhexidine gluconate, PCMX or triclosan) and water for at least 15 seconds when hands are visibly soiled or contaminated with blood and body fluids.</p>	<p><b>Employee:</b> Perform hand hygiene before and after environmental contact with person or glove removal. Utilize an antimicrobial soap (i.e., soaps or agents containing Iodophor, chlorhexidine gluconate, PCMX or triclosan) and water for at least 15 seconds when hands are visibly soiled or contaminated with blood and body fluids.</p>	<p><b>Employee:</b> Perform hand hygiene before and after environmental contact with person or glove removal. Utilize an antimicrobial soap (i.e., soaps or agents containing Iodophor, chlorhexidine gluconate, PCMX or triclosan) and water for at least 15 seconds when hands are visibly soiled or contaminated with blood and body fluids.</p>	<p><b>Employee:</b> Perform hand hygiene before and after environmental contact with person or glove removal. Utilize an antimicrobial soap (i.e., soaps or agents containing Iodophor, chlorhexidine gluconate, PCMX or triclosan) and water for at least 15 seconds when hands are visibly soiled or contaminated with blood and body fluids.</p>
<p>If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination of hands.</p>	<p>If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination of hands.</p>	<p>If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination of hands.</p>	<p>If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination of hands.</p>	<p>If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination of hands.</p>	<p>If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination of hands.</p>
<p>Do not touch environmental surfaces after washing/ decontaminating hands.</p>	<p>Do not touch environmental surfaces after washing/ decontaminating hands.</p>	<p>Do not touch environmental surfaces after washing/ decontaminating hands.</p>	<p>Do not touch environmental surfaces after washing/ decontaminating hands.</p>	<p>Do not touch environmental surfaces after washing/ decontaminating hands.</p>	<p>Do not touch environmental surfaces after washing/ decontaminating hands.</p>

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See Appendix A.	See Appendix A.	See Appendix A.	See Appendix A.	See Appendix A. Use paper towels rather than family towels. Antimicrobial soap should be available in the home and family instructed on use.	See Appendix A.
<b>Patient:</b> Instruct person to wash hands with an antimicrobial agent after using the restroom, before eating, before leaving the room or mingling with others. Verify patient's ability to wash hands.	<b>Patient:</b> Instruct person to wash hands with an antimicrobial agent after using the restroom, before eating, before leaving the room or mingling with others. Verify patient's ability to wash hands.	<b>Patient:</b> Instruct person to wash hands with an antimicrobial agent after using the restroom, before eating, before leaving the room or mingling with others. Verify patient's ability to wash hands.	<b>Patient:</b> Instruct person to wash hands with an antimicrobial agent after using the restroom, before eating, before leaving the room or mingling with others. Verify patient's ability to wash hands.	<b>Patient:</b> Instruct person to wash hands with an antimicrobial agent after using the restroom, before eating, before leaving the room or mingling with others. Verify patient's ability to wash hands.	<b>Client:</b> Instruct or assist clients to wash hands after using restroom, before eating, before and after activities and before going home.
A waterless alcohol-based hand rub appropriate for hand disinfection may be used if obvious soiling is absent.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used if obvious soiling is absent.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used if obvious soiling is absent.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used if obvious soiling is absent.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used if obvious soiling is absent.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used if obvious soiling is absent.

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<p><b>Visitors:</b> Visitors should wash/ decontaminate hands with antimicrobial product before contact with person. Visitors providing direct care should follow the same guidelines for barriers and hand hygiene procedures outlined for health-care workers. Visitors not providing direct care should be instructed to wash/decontaminate hands with antimicrobial soap at the end of their visit in a person's room.</p>	<p><b>Visitors:</b> Visitors should wash/ decontaminate hands with antimicrobial product before contact with person. Visitors providing direct care should follow the same guidelines for barriers and hand hygiene procedures outlined for health-care workers. Visitors not providing direct care should be instructed to wash/decontaminate hands with antimicrobial soap at the end of their visit in a person's room.</p>	<p><b>Visitors:</b> Visitors should wash/ decontaminate hands with antimicrobial product before contact with person. Visitors providing direct care should follow the same guidelines for barriers and hand hygiene procedures outlined for health-care workers. Visitors not providing direct care should be instructed to wash/decontaminate hands with antimicrobial soap at the end of their visit in a person's room.</p>	<p><b>Visitors:</b> Visitors should wash/ decontaminate hands with antimicrobial product before contact with person. Visitors providing direct care should follow the same guidelines for barriers and hand hygiene procedures outlined for health-care workers. Visitors not providing direct care should be instructed to wash/decontaminate hands with antimicrobial soap at the end of their visit in a person's room.</p>	<p><b>Visitors:</b> Visitors should wash/ decontaminate hands with antimicrobial product before contact with person. Visitors providing direct care should follow the same guidelines for barriers and hand hygiene procedures outlined for health-care workers. Visitors not providing direct care should be instructed to wash hands with antimicrobial soap at the end of their visit.</p>	<p><b>Visitors:</b> Visitors providing direct care should follow the same guidelines for barriers and hand hygiene procedures outlined for health-care workers.</p>
<p>A waterless alcohol-based hand rub appropriate for hand disinfection may be used in the absence of obvious soiling.</p>	<p>A waterless alcohol-based hand rub appropriate for hand disinfection may be used in the absence of obvious soiling.</p>	<p>A waterless alcohol-based hand rub appropriate for hand disinfection may be used in the absence of obvious soiling.</p>	<p>A waterless alcohol-based hand rub appropriate for hand disinfection may be used in the absence of obvious soiling.</p>	<p>A waterless alcohol-based hand rub appropriate for hand disinfection may be used in the absence of obvious soiling.</p>	<p>A waterless alcohol-based hand rub appropriate for hand disinfection may be used in the absence of obvious soiling.</p>
<p>Direct contact of visitors with other persons should be discouraged.</p>	<p>Direct contact of visitors with other persons should be discouraged.</p>	<p>Direct contact of visitors with other persons should be discouraged.</p>	<p>Direct contact of visitors with other persons should be discouraged.</p>		

**\*Facilities may consider group hand hygiene before group activities.**

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<b>Contact Precautions</b>					
<p><u>Gloves:</u> (clean, nonsterile) should be worn upon entering the patient room*. Gloves should be changed between multiple procedures on the same person if they become contaminated.</p>	<p><u>Gloves:</u> (clean, nonsterile) should be worn upon entering the patient room*. Gloves should be changed between multiple procedures on the same person if they become contaminated.</p>	<p><u>Gloves:</u> (clean, nonsterile) should be worn upon entering the patient room*. Gloves should be changed between multiple procedures on the same person if they become contaminated.</p>	<p><u>Gloves:</u> (clean, nonsterile) should be worn upon entering the patient room*. Gloves should be changed between multiple procedures on the same person if they become contaminated.</p>	<p><u>Gloves:</u> (clean, nonsterile) should be worn when treating or having close contact with a person that has an active infection, is incontinent, or has wound exudate that cannot be contained. Gloves should be changed between multiple procedures on the same person if they become contaminated. For people who are mobile and socially interactive, the need for the caregiver to wear gloves can be limited to situations involving direct contact with stool or other body substances.</p>	<p><u>Gloves:</u> should be worn when in contact with body fluids, excretions or secretions.</p>

**\*Room means immediate care environment.**

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Hands must be washed/ decontaminated immediately after removing gloves and prior to exiting the room.*	Hands must be washed/ decontaminated immediately after removing gloves and prior to exiting the room.*	Hands must be washed/ decontaminated immediately after removing gloves and prior to exiting the room.*	Hands must be washed/ decontaminated immediately after removing gloves and prior to exiting the room.*	Hands must be washed/ decontaminated immediately after removing gloves.	Hands must be washed/ decontaminated immediately after removing gloves.
				Gloves should be worn when cleaning the home of patient colonized/infected with VRE and when entering the homes of patient with poor hygienic practices.	
A waterless alcohol-based hand rub appropriate for hand disinfection may be used.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used.	A waterless alcohol-based hand rub appropriate for hand disinfection may be used.

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<p><b>Gowns*</b>: clean, nonsterile fluid-resistant) should be worn if <u>substantial</u>, contact with the person or if the person is incontinent, has diarrhea, has an ostomy, or uncontained drainage or secretions. Gowns should be worn with anticipated contact with environmental surfaces/items. Gowns must be removed prior to leaving the person's room.</p>	<p><b>Gowns*</b>: (clean, nonsterile fluid-resistant) should be worn if <u>substantial</u>, contact with the person or if the person is incontinent, has diarrhea, has an ostomy, or uncontained drainage or secretions. Gowns should be worn with anticipated contact with environmental surfaces/items. Gowns must be removed prior to leaving the person's room.</p>	<p><b>Gowns*</b>: (clean, nonsterile fluid-resistant) should be worn if <u>substantial</u>, contact with the person or if the person is incontinent, has diarrhea, has an ostomy, or uncontained drainage or secretions. Gowns should be worn with anticipated contact with environmental surfaces/items. Gowns must be removed prior to leaving the person's room.</p>	<p><b>Gowns*</b>: (clean, nonsterile fluid-resistant) should be worn if <u>substantial</u>, contact with the person or if the person is incontinent, has diarrhea, has an ostomy, or uncontained drainage or secretions. Gowns should be worn with anticipated contact with environmental surfaces/items. Gowns must be removed prior to leaving the person's room.</p>	<p><b>Gowns*</b>: A fluid - resistant gown should be worn if there is a risk of soiling with body fluids (i.e. bathing, large wound care or lifting the person). Family/caregivers should wear protective outer garment such as a loose fitting shirt or a fluid resistant barrier. The outer shirt can be laundered in hot wash and dryer cycles.</p>	<p><b>Gowns*</b>: The employee should wear fluid-resistant gowns if there is a risk of soiling with body fluids. Caregivers should wear protective outer garment such as loose fitting shirt or a fluid resistant barrier. The outer shirt can be laundered in hot wash and dryer cycles.</p>
<p><u>Transport</u> to other departments only when medically necessary.</p>	<p><u>Transport</u> to other departments when medically necessary. The resident may be allowed to participate in activities and eat in the general dining area if secretion and excretions can be contained.</p>	<p><u>Transport</u> to other departments only when medically necessary.</p>	<p>See Appendix D for transport via ambulance, vans, etc.</p>	<p>See Appendix D for transport via ambulance, vans, etc.</p>	<p>Clean clothes should be worn daily.</p>

**\*Single Use (disposable or reusable gown) recommended**



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Gloves should be worn when transporting patients or assisting the patient outside of the room. Clean linen and gown prior to leaving patient room.	Resident must have clean hands, clothing and equipment prior to leaving the room.	Gloves should be worn when transporting patients or assisting the patient outside of the room. See Appendix D for transport via ambulance, vans, etc. Clean clothes are to be worn daily.	Clean clothes are to be worn daily.	Clean clothes should be worn daily.	
<b><u>Masks/eye protection/face shields</u></b> are not routinely needed. They are indicated according to standard precautions where a splash or spray could be anticipated (i.e., suctioning, wound irrigation tracheostomy care, or actively coughing person with respiratory infection.)	<b><u>Masks/eye protection/face shields</u></b> are not routinely needed. They are indicated according to standard precautions where a splash or spray could be anticipated (i.e., suctioning, wound irrigation tracheostomy care, or actively coughing patient with respiratory infection.)	<b><u>Masks/eye protection/face shields</u></b> are not routinely needed. They are indicated according to standard precautions where a splash or spray could be anticipated (i.e., suctioning, wound irrigation tracheostomy care, or actively coughing person with respiratory infection.)	<b><u>Masks/eye protection/face shields</u></b> are not routinely needed. They are indicated according to standard precautions where a splash or spray could be anticipated (i.e., suctioning, wound irrigation tracheostomy care, or actively coughing person with respiratory infection.)	<b><u>Masks/eye protection/face shields</u></b> are not routinely needed. They are indicated according to standard precautions where a splash or spray could be anticipated (i.e., suctioning, wound irrigation tracheostomy care, or actively coughing person with respiratory infection.)	Masks are generally not necessary in these settings.
<b><u>Pregnant Health-care Workers:</u></b> No additional precautions are necessary for pregnant health-care workers or visitors.	<b><u>Pregnant Health-care Workers:</u></b> No additional precautions are necessary for pregnant health-care workers or visitors.	<b><u>Pregnant Health-care Workers:</u></b> No additional precautions are necessary for pregnant health-care workers or visitors.	<b><u>Pregnant Health-care Workers:</u></b> No additional precautions are necessary for pregnant health-care workers or visitors.	<b><u>Pregnant Health-care Workers:</u></b> No additional precautions are necessary for pregnant health-care workers or visitors.	<b><u>Pregnant Staff, Visitors, etc.:</u></b> No additional precautions are necessary.

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<b>Care of Equipment</b>					
<p><b><u>Non-critical items:</u></b> (e.g., stethoscope, sphygmomanometer or thermometer) should be dedicated to a single patient and left at the bedside. Devices to be used on multiple persons (i.e., oxymetry, glucose monitoring device, electric razors, etc.) must be adequately disinfected immediately after use.</p>	<p><b><u>Non-critical items:</u></b> (e.g., stethoscope, sphygmomanometer or thermometer) should be dedicated to a single person and left at the bedside. Devices to be used on multiple persons (i.e., oxymetry, glucose monitoring device, electric razors, etc.) must be adequately disinfected immediately after use.</p>	<p><b><u>Non-critical items:</u></b> (e.g., stethoscope, sphygmomanometer or thermometer) should be dedicated to a single person and left at the bedside. Devices to be used on multiple persons (i.e., oxymetry, glucose monitoring device, electric razors, etc.) must be adequately disinfected immediately after use.</p>	<p><b><u>Non-critical items:</u></b> (e.g., stethoscope, sphygmomanometer or thermometer) should be dedicated to a single person and left at the bedside. Devices to be used on multiple persons (i.e., oxymetry, glucose monitoring device, electric razors, etc.) must be adequately disinfected immediately after use.</p>	<p><b><u>Non-critical items:</u></b> (e.g., stethoscope, sphygmomanometer or thermometer) should be dedicated to a single person. Devices to be used on multiple people (i.e., oxymetry, glucometer, electric razors, etc.) must be adequately disinfected immediately after use prior to use on another person. In some situations the persons may be encouraged to provide their own equipment.</p>	<p>Healthcare items should be single use or appropriately disinfected after use.</p>
				<p>The home-care provider should establish a safe working surface by placing a barrier between environmental surface and the care providers supply bag and/or avoid taking the nursing bag into the home.</p>	

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		<p>Dialysis settings: Dialyzer reuse is acceptable. The external surfaces of the dialyzer must be disinfected before transporting the dialyzer from an isolated patient area. Standard procedures concerning the disinfection of dialysis machines, chairs and environmental surfaces after each patient use should be followed meticulously using an EPA registered hospital disinfectant at the appropriate dilution and recommended contact time. Assign each patient colonized or infected to their own individual supply tray (tourniquet, antiseptics, clamps, thermometer, stethoscope, and blood pressure cuff).</p>			

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<u>Toys/other items</u> should <b>not</b> be shared and should be properly disinfected after use.	<u>Toys/other items</u> should <b>not</b> be shared and should be properly disinfected after use.	<u>Toys/other items</u> should <b>not</b> be shared and should be properly disinfected after use.	<u>Toys/other items</u> should <b>not</b> be shared and should be properly disinfected after use.	<u>Toys/other items</u> should <b>not</b> be shared and should be properly disinfected after use.	<u>Toys/other items</u> that are contaminated by secretions/excretions (i.e. mouthing) should be properly disinfected after use.
<u>Dishes/Eating Utensils:</u> Disposable dishes are unnecessary. Routine facility dishwashing procedures are adequate.	<u>Dishes/Eating Utensils:</u> Disposable dishes are unnecessary. Routine facility dishwashing procedures are adequate.	<u>Dishes/Eating Utensils:</u> Disposable dishes are unnecessary. Routine facility dishwashing procedures are adequate.	<u>Dishes/Eating Utensils:</u> Disposable dishes are unnecessary. Routine facility dishwashing procedures are adequate.	<u>Dishes/Eating Utensils</u> can be washed in a dishwasher or with a dishwashing detergent and bleach. Do not share eating utensils	<u>Dishes/Eating Utensils</u> can be washed in a dishwasher or with a dishwashing detergent and bleach. Do not share eating utensils.
<b>Waste Disposal</b>					
Immediately dispose of items soiled with secretions/excretions in a plastic lined container. (Follow facility policy for waste disposal.)	Immediately dispose of items soiled with secretions/excretions in a plastic lined container. (Follow facility policy for waste disposal.)	Immediately dispose of items soiled with secretions/excretions in a plastic lined container. (Follow facility policy for waste disposal.)	Immediately dispose of items soiled with secretions/excretions in a plastic lined container. (Follow facility policy for waste disposal.)	Immediately dispose of items soiled with secretions/excretions in a plastic lined container. The bag must be securely sealed prior to disposal.	Immediately dispose of items soiled with secretions/excretions in a plastic lined container. The bag must be securely sealed prior to disposal.
<b>Linen/Laundry</b>					
Standard precautions apply for soiled linens. Daily linen changes are recommended.	Standard precautions apply for soiled linens. Daily linen changes are recommended.	Standard precautions apply for soiled linens. Daily linen changes are recommended.	Only clothing and linen soiled with secretions and excretions need to be washed separately in hot water with detergent and dried in the dryer.	Only clothing and linen soiled with secretions and excretions need to be washed separately in hot water with detergent and dried in the dryer.	Only clothing and linen soiled with secretions and excretions need to be washed separately in hot water with detergent and dried in the dryer.

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			Gloves should be worn when handling laundry soiled with secretions and excretions. Hand hygiene to follow glove removal.	Gloves should be worn when handling laundry soiled with secretions and excretions. Hand hygiene to follow glove removal.	Gloves should be worn when handling laundry soiled with secretions and excretions. Hand hygiene to follow glove removal.
<b><i>Cleaning of Environment*</i></b>					
Standard cleaning practices for all health-care facilities should be adequate. It is essential to use an EPA-rated hospital disinfectant at the proper dilution and recommended contact time. Attention must be given to thorough daily cleaning of frequent contact surfaces as well as terminal cleaning upon discharge. See Appendix B.	Standard cleaning practices for all health-care facilities should be adequate. It is essential to use an EPA-rated hospital disinfectant at the proper dilution and recommended contact time. Attention must be given to thorough daily cleaning of frequent contact surfaces as well as terminal cleaning upon discharge. See Appendix B.	Standard cleaning practices for all health-care facilities should be adequate. It is essential to use an EPA-rated hospital disinfectant at the proper dilution and recommended contact time. Attention must be given to thorough daily cleaning of frequent contact surfaces as well as terminal cleaning upon discharge. See Appendix B.	Standard cleaning practices for all health-care facilities should be adequate. It is essential to use an EPA-rated hospital disinfectant at the proper dilution and recommended contact time. Attention must be given to thorough daily cleaning of frequent contact surfaces as well as terminal cleaning upon discharge. See Appendix B.	Individuals and family care givers should be taught the importance of prompt cleaning and disinfecting of bathroom and other environmental surfaces that may become contaminated with fecal material or other patient secretions/excretions.	Employees and individuals family care givers should be taught the importance of prompt cleaning and disinfecting of bathroom and other environmental surfaces that may become contaminated with fecal material or other patient secretions/excretions.

**\*VRE has been found to survive on environmental surfaces for prolonged periods and linked to transmission/outbreaks.**

Guidelines for Management of MRSA/VRE Infections					
Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)	Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)	Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)	Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)	Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)	Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)
<b>Surveillance/Screening Cultures*</b>					
<u>Termination of Precautions/Isolation:</u> Relatively stringent criteria should be used for terminating precautions because colonization can persist indefinitely. <b>Assume colonization until culture negative results on at least three (3) consecutive occasions, one or more weeks apart, when off antibiotics for at least 48 hours.</b> Take cultures from multiple body sites. See Appendix C.	<u>Termination of Precautions/Isolation:</u> Relatively stringent criteria should be used for terminating precautions because colonization can persist indefinitely. <b>Assume colonization until culture negative results on at least three (3) consecutive occasions, one or more weeks apart, when off antibiotics for at least 48 hours.</b> Take cultures from multiple body sites. See Appendix C.	<u>Termination of Precautions/Isolation:</u> Relatively stringent criteria should be used for terminating precautions because colonization can persist indefinitely. <b>Assume colonization until culture negative results on at least three (3) consecutive occasions, one or more weeks apart, when off antibiotics for at least 48 hours.</b> Take cultures from multiple body sites. See Appendix C.	<u>Termination of Precautions/Isolation:</u> Relatively stringent criteria should be used for terminating precautions because colonization can persist indefinitely. <b>Assume colonization until culture negative results on at least three (3) consecutive occasions, one or more weeks apart, when off antibiotics for at least 48 hours.</b> Take cultures from multiple body sites. See Appendix C.	<u>Termination of Precautions/Isolation:</u> Relatively stringent criteria should be used for terminating precautions because colonization can persist indefinitely. <b>Assume colonization until culture negative results on at least three (3) consecutive occasions, one or more weeks apart, when off antibiotics for at least 48 hours.</b> Take cultures from multiple body sites. See Appendix C.	No culturing necessary.

**\*This should be done only on consultation with infection-control experts.**

<b>Guidelines for Management of MRSA/VRE Infections</b>					
<b>Acute Care</b>	<b>Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)</b>	<b>Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)</b>	<b>Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)</b>	<b>Home Care</b>	<b>Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)</b>
The length of colonization is expected to be prolonged, i.e., half life of colonization for MRSA is 40 months. There are no established guidelines for how often cultures are done to assess colonization. Cultures may be indicted if invasive procedures are planned or the person is moved to an institutional setting.	The length of colonization is expected to be prolonged, i.e., half life of colonization for MRSA is 40 months. There are no established guidelines for how often cultures are done to assess colonization. Cultures may be indicted if invasive procedures are planned or the person is moved to an institutional setting.	The length of colonization is expected to be prolonged, i.e., half life of colonization for MRSA is 40 months. There are no established guidelines for how often cultures are done to assess colonization. Cultures may be indicted if invasive procedures are planned or the person is moved to an institutional setting.	The length of colonization is expected to be prolonged, i.e., half life of colonization for MRSA is 40 months. There are no established guidelines for how often cultures are done to assess colonization. Cultures may be indicted if invasive procedures are planned or the person is moved to an institutional setting.	The length of colonization is expected to be prolonged, i.e., half life of colonization for MRSA is 40 months. There are no established guidelines for how often cultures are done to assess colonization. Cultures may be indicted if invasive procedures are planned or the person is moved to an institutional setting.	

**Guidelines for Management of MRSA/VRE Infections**

<b>Acute Care</b>	<b>Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)</b>	<b>Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)</b>	<b>Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)</b>	<b>Home Care</b>	<b>Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)</b>
<p><b>Screening on Admission:</b> Screening on admission for drug resistant organisms (MRSA/VRE) may be recommended for individual patient situations (e.g., transfer from large tertiary facilities with known drug resistance and/or patient with multiple invasive sites or in outbreak situations.) Refer to Appendix C.</p>	<p><b>Screening on Admission:</b> Screening on admission for drug resistant organisms (MRSA/VRE) may be recommended for individual patient situations (e.g., transfer from large tertiary facilities with known drug resistance and/or patient with multiple invasive sites or in outbreak situations.) Refer to Appendix C.</p>	<p><b>Screening on Admission:</b> Screening on admission for drug resistant organisms (MRSA/VRE) may be recommended for individual patient situations (e.g., transfer from large tertiary facilities with known drug resistance and/or patient with multiple invasive sites or in outbreak situations.) Refer to Appendix C.</p>	<p><b>Screening on Admission:</b> Screening on admission for drug resistant organisms (MRSA/VRE) may be recommended for individual patient situations (e.g., transfer from large tertiary facilities with known drug resistance and/or patient with multiple invasive sites or in outbreak situations.) Refer to Appendix C.</p>	<p><b>Screening on Admission:</b> Screening on admission for drug resistant organisms (MRSA/VRE) may be recommended for individual patient situations (e.g., transfer from large tertiary facilities with known drug resistance and/or patient with multiple invasive sites or in outbreak situations.) Refer to Appendix C.</p>	<p>No culturing necessary.</p>
<p><b>Screening on Discharge:</b> Routine screening is <b>not recommended</b> on discharge/transfer unless indicated in outbreak situations.</p>	<p><b>Screening on Discharge:</b> Routine screening is <b>not recommended</b> on discharge/transfer unless indicated in outbreak situations.</p>	<p><b>Screening on Discharge:</b> Routine screening is <b>not recommended</b> on discharge/transfer unless indicated in outbreak situations.</p>	<p><b>Screening on Discharge:</b> Routine screening is <b>not recommended</b> on discharge/transfer unless indicated in outbreak situations.</p>	<p><b>Screening on Discharge:</b> Routine screening is <b>not recommended</b> on discharge/transfer unless indicated in outbreak situations.</p>	<p>No culturing necessary.</p>



**Guidelines for Management of MRSA/VRE Infections**

<b>Acute Care</b>	<b>Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)</b>	<b>Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)</b>	<b>Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)</b>	<b>Home Care</b>	<b>Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)</b>
<p><b><u>Additional Screening:</u></b> When VRE positive individuals have been newly identified, decisions to culture roommates should be made on a case by case basis, considering the potential for transmission.</p>	<p><b><u>Additional Screening:</u></b> When VRE positive individuals have been newly identified, decisions to culture roommates should be made on a case by case basis, considering the potential for transmission.</p>	<p><b><u>Additional Screening:</u></b> When VRE positive individuals have been newly identified, decisions to culture roommates should be made on a case by case basis, considering the potential for transmission.</p>	<p><b><u>Additional Screening:</u></b> When VRE positive individuals have been newly identified, decisions to culture roommates should be made on a case by case basis, considering the potential for transmission.</p>	<p><b><u>Additional Screening:</u></b> When VRE positive individuals have been newly identified, decisions to culture roommates should be made on a case by case basis, considering the potential for transmission.</p>	<p>No culturing necessary.</p>
<p>In an outbreak situation, consult with an infection control practitioner and the ND Department of Health, Division of Disease Control. Refer to Appendix C.</p>	<p>In an outbreak situation, consult with an infection control practitioner and the ND Department of Health, Division of Disease Control. Refer to Appendix C.</p>	<p>In an outbreak situation, consult with an infection control practitioner and the ND Department of Health, Division of Disease Control. Refer to Appendix C.</p>	<p>In an outbreak situation, consult with an infection control practitioner and the ND Department of Health, Division of Disease Control. Refer to Appendix C.</p>	<p>In an outbreak situation, consult with an infection control practitioner and the ND Department of Health, Division of Disease Control. Refer to Appendix C.</p>	
<p>Some tertiary care medical centers and other hospitals that have many critically-ill patients at high risk for VRE may choose to conduct periodic culture surveys of stool or rectal swabs of such patients.</p>	<p>Some tertiary care medical centers and other hospitals that have many critically-ill patients at high risk for VRE may choose to conduct periodic culture surveys of stool or rectal swabs of such patients.</p>	<p>Some tertiary care medical centers and other hospitals that have many critically-ill patients at high risk for VRE may choose to conduct periodic culture surveys of stool or rectal swabs of such patients.</p>	<p>Some tertiary care medical centers and other hospitals that have many critically-ill patients at high risk for VRE may choose to conduct periodic culture surveys of stool or rectal swabs of such patients.</p>		<p>No culturing necessary.</p>

**Guidelines for Management of MRSA/VRE Infections**

<b>Acute Care</b>	<b>Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)</b>	<b>Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)</b>	<b>Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)</b>	<b>Home Care</b>	<b>Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)</b>
<p><b><u>Culturing of Employees:</u></b> Culturing of employees is <b>not indicated</b> unless epidemiologically-linked to transmission in an outbreak situation.</p>	<p><b><u>Culturing of Employees:</u></b> Culturing of employees is <b>not indicated</b> unless epidemiologically-linked to transmission in an outbreak situation.</p>	<p><b><u>Culturing of Employees:</u></b> Culturing of employees is <b>not indicated</b> unless epidemiologically-linked to transmission in an outbreak situation.</p>	<p><b><u>Culturing of Employees:</u></b> Culturing of employees is <b>not indicated</b> unless epidemiologically-linked to transmission in an outbreak situation.</p>	<p><b><u>Culturing of Employees:</u></b> Culturing of employees is <b>not indicated</b> unless epidemiologically-linked to transmission in an outbreak situation.</p>	<p>No culturing necessary.</p>
<p><b><u>Environmental Culturing:</u></b> Some care facilities may elect to perform focused environmental cultures before and after cleaning rooms that housed VRE-positive patients.</p>	<p><b><u>Environmental Culturing:</u></b> Some care facilities may elect to perform focused environmental cultures before and after cleaning rooms that housed VRE-positive patients.</p>	<p><b><u>Environmental Culturing:</u></b> Some care facilities may elect to perform focused environmental cultures before and after cleaning rooms that housed VRE-positive patients.</p>	<p><b><u>Environmental Culturing:</u></b> Some care facilities may elect to perform focused environmental cultures before and after cleaning rooms that housed VRE-positive patients.</p>	<p>Environmental <b>culturing is not practical</b> in the home environment.</p>	<p>Environmental <b>culturing is not practical</b> in these settings.</p>

**Guidelines for Management of MRSA/VRE Infections**

<b>Acute Care</b>	<b>Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)</b>	<b>Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)</b>	<b>Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)</b>	<b>Home Care</b>	<b>Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)</b>
If a facility chooses to perform such environmental culturing, it should be done only under the supervision of infection control staff in that facility and in collaboration with the clinical microbiology laboratory. Refer to Appendix C.	If a facility chooses to perform such environmental culturing, it should be done only under the supervision of infection control staff in that facility and in collaboration with the clinical microbiology laboratory. Refer to Appendix C.	If a facility chooses to perform such environmental culturing, it should be done only under the supervision of infection control staff in that facility and in collaboration with the clinical microbiology laboratory. Refer to Appendix C.	If a facility chooses to perform such environmental culturing, it should be done only under the supervision of infection control staff in that facility and in collaboration with the clinical microbiology laboratory. Refer to Appendix C.		

<b>Guidelines for Management of MRSA/VRE Infections</b>					
<b>Acute Care</b>	<b>Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)</b>	<b>Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)</b>	<b>Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)</b>	<b>Home Care</b>	<b>Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)</b>
<b><i>Communication on Transfer/Discharge/Readmission Issues</i></b>					
Known status of drug resistant organisms (VRE/MRSA) should be indicated verbally and in writing on transfer sheet. Because persons can be colonized for a long period of time, a system should be established for highlighting records of infected or colonized persons in order to promptly identify and initiate precautions on readmission. Ideally this information should be computerized within an facility so that precautions will not be delayed due to unavailability of the person's medical record.	Known status of drug resistant organisms (VRE/MRSA) should be indicated verbally and in writing on transfer sheet. Because persons can be colonized for a long period of time, a system should be established for highlighting records of infected or colonized persons in order to promptly identify and initiate precautions on readmission. Ideally this information should be computerized within an facility so that precautions will not be delayed due to unavailability of the person's medical record.	Known status of drug resistant organisms (VRE/MRSA) should be indicated verbally and in writing on transfer sheet. Because persons can be colonized for a long period of time, a system should be established for highlighting records of infected or colonized persons in order to promptly identify and initiate precautions on readmission. Ideally this information should be computerized within an facility so that precautions will not be delayed due to unavailability of the person's medical record.	Known status of drug resistant organisms (VRE/MRSA) should be indicated verbally and in writing on transfer sheet. Because persons can be colonized for a long period of time, a system should be established for highlighting records of infected or colonized persons in order to promptly identify and initiate precautions on readmission. Ideally this information should be computerized within an facility so that precautions will not be delayed due to unavailability of the person's medical record.	Known status of drug resistant organisms (VRE/MRSA) should be indicated verbally and in writing on transfer sheet. Because persons can be colonized for a long period of time, a system should be established for highlighting records of infected or colonized persons in order to promptly identify and initiate precautions on readmission. Ideally this information should be computerized within an facility so that precautions will not be delayed due to unavailability of the person's medical record.	All direct care providers must use appropriate precautions.
Transporting services (i.e. medivans, ambulances) must be informed of resistant organisms. See Appendix D.	Transporting services (i.e. medivans, ambulances) must be informed of resistant organisms. See Appendix D.	Transporting services (i.e. medivans, ambulances) must be informed of resistant organisms. See Appendix D.	Transporting services (i.e. medivans, ambulances) must be informed of resistant organisms. See Appendix D.	Transporting services (i.e. medivans, ambulances) must be informed of resistant organisms. See Appendix D.	

<b>Guidelines for Management of MRSA/VRE Infections</b>					
<b>Acute Care</b>	<b>Long-Term Care (i.e., Long-Term Care Facilities, Rehab Centers, Swing Bed Units)</b>	<b>Ambulatory Care Setting (i.e., Dialysis Settings, Clinics and Outpatient Day Surgery)</b>	<b>Communal Care Setting (i.e., Open Ward, Mental Health and Chemical Dependency)</b>	<b>Home Care</b>	<b>Other (i.e., Schools, Day Care, Assisted Living, Adult Day-Care Center, etc.)</b>
Colonization or infection with a DRO (Drug Resistant Organism i.e., MRSA/VRE) should <b>not be a barrier to admission or transfer</b> . Every effort should be made to place person in appropriate settings.	Colonization or infection with a DRO (Drug Resistant Organism i.e., MRSA/VRE) should <b>not be a barrier to admission or transfer</b> . Every effort should be made to place person in appropriate settings.	Colonization or infection with a DRO (Drug Resistant Organism i.e., MRSA/VRE) should <b>not be a barrier to admission or transfer</b> . Every effort should be made to place person in appropriate settings.	Colonization or infection with a DRO (Drug Resistant Organism i.e., MRSA/VRE) should <b>not be a barrier to admission or transfer</b> . Every effort should be made to place person in appropriate settings.	Colonization or infection with a DRO (Drug Resistant Organism i.e., MRSA/VRE) should <b>not be a barrier to admission or transfer</b> . Every effort should be made to place person in appropriate settings.	

**Refusal to accept patients on the basis of infectious disease or medical conditions may be in violation of the American with Disabilities Act.**