

## Glossary of Terms

The following definitions apply to terms used in this document.

***Acute care*** – A pattern of health care in which a patient is treated for a brief but severe episode of illness, for the sequelae of an accident or other trauma, or during recovery from surgery.

***Ambulatory care*** – Health services provided on an outpatient basis to those who visit a facility for care and depart on the same day.

***Antibiotic*** – A naturally occurring or synthetic organic substance that inhibits or destroys selective bacteria or other microorganisms.

***Antimicrobial agent*** – A product that destroys or inhibits the growth of microorganisms.

***Antimicrobial soap*** – A soap containing an ingredient with *in vitro* and *in vivo* activity against skin flora.

***Antiseptic*** – A chemical germicide or product that destroys or inhibits growth of microorganisms formulated for use on skin or tissue and should not be used to decontaminate inanimate objects. Examples include isopropyl alcohol, chlorhexidine gluconate and tincture of iodine.

***Cleaning*** – Removal - usually with detergent or enzymatic products, mechanical action, and water - of foreign material (i.e., blood, soil, organic material) from objects.

***Cohort*** – Two or more patients (infected or colonized with the same drug-resistant organism) in a facility who are physically separated from other patients and cared for in the same room. In an outbreak situation, these patients should be cared for as much as possible by staff who do not provide care for other patients.

***Colonized*** – The condition of a patient or health-care worker in which an organism is present on a body site and is multiplying, but in which no symptoms or clinical manifestations of illness or infection are evident. A colonized person is a reservoir for the infectious agent and can transmit the organism to others.

***Communal-care setting*** – A care setting in which the patients stay in private or semi-private rooms for a major portion of the day and treatment schedules require interaction and group activities.

***Contact precautions*** – Used in addition to standard precautions for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching

the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient care items in the patient's environment.

**Contamination** – When an item or surface has been in contact with material or hands that could provide numbers of microorganisms that could be transmitted.

**Decolonize** – A process by which a patient or health-care worker, either through the use of antiseptics and antibiotics used topically or by use of special systematic antibiotic regimens, are cleared of a colonizing microorganism.

**Disinfection** – A process that eliminates many or all pathogenic microorganisms from inanimate objects.

**Endemic** – The usual or expected rate of colonization or infection with an organism within a facility. The endemic rate in each facility is unique to that facility.

**Epidemic** – Two or more epidemiologically linked cases of nosocomial-acquired infection in a facility, or a substantial increase in cases above the endemic rate at that facility as determined by infection control staff at the facility.

**Fomite** – An inanimate object that can transmit infection because it is contaminated by pathogenic organisms, such as MRSA or a VRE. Examples include stethoscopes, blood pressure cuffs, handkerchiefs, drinking glasses, telephones, bed linens, clothing and toys.

**GISA** – Glycopeptide intermediate resistant *Staphylococcus aureus* – A more accurate term for VISA since glycopeptide is the class of organisms represented by vancomycin.

**GRSA** – Glycopeptide resistant *Staphylococcus aureus* – A more accurate term for VRSA since glycopeptide is the class of organisms represented by vancomycin.

**Handwashing** – A process for the removal of dirt, organic material and transient flora on hands using soap/detergent and running water.

**Home care** – Health service provided in the patient's place of residence for the purpose of promoting, maintaining or restoring health or minimizing the effects of illness and disability.

**Infection** – When microorganisms present invade tissues and multiply causing symptoms (i.e., pus, erythema, tenderness) and/or a systemic response (i.e., fever, leukocytosis).

**Impervious** – Made of material that prohibits the passage of liquids through it.

**Intrinsic resistance** – Resistance that has a genetic basis, not related to antibiotic use.

**Immunocompromised** – Having a severe underlying medical condition, which impairs a person's immune response to infectious agents.

**Long-term care** – The provision of health, social, personal care and housing services on a recurring or continuing basis to persons of all ages with chronic health and mental conditions that limit their ability to carry out normal daily activities without assistance. Encompasses care in institutions, community-based settings and private homes.

**MRSA** – *Methicillin-resistant Staphylococcus aureus* – Methicillin resistance is usually conferred by the chromosomal *mecA* gene, which encodes an altered penicillin-binding protein (PBP-2A) that causes resistance to all beta-lactam antibiotics, including cephalosporins. However, many nosocomial MRSA strains have acquired resistance to numerous other antibiotic classes through a variety of mechanisms.

**Outbreak** – An excess over the expected (usual) level of a disease within a geographical area. However, one case of an unusual disease (e.g., botulism) may constitute an epidemic.

**Resistance** – The capacity, which can be mediated by a variety of mechanisms, for a bacteria to be able to grow in the presence of a given antibiotic. Resistance may be quantitatively expressed through use of disk diffusion, agar dilution (MIC) or automatic methods.

**Standard precautions** – A system of infection control precautions designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection by considering moist body surfaces and substances of all patients to be possibly colonized with pathogenic organisms. Barriers such as gloves, gowns, routine disinfection and handwashing are key components.

**Susceptibility testing** – An *in vitro* test performed in the laboratory to determine if an organism can be treated effectively with a particular antibiotic.

**Terminal cleaning** – Cleaning procedures implemented in the room or immediate physical environment after the patient has been discharged to eliminate possible transmission to a patient newly occupying the room.

**Tertiary facility** – A facility that provides advanced or specialized care, such as a university or research hospital.

**Transmission** – The passage of microorganisms from a colonized or infected person to a person previously free of these microorganisms.

**Vancomycin-resistant enterococcus (VRE)** – An isolate of *Enterococcus faecium* or *Enterococcus faecalis* that is resistant to > 32ug/ml or demonstrates a zone of < 9mm when tested *in vitro* against vancomycin.

**Vancomycin-intermediate resistant Staphylococcus aureus (VISA)** – An isolate of *Staphylococcus aureus* that is resistant to 8-16 ug/ml or demonstrates a zone of 10-12mm when tested *in vitro* against vancomycin.

***Vancomycin-resistant Staphylococcus aureus (VRSA)*** – An isolate of *Staphylococcus aureus* that is resistant to >32 ug/ml or demonstrates a zone of 9mm when tested *in vitro* against vancomycin.

***Vancymycin-resistant Staphylococcus epidermidis (VRSE)*** – An isolate of *Staphylococcus epidermidis* that is resistant to > 32ug/ml or demonstrates a zone of < 9mm when tested *in vitro* against vancomycin.

***Vancomycin-intermediate resistant Staphylococcus epidermidis (VISE)*** – An isolate of *Staphylococcus aureus*, that is resistant to 8-16 ug/ml or demonstrates a zone of 10-12mm when tested *in vitro* against vancomycin.