

VISA (*Vancomycin-Intermediate Resistant Staphylococcus Aureus*)
VRSA (*Vancomycin Resistant Staphylococcus Aureus*)

Identification of VISA or VRSA should result in **immediate** isolation of patient and notification of infection control personnel and North Dakota Department of Health, Division of Disease Control personnel.

The following procedures should be utilized for the duration of stay:

- Private room.
- Limited number of designated caregivers.
- Individuals more likely to become colonized, such as those with exfoliative dermatitis or insulin-dependent diabetes, should not care for the patient.
- All ancillary service tasks, including phlebotomy, should be done by designated care givers.
- Monitor those entering and exiting to enforce handwashing and precautions.
- Record staff entering to monitor later for surveillance (nasal cultures at two-week intervals until more information on VRSA epidemiology is known).

Procedure:

- **Gloves and gowns must be utilized at all times** and removed before leaving the room.
- Surgical masks and safety glasses must be worn by persons doing procedures that have potential to aerosolize (i.e., bronchoscopy, suctioning, wound irrigation).
 - Ventilator patients should have a filter or condensate trap placed on expiratory phase tubing of mechanical ventilator circuit.
 - Health-care workers (HCW) should wear a mask if O₂ is being administered by nasal cannula.
- **Do not permit sharing** of any noncritical equipment (i.e., commodes, thermometers, glucose monitors, blood pressure cuffs, stethoscopes, IV pumps/controllers).

Environmental Cleaning:

- Room and horizontal surfaces should be cleaned meticulously with an EPA hospital-approved disinfectant. Daily cleaning of horizontal surfaces should occur.
- Terminal cleaning should be followed by environmental culturing after discharge of the patient.
- The room should remain closed to new admissions until environmental samples are culture negative.