



**GUIDELINES FOR PREVENTION AND CONTROL OF MULTI-DRUG RESISTANT ORGANISMS
AND CLOSTRIDIUM DIFFICILE IN ACUTE CARE FACILITIES ***

Definitions

- I. Multi-drug resistant organisms (MDROs) are micro-organisms that are resistant to at least one class of antimicrobial agents. Examples include methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Staphylococcus aureus* (VRSA), vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant enterococci (VRE) and certain Gram-negative bacteria, such as *Acinetobacter*. Recommendations apply to both colonization and infection.
- II. *Clostridium difficile* infection (CDI) is a common cause of antibiotic-associated diarrhea. The NAP1/BI/027 strain has a significantly lower response rate to metronidazole, which is still recommended as first-line therapy for mild CDI disease.

Control Measure	Multi-Drug Resistant Organisms (MDRO)	<i>C. difficile</i> (CDI)
a. Type of Precautions	Contact Precautions	Contact Precautions
b. Room placement	Place patient in a private room. If a private room is not available, patients can be cohorted with other patients with the same MDRO or with patients who are at low risk for acquisition of MDROs, including patients with intact skin, no invasive devices (e.g., intravenous line, gastrostomy tube, urinary catheter, or tracheostomy), are not significantly immunocompromised, and are not colonized with a different MDRO.	Place patient in a private room. If a private room is not available, patient can be cohorted with other CDI patients.
c. Hand washing	Perform hand hygiene before and after every patient contact, and after removing gloves. If hands are not visibly soiled, an alcohol-based hand rub is permissible for routine hand decontamination; apply product to palm of one hand and rub hands together covering all surfaces of hands and fingers until dry. Alternatively, use soap and water to wash hands; rub hands vigorously for at least 15 seconds, rinse hands with water and dry with a disposable towel.	Perform hand hygiene using soap and water before and after every patient contact, and after removing gloves; rub hands vigorously for at least 15 seconds, rinse hands with water and dry with a disposable towel. Do not use alcohol-based hand rubs as they may not be effective against spore-forming bacteria.
d. Gloves	Use gloves when entering patients' rooms and during patient care. Do not wear the same pair of gloves for care of multiple patients. Remove gloves and perform hand hygiene before exiting the patient room.	Use gloves when entering patients' rooms and during patient care. Do not wear the same pair of gloves for care of multiple patients. Remove gloves and perform hand hygiene before exiting the patient room.
e. Gown	Use gowns when entering patients' rooms and during patient care. Do not wear the same gown for care of multiple patients. Remove gown before exiting the patient room.	Use gowns when entering patients' rooms and during patient care. Do not wear the same gown for care of multiple patients. Remove gown before exiting the patient room.
f. Mask, goggles	Use when patient care is likely to generate splashes of blood or body fluids, or when performing activities (e.g., suctioning) on a patient that may disperse droplet secretions. Do not wear the same mask/goggles for care of multiple patients.	Use when patient care is likely to generate splashes of body fluids. Do not wear the same mask/goggles for care of multiple patients.

Control Measure	Multi-Drug Resistant Organisms - MDRO	<i>C. difficile</i> - CDI
g. Environmental control	Perform enhanced cleaning and disinfection of environmental surfaces including high touch surfaces and items likely to be contaminated. If possible, provide dedicated equipment and single-use supplies. Use an Environmental Protection Agency-registered disinfectant. Review manufacturer's recommendations for application and contact time.	Perform enhanced cleaning and disinfection of environmental surfaces including high touch surfaces and items likely to be contaminated. Provide dedicated equipment and single-use supplies. Use an Environmental Protection Agency-registered disinfectant. Review manufacturer's recommendations for application and contact time.
h. Duration of contact precautions*	Discontinue contact precautions when three or more surveillance for the target MDRO are repeatedly negative over the course of a week or two in a patient who has not received antimicrobial therapy for several weeks, especially in the absence of a draining wound, profuse respiratory secretions or evidence implicating the specific patient in ongoing transmission of the MDRO within the facility.	Contact precautions should be continued until diarrhea ceases. The course of treatment <u>does not</u> need to be completed prior to discontinuation of contact precautions.
i. Retest, reculture	Repeat tests are not generally recommended unless clinically indicated, e.g. to discontinue contact precautions.	Repeat tests are not generally recommended unless clinically indicated. Do not perform a test of cure.
j. Decolonization and antibiotic usage	Decolonization is not routinely recommended or even feasible with most MDROs. Antibiotics should be used to treat true infection, not colonization.	Use antibiotics judiciously to reduce the chance of wiping out normal intestinal flora.
k. Transfer of patients	When transferred to any other healthcare setting, the receiving facility should be notified of the known or suspected MDRO. Patients should not be denied admission based solely on the current or past presence of an MDRO.	When transferred to any other healthcare setting, the receiving facility should be notified of the known or suspected CDI. Patients should not be denied admission based solely on the current or past presence of a CDI.
l. Patient activity	Common areas may be used if the MDRO patient adheres to proper hand hygiene precautions and drainage from wound can be contained with a clean barrier dressing, fecal/urine incontinence can be contained in a diaper or ostomy bag, and secretions are controlled.	Common areas should not be used by the CDI patient until diarrhea has resolved.
m. Reporting requirements	Single MDRO cases are not reportable, except VRSA/VISA. Suspected outbreaks are reportable to the Los Angeles County Department of Public Health at (888) 397-3993 during normal business hours Monday – Friday, 8:00 AM-5:00 PM and after hours at (213) 974-1234.	Single CDI cases are not reportable. Suspected outbreaks are reportable to Los Angeles County Department of Public Health at (888) 397-3993 during normal business hours Monday – Friday, 8:00 AM-5:00 PM and after hours at (213) 974-1234.

*These guidelines are recommendations based on Healthcare Infection Control Practices Advisory Committee (HICPAC) 2006, "Management of Multidrug-Resistant Organisms in Healthcare Settings Recommendations." Certain control measures, such as duration of contact precautions, may not be practical in every situation. In patients with both MDRO and CDI, the most restrictive control measures should be used, and during an outbreak situation, additional control measures are generally recommended. **It is suggested that your facility review the literature, consult with your infection control committee, and develop appropriate hospital policies and procedures.**

Additional resources are available from the Centers for Disease Control and Prevention:

- ♦ http://www.cdc.gov/ncidod/dhqp/id_CdiffFAQ_HCP.html
- ♦ <http://www.cdc.gov/ncidod/dhqp/pdf/ar/MDROGuideline2006.pdf>
- ♦ <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>
- ♦ <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

For additional information or to report a suspected outbreak, please contact Dawn Terashita, M.D., M.P.H. or L'Tanya English, R.N., M.P.H., Acute Communicable Disease Control Program at (213) 240-7941.