

# Discontinuation of Contact Precautions for Patients Colonized with MRSA or VRE

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## Purpose:

The purpose of this document is to provide information on the conservation of isolation gown use during COVID-19 pandemic.

## Intended For:

- PPE Czars
- Infection Prevention
- Nursing
- Providers
- Dialysis

## Practices:

- In a continuous effort to conserve personal protective equipment, HCA Healthcare no longer requires contact isolation precautions for patients who are **colonized with or have history of MRSA or VRE**. Facilities within and outside HCA Healthcare are already practicing this process. (See rationale section of this document)
- This directive **does NOT affect active MRSA or VRE infections**, patient with active drains or open wounds or patients on contact isolation with other Multi-drug resistant organisms. These patients are to continue contact isolation precautions.
- It is imperative that vigilant hand hygiene and standard precautions continue to be applied.

## Infection Prevention To-Do's:

- Modify applicable infection prevention policies by attaching this guidance as an addendum and expedited approval.
- Use “team care practices” for COVID-19 cohort sites wearing the same PPE for multiple patients and to minimize doffing.
- Continue performing MRSA nares swabs to evaluate patient’s current carrier status.
- Remove contact precautions signage for impacted patients on isolation rounds. This also includes Dialysis where usual practice is to wear an isolation gown.
- Retain contact precautions with signage for:
  1. Patients with multiple MDROs such as MRSA and C. difficile or MRSA and Carbapenem resistant Pseudomonas.

2. Patients with active drains or open draining wounds until wound cultures and nasal swab results are known.
  3. Retain or implement contact precautions for patients infected with MRSA or VRE.
  4. Retain contact precautions per facility policy for specialty populations colonized with MRSA or VRE such as NICU, Transplant, Burn or BMT.
  5. Utilize modified contact precautions where possible, a process where gown use is limited to direct contact with the patient or patient's environment.
- Communicate clearly on the rationale for the practice change.
  - Limit documentation in MEDITECH CCI function to remove contact precautions only for those patients meeting facility/division isolation discontinuation policy. Perform similar function in EPIC and Cerner. TheraDoc or Vigilanz surveillance documentation will be developed and distributed within the week.
  - Maintain high compliance with MRSA colonized or history of patients qualifying for CHG daily bathing and mupirocin nares decolonization. Decolonization further reduces risks for developing MRSA infections or transmission.
  - Note: Discussion with Dialysis vendors are occurring and clarification will be communicated as soon as it is available.

## **Rationale:**

- While contact precautions have been considered an important strategy to prevent HAIs caused by MRSA and VRE, a growing body of evidence suggests that this may be unnecessary when combined with horizontal infection prevention measures such as CHG bathing.
- HCA Healthcare was an early adopter of universal decolonization (CHG bathing and Mupirocin) in adult ICUs, and (in 2019) implemented targeted CHG bathing (with or without mupirocin for MRSA), outside the ICU for patients with target devices based on the ABATE study.
- We are in the midst of a pandemic faced with potential shortages of PPE. Since HCA Healthcare has adopted decolonization, and based on recent publications, HCA Healthcare has decided to cease contact precautions for patients colonized with or a history of MRSA and VRE. It is imperative we continue the evidenced-based interventions including CHG bathing and hand hygiene. This change will conserve necessary PPE without compromising patient safety.